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_{Fçim} 990

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2013**

Open to Public Inspection

<u>A</u>	For the	2013 calend	ar year, or tax year beginning 07-01,	2013, and end	ling	06-30 ,2	2014	
В	Check if a	pplicable		D Employ	er identification no			
	Address o	change	Doing Business As	isiness As		46-29	79006	
	Name cha	ange	Number and street (or PO box if mail is not delivered to street address)	1	Room/suite	E Telepho	ne number	
X	Initial retu	nitial return 1200 Highmarket Street						
	Terminate	2	262,969					
П	Amended	return	City or town, state or province, country, and ZIP or foreign postal code Georgetown, SC 29440			G Gross re	-	
$\overline{\mathbf{x}}$		n pending	F Name and address of principal officer Joyce Gates					
4.11	тррповно	m pending	4135 Seminary Rd, Alexandria, VA 22304		H(a) Is this a gro subordinate	oup return for	Yes X No	
-	T	[-				
<u> </u>	Tax-exem		·		H(b) Are all subc	ordinates included ch a list (see inst nption number	uctions)	
<u>J</u>	Website:		georgetownschool.org					
	Form of o	rganization X		of formation 20	13 M State	of legal domicile	SC	
Г		Summar						
	1	-					ciences is	
NOV 0 6 2016 Activities & Governance			d to fostering academic, athletic and artistic					
Jan	1	to 12.	It is open to all students who wish to pursue	a rigorou	s college	preparato	ry	
err		curricul						
<u> </u>	2	Check this b	$Dx imes \square$ if the organization discontinued its operations or disposed of more	e than 25% of i	ts net assets.			
2	3	Number of v	oting members of the governing body (Part VI, line 1a)			3	7	
ee S	4	Number of ir	dependent voting members of the governing body (Part VI, line 1b)			4	7	
	5	Total numbe	of individuals employed in calendar year 2013 (Part V, line 2a)			5	9	
_ to	6	Total numbe	of volunteers (estimate if necessary)			6		
5₹	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12			7a	0	
Z	Ь	Net unrelate	business taxable income from Form 990-T, line 34		[7b	0	
	-				Prior Year	С	urrent Year	
SCANNED Revenue	8	Contributions	and grants (Part VIII, line 1h)				150,310	
Z 9	9		vice revenue (Part VIII, line 2g)				97,857	
ANA	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)	🗀			<u> </u>	
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	—			5,867	
W I	12							
	13		imilar amounts paid (Part IX, column (A), lines 1-3)				254,034	
	14		to or for members (Part IX, column (A), line 4)					
S	15		er compensation, employee benefits (Part IX, column (R) III & EIPVE	ਹ_∵1.⊢			194,609	
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)	ີ່]%[∵			0	
KDE	. _b		sing expenses (Part IX, column (D), line 25)	. 400				
ú			200 (1 211) (1 001211111 (1 1) 1111 1101 1101 1101 1101 110	_ ໄທໄ ⊢			59,708	
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u> ਜਾਵਾ⊦⊢			254,317	
	19 v	Revenue les	s expenses Subtract line 18 from line 12 · · · · · OGDEN; U	▼・・・・・・			(283)	
Ö	20 21 22 22			Be	eginning of Current	Year E	nd of Year	
tes	쯢 20	Total assets	(Part X, line 16)				19,898	
Ą	필 21	Total liabilitie	s (Part X, line 26)				20,181	
			fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·				(283)	
	rt II		re Block					
Unde	r penalties	s of perjury, I deci	are that I have examined this return, including accompanying schedules and statements, and to afation of preparer (other than officer) is based on all information of which preparer has any kno	the best of my kno	wledge and belief, it	IS		
Hue.	Correct, ar	na complete Dec	aration of prepare (order trial officer) saves and an information of which prepare has any wife	Swiedge		- 11		
0.	_		1 (S)			19-16	- Cory	
Sig	jn	Signatu	e of officer			Dáte	,	
He	re	Gary	Gates, Head of School					
		Type or	print name and title					
		Print/Type pre	parer's name Preparer's signature Date		Check	if PTIN		
Pa	id	'''		05-2014	self-employe	d P006	03604	
Pre	eparer		Jayroe (Lordo & Catalano AA		Firm's EIN			
	e Only				Phone no			
	•		Murrells Inlet SC 29576			3-902-10	40	
May	the IRS	discuss this	return with the preparer shown above? (see instructions)				Yes 🛛 No	

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2013)

