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DLN: 93493134030870

Form **990** 

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

2008

OMB No 1545-0047

Open to Public

	Revenue				7 of 2000		3	Inspection				
			endar yea	r, or tax year beginning 0 C Name of organization	7-01-2008 and ending 06-30-200	19	D Employer ide	ntification number				
_			Please use IRS	Brunswick School Inc			06 064656	2				
_	lress cha	ange	label or	Doing Business As			06-0646562 E Telephone nu					
_	ne char	-	print or type. See				(203) 625-5	:01E				
_	ial retur minatioi		Specific Instruc- tions.	Number and street (or P O 100 MAHER AVENUE	box if mail is not delivered to street addr	ess) Room/suite	G Gross receipt					
_	ended r			City or town, state or count GREENWICH, CT 06830563			1					
j App	olication	pending										
			<b>F</b> Nar	ne and address of Princip	al Officer	affilia	us a group return ates?	⊤Yes ▼ No				
Ta:	x-exem	pt status	<b>▼</b> 501(c	) ( 3 ) <b>◄</b> (insert no )	7(a)(1) or	H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)						
J W	eb site			kschool org		_	up Exemption Nur					
<b>К</b> Тур	e of org	anization	Corporat	tion trust association	other <b>F</b>	L Year of Fo	ormation 1932 M s	State of legal domicile CT				
Pa	rt I	Summ	narv									
				e organization's mission o	or most significant activities							
Governance	2	grades P Check th	re-K thro	ugh 12 If the organization discon	ated in Greenwich, CT, is an indep	of more than 2	25% of its assets					
	1		_		body (Part VI, line 1a)			30				
Activities &	1			_	he governing body (Part VI, line 1	b)		29				
Ě				nployees (Part V, line 2a)			5 _	419				
ਹਿੰ	1			olunteers (estimate if nec			_	200				
⋖		_			n Part VIII, line 12, column (C)		_	47,479				
	ь	Net unre	lated bus	iness taxable income fron	n Form 990-T, line 34		7Ь	35,685				
						Pri	or Year	Current Year				
a)	8				h)		17,567,421	11,608,024				
Revenue	9	-		revenue (Part VIII, line 2	•	25,261,727	27,788,182					
Ž.	10				, lines 3, 4, and 7d)		9,524,654	-4,713,908				
	11				s 5, 6d, 8c, 9c, 10c, and 11e)		995,471	521,336				
	12	10taire 12)	venue—a	dd lines 8 through 11 (mi	ie	53,349,273	35,203,634					
	13		and simila	ar amounts paid (Part IX,	column (A), lines 1–3)		3,470,070	3,871,163				
	14	Benefits	paid to c	or for members (Part IX, c	olumn (A), line 4)			0				
	15	Salaries	, other co	ompensation, employee b	enefits (Part IX, column (A), lines	5 –						
Expenses		10)					17,954,597	19,188,838				
क्	16a	Profess	ional fund	iraising fees (Part IX, colu	ımn (A), lıne 11e)			0				
ਡੋ	ь	(Total fur	ndraising ex	penses, Part IX, column (D), lir	ne 25 <u>1,333,835</u> )							
	17	Othere	xpenses	(Part IX, column (A), lines	s 11a-11d, 11f-24f)		13,122,231	13,221,550				
	18	Totalex	penses—	-add lines 13–17 (must e	qual Part IX, line 25, column (A))		34,546,898	36,281,551				
	19	Revenu	e less exp	penses Subtract line 18 f	rom line 12		18,802,375 -					
% Q. €.65						Beginn	ing of Year	End of Year				
Set Ses	20	Totalas	sets (Pa	rt X, line 16)			242,823,944	238,054,111				
Net Assets or Fund Balances	21	Total lia	abilities (f	Part X, line 26)			80,648,504	82,247,223				
2 E	22	Netass	ets or fur	nd balances Subtract line	21 from line 20		162,175,440	155,806,888				
	t II	Signa	ture Bl	ock				, ,				
Plea Sign Here	se	Under per and belief ***** Signat	nalties of pe ;, it is true, * ure of office N H DUDLE	erjury, I declare that I have exa correct, and complete Declarat er Y ASST HEAD/DIR OF FINANCE	mined this return, including accompanyin ion of preparer (other than officer) is bas	ed on all informa	ition of which prepare					
	_	Type	or print nam	ne and title								
Paid		Preparer's signature		ENCE LITT	Date	Check if self- empolyed 🕨 🔽	Preparer's PTIN (	See Gen Inst )				
Prepa		Firm's nan	ne (or your	s KPMG LLP			EIN Þ					
Use (	ווע		nd ZIP + 4	345 Park Avenue								
		l					Phone no 🕨 (21	12) 758-0700				
				New York, NY 10154010	2		1110110110 1 (2)	12) 738-3700				

