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Form 990

## Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
THE PINGREE SCHOOL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
537 HIGHLAND STREET

City or town, state or country, and ZIP + 4  
SOUTH HAMILTON, MA 019821399

D Employer identification number

04-2279977

E Telephone number

(978) 468-4415

G Gross receipts \$ 16,483,759

I Tax-exempt status  501(c) ( 3 )  (insert no )  4947(a)(1) or  527

J Web site: ► PINGREE.ORG

K Type of organization  Corporation  trust  association  other ►

H(a) Is this a group return for affiliates?

 Yes  NoH(b) Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions )

H(c) Group Exemption Number ►

L Year of Formation 1960 M State of legal domicile MA

## Part I Summary

1	Briefly describe the organization's mission or most significant activities See Additional Data Table
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5	Total number of employees (Part V, line 2a) . . . . .
6	Total number of volunteers (estimate if necessary) . . . . .
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .
b	Net unrelated business taxable income from Form 990-T, line 34 . . .
	7a 29,748
	7b -19,696

8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g) . . . . .	3,833,207	1,230,692
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	10,449,882	10,910,562
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	349,023	-560,123
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503,092	274,948
		15,135,204	11,856,079

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,833,207	1,230,692
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,449,882	10,910,562
16a	Professional fundraising fees (Part IX, column (A), line 11e)	349,023	-560,123
b	(Total fundraising expenses, Part IX, column (D), line 25 809,534)	503,092	274,948
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,135,204	11,856,079
18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	1,454,743	1,636,450
19	Revenue less expenses Subtract line 18 from line 12	4,323,052	4,903,610
		12,063,491	13,576,805
		3,071,713	-1,720,726

20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	31,818,842	28,357,278
22	Net assets or fund balances Subtract line 21 from line 20	6,940,905	6,423,834
		24,877,937	21,933,444

Part II	Signature Block
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Paid Preparer's Use Only	Preparer's signature ► JOHN T WILMOT	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CBIZ Tofias 130 Bellevue Avenue Newport, RI 02840		EIN ►	Phone no ► (401) 380-1800

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:**

DEDICATED TO ACADEMIC EXCELLENCE AND DEVELOPMENT OF HIGH PERSONAL STANDARDS, PINGREE BELIEVES THAT A LOVE OF LEARNING FLOURISHES BEST IN A DIVERSE COMMUNITY THAT RESPECTS TRUTH, CURIOSITY, CREATIVITY, HUMOR, AND INDEPENDENT AND IMAGINATIVE THINKING. ABOVE ALL, PINGREE STRIVES TO INSTILL IN ITS STUDENTS INTEGRITY, DECENCY, COMPASSION, SELF-ESTEEM AND COMMITMENT TO ONE ANOTHER AND TO THE WORLD AT LARGE.

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission  
See Additional Data Table**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 8,962,073 including grants of \$ 1,636,450 ) (Revenue \$ 10,363,338 )  
EDUCATIONAL PROGRAM - TO PROVIDE A HIGH QUALITY, FOUR YEAR, CO-EDUCATIONAL EXPERIENCE FOR DAY STUDENTS IN GRADES 9 THROUGH 12 THERE ARE APPROXIMATELY 335 STUDENTS**4b** (Code ) (Expenses \$ 1,227,175 including grants of \$ ) (Revenue \$ 1,103,638 )  
AUXILIARY PROGRAMS - DESIGNED TO ATTRACT POTENTIAL STUDENTS AND FAMILIES TO THE SCHOOL THE SCHOOL RENTS ITS ICE RINK AND RUNS A SUMMER CAMP AND OTHER SPECIALIZED PROGRAMS**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 \$ 10,189,248 Must equal Part IX, Line 25, column (B).

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

DEDICATED TO ACADEMIC EXCELLENCE AND DEVELOPMENT OF HIGH PERSONAL STANDARDS, PINGREE BELIEVES THAT A LOVE OF LEARNING FLOURISHES BEST IN A DIVERSE COMMUNITY THAT RESPECTS TRUTH, CURIOSITY, CREATIVITY, HUMOR, AND INDEPENDENT AND IMAGINATIVE THINKING. ABOVE ALL, PINGREE STRIVES TO INSTILL IN ITS STUDENTS INTEGRITY, DECENTY, COMPASSION, SELF-ESTEEM AND COMMITMENT TO ONE ANOTHER AND TO THE WORLD AT LARGE.