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	990 (2013) The Georgetown School 46-2979006 Page 2
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Georgetown School of Arts and Sciences is dedicated to fostering academic, athletic and artistic excellence in students from grades 6 to 12. It is open to all students who wish to
	pursue a rigorous college preparatory curriculum.
	pursue a rigorous correge preparatory curriculum.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	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 \$251,942 including grants of \$) (Revenue \$)
	The Georgetown School of Arts and Sciences is dedicated to fostering academic, athletic and
	artistic excellence in students from grades 6 to 12. It is open to all students who wish to
	pursue a rigorous college preparatory curriculum.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 251,942

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 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, Х 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 6 X "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III 8 Х q 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 9 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 22 Х on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 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 25a 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Ь Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Х 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? 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Х disqualified persons? If so, complete Schedule L, Part II 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u> _
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			7.7
_	account)?	4a		<u>X</u>
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		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Α_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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			37
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	140		-
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		X
<u> </u>	ii res, mas it iileu a i omi rzo to report these payments: ii ivo, provide an explanation iii obliedule o	. 75	L	

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
`	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in the Part VI		<u></u>	<u>⋅ 🛛</u>
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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		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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
				<u> </u>
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?			v
	the commence of the governing coop,	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		v
_	Greenward or Paragraph and Greenway are green and green	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		3.7	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u> </u>
ь	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	<u> </u>
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ 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.			
	Gary Gates (843)520-4359, 322 Duke St, Georgetown, SC 29440			

orm 990 (2013)	The Georgetown School	46-2979006
Part VII (Compensation of Officers, Directors, Trustees	Key Employees, Highest Compensated Employe

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

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated compensation compensation from amount of hours per (do not check more than one week (list anv from related other box, unless person is both an hours for the organizations compensation organization (W-2/1099-MISC) related from the officer and a director/trustee) (W-2/1099-MISC) organizations organization Individual to or director Key employee and related below dotted lighest compensated organizations line) (1) Joyce Gates 10.00 Х Х President 0 0 (2) Leigh Boan 10.00 X Х 0 Secretary Treasurer 0 (3) Leslie Di Mitri 10.00 Х 0 Director 0 (4) Tee Miller 10.00 X Director 0 0 (5) Lawly Ford 10.00 X Director 0 (6) Gary Gates 40.00 Head of School 32,500 0 (8) (9) (10) (11) (12) (13) (14)

Section A.

Page 8

Part	VII Section A. Officers, Directors, Trustees,	Trustees, Key Employees, and Highest Compensated Employees (continued)											
` `	(A) Name and title		Average hours per week (list any hours for			both an		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	oth compen		on	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		from the organization and related organizations		t
<u>(15)</u>									-				
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
(21)													
<u>(22)</u>													
<u>(23)</u>													_
(24)													
(25)													
1b c d	Sub-total	on A .						•	22 500	0			
2	Total number of individuals (including but not limited							_	32,500 than \$100,000 of		l		_0_
	reportable compensation from the organization									0	-	Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	•		loye	e, o	hıg	hest c	omp	ensated		3	103	Х
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	ensati										
_	individual										4		Х
5 Soction	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," or P. Indonesia of Contractors	-		-			-	ıızatı	on or individual		5		Х
1	complete this table for your five highest compensation compensation from the organization. Report compensation report compensation report compensation.												
	year (A)								(B)		,	(C)	
					Description of	services	Comp	ensation	<u> </u>				
		·											
2	Total number of independent contractors (including largered more than \$100,000 of compensation from				stec	abo	ove) w	ho	<u> </u>				

		Check if Schedule O contains a response or n	ote to any line in this	Part VIII	<u></u>		<u></u> [
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				_	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
φ, Έ	С	Fundraising events 1c					
ar,	ď	Related organizations 1d					
3.°E	е	Government grants (contributions) 1e					
e Sign	f	- · · · · · · · · · · · · · · · · · · ·					
i e Ei		and similar amounts not included above 1f	150,310				
ξō	g	Noncash contributions included in lines 1a-1f. \$	1				
and	h	Total. Add lines 1a-1f		150,310			
			Business Code				
age .	2a	Tuition	611710	97,857	97,857		
9.4	b						
8	С						
Ē	d						
Ē	е						
Program Service Revenue	f	All other program service revenue				·	
<u>r</u>		Total. Add lines 2a-2f		97,857			•
	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proc	eeds · · · ▶				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents · · · · · ·					
	b	Less: rental expenses • • • •					
	С	Rental income or (loss) · · ·			1		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less cost or other basis and sales expenses • • • •					
		Gain or (loss)	<u> </u>				
4.		Net gain or (loss) · · · · · · · · · · · · · · · · · ·					
nue	8a	Gross income from fundraising					
Š		events (not including \$			j		
Other Reve		of contributions reported on line 1c)					
Ę		See Part IV, line 18 · · · · · · · a	8,107		İ		
ŏ		Less direct expenses b	3,518				
				4,589			4,589
	9a	Gross income from garning activities			ŀ		
		See Part IV, line 19 a					
		Less. direct expenses b			}		
	С	Net income or (loss) from gaming activities • •				. <u>.</u>	
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · a	6,695				
		Less: cost of goods sold b	5,417				
	С	Net income or (loss) from sales of inventory	T .	1,278	1,278		
	44:	Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revenue					
		All other revenue					
		Total revenue. See instructions		254.034	99,135	0	4.589
		TOTAL TO TOTAL COOK MICH COUNTY		434,U341	23, T32	U	4,389