## Part III Statement of Program Service Accomplishments (See the instructions.)

the prior Form 990 or 990-E2?	<b>1</b> See Ad	Briefly describe the organization's dditional Data Table	s mission				
3 Did the organization cease conducting or make significant changes in how it conducts any program services?  If "Yes," describe these changes on Schedule 0  5 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  6 (Code ) (Expenses \$ 24,606,379 including grants of \$ 3,871,163) (Revenue \$ 26,845,177)  EDUCATION FOR STUDENTS IR CLASSES FROM PRE-KINDERGARTER THROUGH 12TH GRADE  6 (Code ) (Expenses \$ 4,805,047 including grants of \$ ) (Revenue \$ 411,287)  ATHLETIC MID SUMMER PROGRAMS  6 (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718)  6 (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718)  6 (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718)  6 (Code ) (Expenses \$ 1,054,523 including grants of \$ ) (Revenue \$ 531,718)	2	the prior Form 990 or 990-E	Z?		rvices during the year v	which were not listed on	Yes 🗸 No
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(e)(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 \$ 24,606,379 including grants of \$ 3,871,163) (Revenue \$ 26,845,177) EDUCATION FOR STUDENTS IN CLASSES FROM PRE-KINDERGARTEN THROUGH 12TH GRADE  4b (Code ) (Expenses \$ 4,805,047 including grants of \$ ) (Revenue \$ 411,287) ATHLETIC AND SUMMER PROGRAMS  4c (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718) STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3	Did the organization cease c			changes in how it cond	lucts any program	Yes ▼ No
Section 501(c)(3) and (4) organizations and 497(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  40 (Code ) (Expenses \$ 24,606,379 including grants of \$ 3,871,163) (Revenue \$ 26,845,177) (EDUCATION FOR STUDENTS IN CLASSES FROM PRE-KINDERGARTEN THROUGH 12TH GRADE  44 (Code ) (Expenses \$ 4,805,047 including grants of \$ ) (Revenue \$ 411,287) (ATHLETIC AND SUMMER PROGRAMS  44 (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718) (STUDENT SERVICES )  45 (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718) (Revenue		If "Yes," describe these char	nges on Schedu	le O			
4b (Code ) (Expenses \$ 4,805,047 including grants of \$ ) (Revenue \$ 411,287) ATHLETIC AND SUMMER PROGRAMS  4c (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718) STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Section 501(c)(3) and (4) or	ganızatıons and	d 4947(a)(1) t	rusts are required to re	port the amount of grants and	
ATHLETIC AND SUMMER PROGRAMS  (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718)  STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	, , ,			= =	3,871,163 ) (Revenue \$	26,845,177 )
ATHLETIC AND SUMMER PROGRAMS  (Code ) (Expenses \$ 2,054,523 including grants of \$ ) (Revenue \$ 531,718)  STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
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STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )							
STUDENT SERVICES  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		(Cala		2.054.522		) (Parama t	F24 740 \
(Expenses \$ including grants of \$ ) (Revenue \$ )	<b>4c</b>		expenses \$	2,054,523	including grants of \$	) (Revenue \$	531,/16 )
	4d					N/D	
	4e	Total program service expe					)

art IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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	5		
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	6		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	11	Yes	
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 .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 $I$	14b		Νο
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	15		N o
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	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21		Νο
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	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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	25b		No
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	26	Yes	
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	27		No

Part VI . . .