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where 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

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

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

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

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

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13	Yes	
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No
21		No
22	Yes	
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 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

**37** Did the organization conduct more than 5 percent 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

	<b>Yes</b>	<b>No</b>
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>		No
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	25
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	177
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	No
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9a</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9b	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	10a	
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter	11b	
<b>11a</b>	Gross income from members or shareholders	12a	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a 25	
b	Enter the number of voting members that are independent . . .	1b 25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2 No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3 No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4 No	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5 No	
6	Does the organization have members or stockholders? . . . . .	6 No	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a No	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body? . . . . .	8a Yes	
b	each committee with authority to act on behalf of the governing body? . . . . .	8b Yes	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a No	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b No	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10 Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11 No	

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	12a Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13 Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14 Yes	
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		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a Yes	
b	Other officers or key employees of the organization? . . . . .	15b Yes	
	Describe the process in Schedule O		
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 No	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b No	

**Section C. Disclosure**

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 JOHN BURNS  
 537 HIGHLAND STREET  
 SOUTH HAMILTON, MA 019821399  
 (978) 468-4415

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2279977  
**Name:** THE PINGREE SCHOOL INC

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Nina Sacharuk Anderson , Trustee	5 00	X					0	0	0
Kirk C Bishop , Trustee	5 00	X					0	0	0
Tamie Thompson Burke , Trustee	5 00	X					0	0	0
Patricia Castraberti , Trustee	5 00	X					0	0	0
Malcolm Coates , Trustee	5 00	X					0	0	0
AMY MCGOWEN , Trustee	5 00	X					0	0	0
Theresa Melden , Trustee	5 00	X					0	0	0
Theodore E Ober , Trustee	5 00	X					0	0	0
Mary Puma , Trustee	5 00	X					0	0	0
Leslie Reichert , Trustee	5 00	X					0	0	0
William K Ryan , Trustee	5 00	X					0	0	0
Binkley C Shorts , Trustee	5 00	X					0	0	0
Joyce W Swagerty , Trustee	5 00	X					0	0	0
Sandra Williamson , Trustee	5 00	X					0	0	0
Brucie B Wright , Trustee	5 00	X					0	0	0
OLIVER PARKER , TRUSTEE	5 00	X					0	0	0
JAGRUTI R PATEL , TRUSTEE	5 00	X					0	0	0
WILLIAM L PINGREE , TRUSTEE	5 00	X					0	0	0
PATRICK T RYAN , TRUSTEE	5 00	X					0	0	0
RICHARD D TADLER , TRUSTEE	5 00	X					0	0	0
WILLIAM J WHELAN JR , TRUSTEE	5 00	X					0	0	0
JANE BLAKE RILEY , PRESIDENT	5 00	X	X				0	0	0
James D Smeallie , VICE PRESIDENT	5 00	X	X				0	0	0
Keith C Shaughnessy , TREASURER	5 00	X	X				0	0	0
PHILIP G LAKE , SECRETARY	5 00	X	X				0	0	0
ANTHONY BLACKMAN , HEAD OF SCHOOL	40 00	X	X				150,249	0	56,784
JOHN BURNS , DIR OF FINANCE & OPS	40 00		X				119,387	0	38,798
KIMBERLY MOORE , DIR OF INST ADVANCE	40 00				X		132,192	0	15,336
PETER M COWEN , FORMER HEADMASTER	40 00					X	231,435	0	4,808

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

**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

**Part VII** **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►4

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
OLSON LEWIS DIOLI 17 ELM STREET MANCHESTER, MA 01944	ARCHITECTURAL SERVICES	107,279

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . <b>1c</b>	39,475			
	<b>d</b> Related organizations . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,191,217			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>270,486</b>				
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>1,230,692</b>				
Program Service Revenue	<b>2a</b> Tuition and Fees	Business Code			
		900,099	10,363,338	10,363,338	
	<b>b</b> Summer Program		455,224	455,224	
	<b>c</b> Auxillary Activities	900,099	92,000	92,000	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>\$ 10,910,562</b>				
<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>183,929</b>				183,929	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
	(i) Real	(ii) Personal			
<b>6a</b> Gross Rents	445,058				
<b>b</b> Less rental expenses	356,021				
<b>c</b> Rental income or (loss)	89,037				
<b>d</b> Net rental income or (loss) . . . . . <b>89,037</b>				14,304	74,733
	(i) Securities	(ii) Other			
<b>7a</b> Gross amount from sales of assets other than inventory	3,341,256				
<b>b</b> Less cost or other basis and sales expenses	4,085,010	298			
<b>c</b> Gain or (loss)	-743,754	-298			
<b>d</b> Net gain or (loss) . . . . . <b>-744,052</b>					-744,052
<b>8a</b> Gross income from fundraising events (not including \$ 198,481 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>	39,475				
<b>b</b> Less direct expenses . . . <b>b</b>	106,923				
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>91,558</b>					91,558
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>31,907</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>	111,335				
<b>b</b> Less cost of goods sold . . . <b>b</b>	79,428				
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>31,907</b>				15,444	16,463
Miscellaneous Revenue	Business Code				
<b>11a</b> OTHER REVENUE	900,099	62,446	58,561		3,885
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>\$ 62,446</b>					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>11,856,079</b>		10,969,123	29,748		-373,484