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
Check if Schedule O contains a response or note to any line in this Part IX						
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
8b, 9	b, and 10b of Part VIII.	Total superior	expenses	general expenses	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					
3	Grants and other assistance to governments,					
	organizations, and individuals outside the					
	United States See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members					
J	trustees, and key employees	22 500	30 500			
6	Compensation not included above, to disqualified	32,500	32,500			
•	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B) · · · · ·					
7	Other salaries and wages	148,667	148,667			
8	Pension plan accruals and contributions (include	140,007	140,007			
_	section 401(k) and 403(b) employer contributions) • •					
9	Other employee benefits				<u> </u>	
10	Payroll taxes	13,442	13,442			
11	Fees for services (non-employees)	,			 	
а	Management					
b	Legal					
С	Accounting	5,000	3,500	1,500		
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17 .					
f	Investment management fees					
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					
13	Office expenses	2,215	2,215			
14	Information technology					
15 46	Royalties · · · · · · · · · · · · · · · · · · ·					
16 17	Travel	34,233	34,233			
18	Payments of travel or entertainment expenses					
10	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest · · · · · · · · · · · · · · · · · · ·		··			
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •			_		
22	Depreciation, depletion, and amortization			· · · · · · · · · · · · · · · · · · ·		
23	Insurance	5,830	5,830			
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	School Supplies	11,417	11,417			
þ	SCSOS License and NPO Applic	875		875		
C	Bank Charges	138	138			
d						
e	All other expenses			_		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	254,317	251,942	2,375	0	
4 U	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)					

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 11,177 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 8,721 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c b 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 Total assets, Add lines 1 through 15 (must equal line 34) 0 16 19,898 17 Accounts payable and accrued expenses 17 20,181 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 0 20,181 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 (283)Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-ın or capıtal surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

Total net assets or fund balances

33

34

19,898

(283)

33

34

0

0

	1 990 (2013) The Georgetown School 46-297900)6	Pa	age 12		
Part XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		$\cdot \square$		
1	Total revenue (must equal Part VIII, column (A), line 12)	2	54,0	34		
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,3	317		
3	Revenue less expenses Subtract line 2 from line 1		(2	283)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)			0		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))		(2	283)		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆		
			Yes	No		
1	Accounting method used to prepare the Form 990					
	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 a separate basis, consolidated basis, or both:	1				
	☐ Separate basis ☐ Both consolidated and separate basis					
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					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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				
	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		х		
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	3b				
EEA		Form	990 (2	2013)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