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

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	28a		N o
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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	33	Yes	
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	34		Νo
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	35		No
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	36		No
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,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	64			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	419			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?	• •		3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a	Yes	
ь	If "Yes," enter the name of the foreign country CJ , BD , EI , NT					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	na the	tax vear?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited		·			No
				5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp Tax Shelter Transaction?</i>	t Entit •	ty Regarding Prohibited	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itribut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	.d?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope					
	file Form 8282?		· ·	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the comment of discount the comment of the discount of the					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	, prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	oring organization, nave			
	year <sup>7</sup>			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		9b		
10	Section $501(c)(7)$ organizations. Enter					
а	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	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year	_ 120				

#### 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	<b>Body and Ma</b>	nagement		
					•

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	30					
Ь	Enter the number of voting members that are independent	1b	29					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	he prior Form 990 was	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization	on's assets?	5		Νo			
6	Does the organization have members or stockholders?		6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο			
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	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		Νo		
b	<b>b</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?							
10	Was a copy of the Form 990 provided to the organization's governing body before it was to describe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc		11		Νο			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	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			
а	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
Ь	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		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVEN H DUDLEY SCHOOLS BUSINESS OFFICE 99 MAHER AV GREENWICH,CT 06830 (203) 625-5815

# 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

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

- \* 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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

(A) Name and Title  (B) Average hours per week  (B) Average hours per week  (B) Average hours per week  (C) Reportable compensation from related organizations organization (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)				(tion that a		y)				compensation from related organizations (W- 2/1099-	(F)
		A verage hours per	Individual Trustee or Director	Truste	Officei	Key employee	Highest compensated employee	Former	compensation from the organization (W-		Estimated amount of other compensation from the organization and related organizations
				1							
					$\vdash$			$\vdash \vdash$			
					$\vdash$			$\vdash$			
<b>1b Total</b>	b Total							<b>&gt;</b>	1,693,430	0	756,641

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►25

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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	103	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

( <b>A</b> ) Name and business address	(B) Description of services	(C) Compensation
Tumer Construction Company 440 Wheelers Farm Road MILFORD, CT 06461	Contractor	11,544,134
Dunning Enterprises Inc 11 Buckley Avenue PORT CHESTER, NY 10573	Cleaning Service	401,100
Skidmore Owings Merrill LLP 14 Wall St NEW YORK, NY 10005	Architect	233,791
Charlie Horton Jr Landscaping Inc PO Box 271 PORT CHESTER, NY 10573	Landscaping	159,335
Richards Conditioning Corp 70 Marbledale Rd Tuckahoe, NY 10707	Equipment Maintenanc	148,927
2 Total number of independent contractors (including those in from the organization		5

# Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					, , , , , , , , ,
nts nts	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	<b>1b</b> Fundraising events	103,840				
ts, am		1c	·				
igi isi	d	Related organizations 1d					
ins, sim	е	Government grants (contributions) <b>1e</b>					
utio er:	f	All other contributions, gifts, grants, and similar amounts not included above	11,504,184				
ē. ē.		1f					
E E	g	Noncash contributions included in lines 1a-1f \$					
O.	h	Total (Add lines 1a-1f)		11,608,024			
			Business Code				
anı	2a	STUDENT TUITION	900,099	26,395,177	26,395,177		
wer	ь	ATHLETIC AND SUMMER PROGRAM	611,710	411,287	411,287		
2 <u>4</u>	с	AFTER SCHOOL PROGRAMS	611,710	151,124	151,124		
)ЭM.	d	SCHOOL PROGRAMS	611,710	352,851	352,851		
Ser	e	SHARED SERVICE REIMBURSEMENT	611,710	450,000	450,000		
Program Service Revenue	f	All other program service revenue		27,743	27,743		
foot				,,,,,,			
Q.	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other sımılar amounts)		1,815,126		47,479	1,767,647
	4	Income from investment of tax-exempt b	ond proceeds	0			
			▶	0			
	5	Royalties	(II) Personal	o o			
	6a	Gross Rents 574,961	(II) Fersonal				
	ь	Less rental 437,118					
	c	expenses Rental income 137,843					
	d	or (loss)  Net rental income or (loss)		137,843			137,843
			▶	257,530			201,010
	7-	(1) Securities Gross amount 34,808,552	(II) O ther				
	7a	from sales of assets other					
		than inventory					
	ь	Less cost or d1,337,586 other basis and					
	c	sales expenses Gain or (loss) -6,529,034					
	d	L Net gain or (loss)		-6,529,034			-6,529,034
		<u> </u>	· •				
	8a	Gross income from fundraising events (not including					
ψ.		\$					
i i		of contributions reported on line 1c) See Part IV, line 18					
ev.		Attach Schedule G if total exceeds					
r E		\$15,000 a	103,840				
Other Revenue	b c	Less direct expensesb  Net income or (loss) from fundrais		66,288			66,288
Ò		· · ·					
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a	66,900				
	ь	Less direct expensesb	832				
	с	Net income or (loss) from gaming	activities •	66,068			66,068
	10a	Gross sales of inventory, less					
		returns and allowances .					
		a	619,000				
	Ь	Less cost of goods sold <b>b</b> Net income or (loss) from sales of	412,466	206,383			206,383
	С	Miscellaneous Revenue	Business Code	200,303			200,303
	11a	WORKER'S COMP DIVIDENDS	900,099	44,215			44,215
	ь	OTHER REVENUE	900,099	539			539
	c						
		All other reverse					
	d e	All other revenue  Total. Add lines 11a-11d	L				
			\$ 44,754				
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3 8c,	3,4,5,6d,7d,	35,203,634	27,788,182	47,479	-4,240,051
		9c, 10c, and 11e	. ▶				
							Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,871,163	3,871,163		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	, ,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,235,573	78,110	689,488	467,975
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	13,505,760	11,895,159		355,644
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,297,397	1,064,559	186,200	46,638
9	Other employee benefits	2,067,018	1,807,224	180,714	79,080
10	Payroll taxes	1,083,090	910,485	123,096	49,509
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	113,659		113,659	
c	Accounting	69,650		69,650	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	35,775		35,775	
g	Other	112,875	112,364	448	63
12	Advertising and promotion	13,076		13,076	
13	Office expenses	537,246	219,588	276,069	41,589
14	Information technology	161,558	128,081		33,477
15	Royalties	0			
16	Occupancy	937,266	833,814	102,732	720
17	Travel	227,069	225,485	1,389	195
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	65,748	54,597	7,101	4,050
20	Interest	3,017,399	3,017,399		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,727,792	3,654,908	40,629	32,255
23	Insurance	97,596	96,915	597	84
24	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)				
а	Catering	1,076,615	1,069,106	6,586	923
ь	Building Maintenance	981,530	974,683	6,005	842
c	Building Maintenance contracts	800,122	794,541	4,895	686
d	Publications & Printing	225,049	79,166	47,203	98,680
e	PROFESSIONAL DEVELOPMENT	194,618	194,618		
f	All other expenses	826,907	383,984	321,498	121,425
25	Total functional expenses. Add lines 1 through 24f	36,281,551	31,465,949	3,481,767	1,333,835
26	Joint Costs. Check 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	Shoot
	Balance	Sneer

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			200	1	Liid Oi	200
	2	Savings and temporary cash investments			2,692,434		23	3,317,404
	3	Pledges and grants receivable, net		17.745.540			3,489,776	
	4	Accounts receivable, net			308,115			331,371
	5	Receivables from current and former officers, directors, trustee			555,115	<del>-  </del>		
		other related parties Complete Part II of Schedule L		•	80,000	5		60,000
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			198,163	8		181,303
÷	9	Prepaid expenses and deferred charges			248,891	9		303,738
Assets	10a	Land, buildings, and equipment cost basis	10a	144,192,301				
	ь	Less accumulated depreciation Complete Part VI of	100	,	-			
		Schedule D	10b	26,195,764	111,796,277	10c	117	7,996,537
	11	Investments—publicly traded securities			48,521,800	11	34	4,287,744
	12	Investments—other securities See Part IV, line 11 Complete I Schedule D	Part VI.	I of	58,159,849	12	40	3,293,600
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	Part VI	II	1,180,625	13		0
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			1,892,050	15		1,792,438
	16	Total assets. Add lines 1 through 15 (must equal line 34)			242,823,944	16	238	B,054,111
	17	Accounts payable and accrued expenses .			6,495,024	17		4,127,635
	18	Grants payable	5,100,02	18		.,,		
	19	Deferred revenue	10,524,199		10	0,896,709		
	20	Tax-exempt bond liabilities		56,987,869	20		5,520,000	
ψ ev	21	Escrow account liability Complete Part IV of Schedule D	_		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.e</u>		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third partie	s .		4,273,000	23		7,943,000
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,368,412	25	;	3,759,879
	26	Total liabilities. Add lines 17 through 25			80,648,504	26	82	2,247,223
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plet e l	lines 27				
Balance		through 29, and lines 33 and 34.			120 575 701	<u></u>	404	2 017 400
<u> </u>	27	Unrestricted net assets			130,575,701	27		3,917,438
ă	28	Temporarily restricted net assets			19,894,179	28		5,864,193
Fund	29	Permanently restricted net assets	_		11,705,560	29	1:	5,025,257
or FL		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	nd con	nplete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
Ŋet	33	Total net assets or fund balances			162,175,440	33	15	5,806,888
_	34	Total liabilities and net assets/fund balances			242,823,944	34	238	3,054,111
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c	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?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134030870