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	1,636,450	1,636,450		
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	384,827		384,827	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	230,000		230,000	
<b>7</b> Other salaries and wages	5,001,747	3,909,471	230,000	435,800
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	299,824	226,596	45,830	27,398
<b>9</b> Other employee benefits . . . . .	742,496	569,986	124,291	48,219
<b>10</b> Payroll taxes . . . . .	377,851	273,239	71,273	33,339
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	21,363		21,363	
<b>c</b> Accounting . . . . .	49,643		49,643	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	602,331	478,412	123,919	
<b>17</b> Travel . . . . .	40,095		33,101	6,994
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .	8,026			8,026
<b>20</b> Interest . . . . .	219,894		219,894	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	641,044	580,307	60,737	
<b>23</b> Insurance . . . . .	80,774	80,774		
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> Revocation of Prior Year	963,600	963,600		
<b>b</b> Instruction	915,155	91,515,531		
<b>c</b> Lunch Program	319,458	319,458		
<b>d</b> Printing and Publication	130,792		59,645	71,147
<b>e</b> Summer Program	130,119	130,119		
<b>f</b> All other expenses	781,316	105,681	497,024	178,611
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	13,576,805	10,189,248	2,578,023	809,534
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing . . . . .	136,008	<b>1</b> 2,013,845
2	Savings and temporary cash investments . . . . .	2,250,113	<b>2</b> 390,356
3	Pledges and grants receivable, net . . . . .	2,683,209	<b>3</b> 1,358,473
4	Accounts receivable, net . . . . .	48,121	<b>4</b> 55,357
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .	6	
7	Notes and loans receivable, net . . . . .	132,307	<b>7</b> 144,395
8	Inventories for sale or use . . . . .	76,392	<b>8</b> 64,901
9	Prepaid expenses and deferred charges . . . . .	194,073	<b>9</b> 239,192
10a	Land, buildings, and equipment cost basis . . . . .	<b>10a</b>	23,845,911
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b>	7,949,521
11	Investments—publicly traded securities . . . . .	16,198,563	<b>10c</b> 15,896,390
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	7,945,497	<b>11</b> 6,908,273
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	1,800,420	<b>12</b> 936,512
14	Intangible assets . . . . .	13	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	354,139	<b>15</b> 349,584
17	Accounts payable and accrued expenses . . . . .	31,818,842	<b>16</b> 28,357,278
18	Grants payable . . . . .	203,543	<b>17</b> 253,943
19	Deferred revenue . . . . .	18	
20	Tax-exempt bond liabilities . . . . .	998,131	<b>19</b> 840,410
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	5,200,000	<b>20</b> 4,900,000
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .	21	
23	Secured mortgages and notes payable to unrelated third parties . . . . .	22	
24	Unsecured notes and loans payable . . . . .	539,231	<b>23</b> 382,800
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	24	46,681
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	25	25
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>	6,940,905	<b>26</b> 6,423,834
27	Unrestricted net assets . . . . .	27	18,884,095 17,646,039
28	Temporarily restricted net assets . . . . .	28	2,649,020 2,318,201
29	Permanently restricted net assets . . . . .	29	3,344,822 1,969,204
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>	30	
30	Capital stock or trust principal, or current funds . . . . .	31	
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .	32	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	33	
33	Total net assets or fund balances . . . . .	34	24,877,937 21,933,444
34	Total liabilities and net assets/fund balances . . . . .	34	31,818,842 28,357,278
<b>Liabilities</b>			
<b>Net Assets or Fund Balances</b>			