Open to Public Inspection

Name	Name of the organization Employer identification number												
<u>The</u>	Ge	orgetown School								979006			
Pa	rt I	Reason for P	Public Charity	Status (All organiz	ations m	ust com	plete this	s part.) S	See instr	uctions.			
The	o <u>rg</u> ar	ization is not a private	e foundation becau	ise it is: (For lines 1 throu	gh 11, che	ck only one	e box)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	X	A school described in	n section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3		A hospital or a coope	erative hospital sen	vice organization describe	ed in section	n 170(b)(1)(A)(iii).						
4		A medical research of	organization operat	ed in conjunction with a h	ospital des	cribed in s	ection 170)(b)(1)(A)(iii). Enter t	he			
		hospital's name, city,	and state:										
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	y a govern	mental un	it describe	d ın			
		section 170(b)(1)(A))(iv). (Complete Pa	ırt II.)									
6		A federal, state, or lo	cal government or	governmental unit descri	bed in sec	ion 170(b)(1)(A)(v).						
7		An organization that	normally receives a	a substantial part of its su	pport from	a governn	nental unit	or from the	e general p	ublic			
		described in section	170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II)							
9		An organization that	normally receives	(1) more than 33 1/3% o	fits suppor	t from cont	tributions, r	membersh	ıp fees, an	d gross			
		receipts from activitie	es related to its exe	mpt functions - subject to	certain ex	ceptions, a	and (2) no i	more than	33 1/3% o	f its			
		support from gross in	nvestment income	and unrelated business to	axable inco	me (less s	ection 511	tax) from	businesses	3			
		acquired by the orga	nızatıon after June	30, 1975. See section 5	09(a)(2). (⁽	omplete F	Part III)						
10		An organization orga	nized and operated	d exclusively to test for pu	ıblıc safety	See secti	ion 509(a)(4).					
11		An organization orga	nized and operated	d exclusively for the bene	fit of, to pe	form the f	unctions of	, or to carr	y out the				
		purposes of one or m	nore publicly suppo	rted organizations descri	bed in sect	on 509(a)	(1) or section	on 509(a)(2). See se	ction			
		509(a)(3). Check the	box that describes	the type of supporting of	rganizatıon	and comp	lete lines 1	1e through	n 11h				
		a 🗌 Typel	ь 🗌 Тур	ell c 🗌 Type	III-Function	ally integra	ated	d 🗀	Type III-	Non-funtio	nally inte	egrated	l
е		By checking this box	, I certify that the o	rganization is not controll	ed directly	or indirectl	y by one or	more disc	qualified pe	ersons			
		other than foundation	n managers and ot	her than one or more pub	licly suppo	rted organ	ızatıons de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2)											
f		If the organization re	ceived a written de	termination from the IRS	that it is a	Type I, Typ	e II, or Typ	e III suppo	orting				
		organization, check t	his box · · · ·									• • •	🗌
g		Since August 17, 200	06, has the organiz	ation accepted any gift oi	contribution	n from an	y of the						
		following persons?											
		(i) A person who d	lirectly or indirectly	controls, either alone or t	ogether wi	h persons	described	ın (ıı) and				Yes	No
		(III) below, the g	overning body of the	ne supported organization	٠ ،		• • • • •		• • • • •	• • • • •	11g(ı)	ļ	
		(ii) A family member	er of a person desc	cribed in (i) above? • •	• • • • •		• • • • •		• • • •	• • • • •	11g(ıı)		
		(iii) A 35% controlle	ed entity of a persor	n described in (i) or (ii) ab	ove? •		• • • • •		• • • • •	• • • • •	11g(m)		L
<u>h</u>		Provide the following	information about	the supported organization	on(s)								
	(ı) Na	me of supported	(u) EIN	(iii) Type of organization	(IV) is the or	•	(v) Did yo	•	(vi) l		(vii) Amoi		netary
		organization		(described on lines 1-9 above or IRC section	governing of	-	the organi	zation in f your	organizati (i) organiz			support	
				(see instructions))		ı	sup	oort?	U	S ?			
					Yes	No	Yes	No	Yes	No			
(A)									1				
							-		ļ				
(B)													
(C)													
			ļ <u>.</u>		ļ			<u> </u>					
(D)													
					ļ. —								
(E)													
					-					 	-		
				1	1			1		1			

SCHEDULE E (Førm 990 or 990-EZ)

Schools

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

The	Georgetown School 46-29790	06		
Pa	rt 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?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain If you need more space, use Part II	3	X	
	accombined the product explain. If you have more opace, according to	- 	 	
				
	Dana Alba auraninahan manaksin Alba (ellauran)	—		
4	Does the organization maintain the following?		٠,	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	· · <u>4a</u>	X	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially	١.,	١,,	
	nondiscriminatory basis?	· · 4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?		X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	· · 4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
			1	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	• • 5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	· • 5е		Х
f	Use of facilities?	• • 5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
				
6a	Does the organization receive any financial aid or assistance from a governmental agency?	_{6a}		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	T^-	<u> </u>
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II	55	1	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	1		
•	4 05 of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
	TOO OF TOO TO TO TO TO TO E O D. OUT, OUT EITING TO GOOD INDICATION TO THE TOO TO TO TOO TO TO E O D. OUT, OUT EITING TO GOOD INDICATION TO TOO TO TOO TO TOO TO TOO TO TOO TO	-	1 47	1

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Inspection Employer identification number

The Georgetown School	46-2979006
01. Form 990 governing body review (Part VI, line 11)	
The Board reviewed the IRS Form 990 and authorized the Head of the School	ol to sign the tax
returns.	
02. Conflict of interest policy compliance (Part VI, li	ne 12c)
The Board has prepared a conflict of interest policy and requires all en	mployees and
teachers to read and sign the policy	
03. Governing documents, etc, available to public (Part	VI, line 19)
All governing documents are open to the general public and made availab	le upon request and
during normal school hours.	
	
	