Employer identification number

OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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

Brunsv	vick Sci	hool Inc						0.6	064656			
Dai	rt I	Peacon	for Public C	harity Status (to be co	mnlatad	hy all or	aanizatio		-064656. Instruct			
				ation because it is (Please	•	-			msuucu	10113)		
1				nurches, or association of ch					'A )(i).			
2	<u> </u>	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-,(-,	/ (- / -			
3	Ė			e hospital service organizati			t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H )	
4	,	•	•	zation operated in conjuncti			•	, , , , , , ,	• •		•	
-	•		name, city, and	•					_, _(_,(_,	(,(,-		
5	$\vdash$	•		or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	ribed in	
_	•			(Complete Part II )		,		, - <b>.</b>				
6	$\vdash$			overnment or governmental	unit descr	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	<u></u>	•	, -	ally receives a substantial p						n the aene	eral public	2
	•	=		o)(1)(A)(vi) (Complete Par			<b> </b>			<b>3</b>		
8	$\Gamma$		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ıs, membe	rship fees	s, and gro	SS
	·	_		ated to its exempt functions						•		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	k) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)	•		
10	$\Gamma$	Anorganiz	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	( <b>a)(4).</b> (S	ee instruc	tions )	
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	arry out t	he purpo:	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
			it describes the ype I <b>b</b>	type of supporting organiza		omplete li - Function			_	Type III - Other		
_	_	•	• •	rtify that the organization is					d	, ,,		
e	,	•		agers and other than one or			•			•	•	
		section 50				,					(-/(	_,
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	zatio <u>n,</u>
_		check this		the erappingtion recents	danu alft	ar aantrib	utian fram	anu af tha				J
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	any or the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	i) or (ii) al	bove?				11g(	iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				•	
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	1	nount of
Support				(described on lines 1-9 above or IRC section	_	ation in		inization		ation in	supp	ort?
,	Organ	nization		(See Instructions))		listed in verning		i) of your port?		rganized US?		
				(000 1,)		ment?	3491	7011				
					Yes	No	Yes	No	Yes	No	1	

Total

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> 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 and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493134030870

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► 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.

Supplemental Financial Statements

**Employer identification number** Name of the organization Brunswick School Inc 06-0646562 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

**-** \$

(ii) Assets included in Form 990, Part X

**-** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**►** \$

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

Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and othe	•				•			continuea)
•	items (check all that apply)	records, effect diff	01 (11)	. 101	iowing that c	ne a significant c	250 01 113 00110011	011	
а	Public exhibition		d	Γ	Loan or ex	change programs	5		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	the	y further the	organization's e	xempt purpose ır		
5	During the year, did the organization solicit o	or receive donations	of art	, hıs	torical treas	ures or other sir	nılar		
	assets to be sold to raise funds rather than t	<u>:</u>						Yes	┌ No
Pai	Part IV, line 9, or reported an an					janization answ	vered "Yes" to	Form 9	990, 
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9				T		
							A me	ount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior	Year (c)	Two Years Back   (d	Three Years Back	( <b>e)</b> Four \	Years Back
1a	Beginning of year balance	92,784,624							
Ь	Contributions	2,940,211							
С	Investment earnings or losses	-9,334,222							
d	Grants or scholarships	312,060							
e	Other expenditures for facilities and programs	3,306,635							
f	Administrative expenses	35,775							
g	End of year balance	82,736,143							
2	Provide the estimated percentage of the yea	r end balance held as	s						
а	Board designated or quasi-endowment 🕨	80 %							
ь	Permanent endowment 🕨 158%								
С	Term endowment ► 4 2 %								
3a	Are there endowment funds not in the posses	ssion of the organizat	tıon t	hat	are held and	administered for	the	<b>V</b>	
	(i) unrelated organizations			_			3a(i	Yes	No No
	(ii) related organizations						3a(ii		No
ь	If "Yes" to 3a(II), are the related organization						3b	İ	<del>i                                     </del>
4	Describe in Part XIV the intended uses of th							•	
Pai	t VI Investments—Land, Buildings	s, and Equipmen	ıt. Se	ee F	orm 990, I	Part X, line 10.			
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
1a	Land				0	15,335,954	ı		15,335,954
ь	Buildings		.		0	119,452,465	19,453,667		99,998,798
	Leasehold improvements		.			, , , , , ,	. ,		. , , -
	Equipment								
	Other				0	9,403,882	6,742,097		2,661,785
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colum	n (B).	line		5,103,002	· · · · · · · · · · · · · · · · · · ·	1	17,996,537
	( , , , , , , , , , , , , , , , , , , ,	, ,, =====	( - //		. , , , -		Schedule D		