**Part XI Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
1	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
b	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
c	If "Yes" to lines 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? . . . . .	<b>2c</b>	Yes
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? . . . . .	<b>3a</b>	No
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**  
THE PINGREE SCHOOL INC**Employer identification number**

04-2279977

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
THE PINGREE SCHOOL INC**Employer identification number**

04-2279977

**Part I 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 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	4,598,559				
<b>b</b> Contributions . . . . .	18,500				
<b>c</b> Investment earnings or losses . . . . .	-343,922				
<b>d</b> Grants or scholarships . . . . .	30,161				
<b>e</b> Other expenditures for facilities and programs . . . . .	46,118				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,802,740				

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► 0 %

**b** Permanent endowment ► 69 200 %

**c** Term endowment ► 30 800 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

Yes  No

**(ii)** related organizations . . . . .

Yes  No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes  No

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		403,900			403,900
<b>b</b> Buildings . . . . .		19,312,067	5,607,058		13,705,009
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		1,523,082	879,945		643,137
<b>e</b> Other . . . . .		2,606,862	1,462,518		1,144,344
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				►	15,896,390

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,856,079
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	13,576,805
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,720,726
4 Net unrealized gains (losses) on investments	4	-1,223,767
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	-1,223,767
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,944,493

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	8,432,543
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	-1,223,768
b Donated services and use of facilities	2b	52,680
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	-528,151
e Add lines 2a through 2d	2e	-1,699,239
3 Subtract line 2e from line 1	3	10,131,782
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	1,724,297
c Add lines 4a and 4b	4c	1,724,297
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	11,856,079

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	11,377,036
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	52,680
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	435,448
e Add lines 2a through 2d	2e	488,128
3 Subtract line 2e from line 1	3	10,888,908
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	2,687,897
c Add lines 4a and 4b	4c	2,687,897
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	13,576,805

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TO SUPPORT THE MISSION OF PINGREE SCHOOL OVER THE LONG TERM
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSES 356021 INVENTORY COST OF GOODS SOLD 79428 REVOCATION OF PRIOR YEAR PLEDGE - 963600
Part XII, Line 4b - Other Adjustments		FINANCIAL AID 1636450 SPECIAL EVENTS INDIRECT EXPENSES 87847
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 356021 INVENTORY COST OF GOODS SOLD 79428 ROUNDING -1
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID 1636450 SPECIAL EVENTS INDIRECT EXPENSES 87847 REVOCATION OF PRIOR YEAR PLEDGE 963600

2008

Open to Public  
Inspection**SCHEDULE E**  
(Form 990 or 990-EZ)**Schools**

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
THE PINGREE SCHOOL INC**Employer identification number**

04-2279977

**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?

**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?

**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

THE RACIALLY NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL COMMUNICATIONS, SPECIFICALLY, IT WAS ADVERTISED IN THE BOSTON GLOBE NEWSPAPER AS PART OF THE ASSOCIATION OF INDEPENDENT SCHOOLS IN NEW ENGLAND PUBLIC NOTICE OF NON-DISCRIMINATION

**4** Does the organization maintain the following?

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

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**5** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

**b** Admissions policies?

**c** Employment of faculty or administrative staff?

**d** Scholarships or other financial assistance?

**e** Educational policies?

**f** Use of facilities?

**g** Athletic programs?

**h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

---



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**6a** Does the organization receive any financial aid or assistance from a governmental agency?

**b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 6a or b, please explain using an attached statement

**7** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	YES	NO
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>	Yes	
<b>4d</b>	Yes	
<b>5a</b>		No
<b>5b</b>		No
<b>5c</b>		No
<b>5d</b>		No
<b>5e</b>		No
<b>5f</b>		No
<b>5g</b>		No
<b>5h</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE PINGREE SCHOOL INC

**Employer identification number**

04-2279977

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GOLF TOURNAMENT</u> (event type)	<u>AUCTION</u> (event type)	(total number)	
Revenue	1 Gross receipts . . . . .	85,195	152,761		237,956
	2 Less Charitable contributions . . . . .	39,475			39,475
	3 Gross revenue (line 1 minus line 2) . . . . .	45,720	152,761		198,481
Direct Expenses	4 Cash Prizes . . . . .				
	5 Non-cash Prizes . . . . .				
	6 Rent/Facility costs . . . . .				
	7 Other direct expenses . . . . .	51,709	55,214		106,923
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►				106,923
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►				91,558

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►				

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> 12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in	13a	
a The organization's facility . . . . .	13b	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.**

Name of the organization  
**THE PINGREE SCHOOL INC**

**Employer identification number**  
04-2279977

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations . . . . .

**3 Enter total number of other organizations .**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	73		1,636,450		FINANCIAL AID

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

THE PINGREE SCHOOL INC

**Employer identification number**

04-2279977

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		No
<b>2</b>		No
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Part III Supplemental Information

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

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.Name of the organization  
THE PINGREE SCHOOL INCEmployer identification number  
04-2279977

## Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A EASTERN BANK	04-3067724		10-16-2003	6,000,000	CAPITAL IMPROVEMENTS	X			X

## Part II Proceeds (Optional for 2008)

1 Total Proceeds of Issue	A		B		C		D		E	
	Yes	No								
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

## Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

SCHEDULE M  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

2008

Open to Public  
InspectionName of the organization  
THE PINGREE SCHOOL INC

Employer identification number

04-2279977

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	641,937	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
MEALS AND				
25 Other (describe BEVERAGES )	X	10	3,885	VALUE AT DONATION
26 Other (describe FURNITURE )	X	1	200	VALUE AT DONATION
27 Other (describe EQUIPMENT )	X	2	920	VALUE AT DONATION
TICKETS TO VARIOUS				
28 Other (describe EVENTS )	X	21	14,270	VALUE AT DONATION
Other (describe MEMORABILIA )	X	5	921	VALUE AT DONATION
MUSIC				
Other (describe PLAYERS )	X	4	1,714	VALUE AT DONATION
Other (describe JEWELRY AND ACCESSORIES )	X	6	998	VALUE AT DONATION
Other (describe OTHER MISCELLANEOUS ITEMS )	X	3	2,385	VALUE AT DONATION
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . 30a Yes No

b If "Yes", describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . 32a Yes No

b If "Yes", describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury  
Internal Revenue Service  
THE PINGREE SCHOOL INC

Employer identification number

04-2279977

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE AUDIT COMMITTEE REVIEWED THE FORM 990 PRIOR TO ITS FILING AND WILL PRESENT ITS CONCLUSIONS TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE PINGREE SCHOOL PROVIDES AN UPDATED EMPLOYEE HANDBOOK, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, TO ALL OF ITS EMPLOYEES ANNUALLY IN THIS MANNER, EMPLOYEES ARE MADE AWARE THAT ANY CONFLICTS SHALL BE IMMEDIATELY REPORTED TO THE HEAD OF SCHOOL

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF KEY EMPLOYEES AND THE HEAD OF SCHOOL ARE DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES, WHICH USES SURVEYS PROVIDED BY THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		INFORMATION AVAILABLE AT SCHOOL VIA THE OFFICE OF THE DIRECTOR OF FINANCE AND OPERATIONS

Identifier	Return Reference	Explanation
FORM 990, PART XI - FINANCIAL STATEMENTS AND REPORTING	EXPLANATION FOR LINE 2C	THE ORGANIZATION HAS A BOARD-LEVEL AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
FORM 990, PART X - BALANCE SHEET	EXPLANATION OF LINE 1 - NON-INTEREST BEARING CASH BALANCE	IN THE FALL OF 2008 WACHOVIA BANK COLLAPSED OUR COMMON FUND ACCOUNTS, USED FOR EXCESS CASH, WERE TRANSFERRED TO LAW DEBENTURE OUT OF NEW YORK WITH CASH SCHEDULED FOR RELEASE TO PINGREE SCHOOL THROUGH THE YEAR CONCERNING YEAR ENDING JUNE 30, 2009, WE NO LONGER HOLD CASH IN AN INTEREST BEARING ACCOUNT. IT IS BEING HELD IN OUR EASTERN BANK CHECKING ACCOUNTS. PINGREE'S FINANCE COMMITTEE AND AUDIT COMMITTEE ARE IN THE PLANNING STAGE LOOKING FOR A VEHICLE TO HOLD OUR EXCESS CASH

Identifier	Return Reference	Explanation
FORM 990, PART VII - COMPENSATION OF DIRECTORS, TRUSTEES, KEY EMPLOYEES	DETAIL OF BENEFITS INCLUDED IN COLUMN F	BENEFITS PRESENTED MAY INCLUDE PENSION CONTRIBUTION, INSURANCE FOR HEALTH, LIFE AND DENTAL, NONTAXABLE HOUSING AND TUITION REMISSION