<b>Pallevii</b> Investments—Other Securities. See	FORM 990, Part X, line 12	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		, , , , , , , , , , , , , , , , , , ,
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	43,293,600	F
Other AETERIATIVE INVESTIGATION	13,233,633	<u>'</u>
	42.22.62	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	43,293,600	
Part VIII Investments—Program Related. Se	e Form 990. Part X. line 1	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri		(b) Book value
DEFERRED FINANCING COSTS		1,792,438
Total (Column (h) chould equal Form 000, Part V, cal (R) line	15 )	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	( <b>b</b> ) A mount	
Federal Income Taxes	(=)	
ENROLLMENT DEPOSITS	3,295,783	
ASSET RETIREMENT OBLIGATION	237,052	
Unamortized Bond Premium	227,044	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	3,759,879	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,203,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,281,551
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,077,917
4	Net unrealized gains (losses) on investments	4	-5,290,635
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	-5,290,635
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,368,552
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		26,855,645
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-9,161,798
3	Subtract line 2e from line 1	3	36,017,443
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		30,017,443
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 35,775		
ь	Other (Describe in Part XIV) 4b -849,584		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-813,809
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	35,203,634
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	33,224,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	849,584
3	Subtract line 2e from line 1	3	32,374,613
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 35,775		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	3,906,938
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	36,281,551
Pai	rt 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

Schedule D, Part X - FIN 48 position	The School is exempt from income tax under Section 501(c)(3)
	of the U S Internal Revenue Code (the Code) and has been determined to be an organization that is not a private foundation Contributions made to the School are qualified for the maximum tax deduction allowable under the Code The School recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Income generated from activities unrelated to the School's purpose is subject to tax under the Code Section 511 The School did not have any material unrelated business income tax liability for the years ended June 30, 2009 and 2008 Management believes that the School will continue to be exempt from taxes and that the School has taken no significant uncertain tax positions
Schedule D, Part V, Line 4 - Endowment Funds Uses	The School's endowment consists of 59 individual funds established for a variety of purposes including both donor restricted endowment funds and amounts designated by the Board of Trustees to function as endowment. The School has adopted an investment policy and a spending policy, approved by the School's Board of Trustees. For donor restricted endowment assets, the policies attempt to provide a predictable stream of funding to donor restricted programs while seeking to maintain the purchasing power of the related endowment assets. Endowment assets are invested with a moderate level of investment risk in accordance with an asset allocation strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The School targets a diversified asset allocation that places an emphasis on alternative investments to achieve its long term return objectives within prudent risk constraints. The spending policy calls for annual withdrawals from the donor restricted funds for donor restricted purposes calculated as four percent of the average market value of the donor restricted funds over the most recent three year period. In addition, there are annual withdrawals from board designated funds for the School's long-term debt service.
Schedule D, Part XII, Line 2d and Part XIII, Line 4b	Financial Aid - \$3,871,163
Schedule D, Part XII, Line 4b and Part XIII, Line 2d	Rental Expense - \$437,118 Cost of Goods Sold - \$412,466
<del></del>	
	Schedule D, Part XII, Line 2d and Part XIII, Line 4b Schedule D, Part XII, Line 4b and

### OMB No 1545 004

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

**Schools** 

Name of the organization **Employer identification number** Brunswick School Inc 06-0646562 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes IN ALL OPEN HOUSE ADVERTISEMENTS NEWSPAPER, BROADCAST AND OTHER MEDIA Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

ame of the organization					Employer ide	ntification number
runswick School Inc					06-0646562	)
Davidusiaina Asi	Livitias Camplat	.a .f +ba a.		on anguaged "Vest"		
Part I Fundraising Ac	tivities. Complet	e ir trie or	ganizat	on answered "Yes" t	to Form 990, Part IV	7, line 17.
Indicate whether the orgai	nization raised funds	through ar	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations				e	non-government grants	
<b>b</b> Email solicitations				f Solicitation of q	government grants	
<b>c</b> Phone solicitations				g   Special fundrais	sing events	
d In-person solicitations	3					
2a Did the organization have or key employees listed in	•		•	` _		Г <sub>Yes</sub> Г
b If "Yes," list the ten highes	•	•		rs) pursuant to agreeme -EZ filers are not requi		
to be compensated at leas						
to be compensated at leas		(iii)	Dıd		· ·	
<u> </u>		(iii) fundrais	Dıd er have	·	(v) A mount paid to	(vi) A mount paid to
(i) Name of Individual	(ii) Activity	(iii)	Dıd er have dy or	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)
<u> </u>		(iii) fundrais custo	Dıd er have dy or ol of	·	(v) A mount paid to	(vi) A mount paid to
(i) Name of Individual		(iii) fundrais custo contr	Dıd er have dy or ol of	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of itions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

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

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List 6	on answered "Yes" to events with gross rece	Form 990, Part IV, line ipts greater than \$5,0	e 18, or 000.	report	ed
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	<b>(d)</b> Tot		
			BOOKFAIR	FASHION SHOW	10	(Add col	<b>(a)</b> th □ <b>(c)</b> )	rough
			(event type)	(event type)	(total number)			
₽	1	Gross receipts	86,758	123,451	192,529		40	2,738
Revenue	2	Less Charitable contributions		77,700	26,140		10	3,840
_	3	Gross revenue (line 1 minus line 2)	86,758	45,751	166,389		29	8,898
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
ĝ	6	Rent/Facility costs						
ញ ថ្ល	7	Other direct expenses	74,345	44,445	113,820			2,610
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)			23	2,610
	9	Net income summary Combine lin						5,288
Par	t III	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, line		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
<u>—</u>		\$13,000 ON FORM 550 EZ, MI	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total	gamıng	(Add
Revenue			(a) billigo	bingo/progressive bingo	(c) other gaming	col (a) the		
	1	Gross revenue			66,900		6	 6,900
Ses	2	Cash prizes						
cpens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
듈	5	Other direct expenses			832			832
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes	Yes100 %_ No			
	7	Direct expense summary Add lines	; 2 through 5 in column (i	d)				832
			-		<b>.</b>		6	6,068
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (a)	<u> </u>		Yes	No
9	Ent	er the state(s) in which the organizat	tion operates gaming act	ivities <u>CT</u>				
а		he organization licensed to operate (	gamıng actıvıtıes ın each	of these states?		· 9a	Yes	
b		No," Explain	1./ D. LTI C					
		school held 1 raffle at a Fashion Sh day raffle The school does not hold			eived a special permit for	this		
10a	Wer	re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	the tax year?	10a		Νο
b	If"	Yes," Explain						
11	Doe	es the organization operate gaming a	ctivities with nonmembe	rs?				No
12		he organization a grantor, beneficiar					İ	
	forn	ned to administer charitable gaming?		<u> </u>	· · · · · · · · · · · · · · · · · · ·	12		Νο
			<del></del>		Schedule G (Form 9	90 or 990-	EZ) 20	08

									Yes	No
13	Indicate the	percentage of gamin	g activity	y operated in						
а	The organiza	ation's facility				. 13a	0 %			
b	An outside facility									
14	Provide the records	name and address of	the pers	on who prepares the	e organization's gaming/	special	events books and			
	Name 🟲	STEVEN H DUDLE	Y as ove	rseer - see						
	Address 🟲	SCHOOLS BUSINI GREENWICH,CT		ICE 99 MAHER AV	,					
15a					whom the organization r			15a		No
b	If "Yes," ent	er the amount of gam	ning reve	nue received by the	organization 🕨 \$		and the			
	amount of ga	amıng revenue retaine	ed by the	third party 🟲 \$						
c	If "Yes," ent	ter name and address								
	Name 🟲									
	Address 🟲									
16	Gaming man	nager information								
	Name 🟲	STEVEN H DUDLEY	,					-		
	Gaming man	nager compensation 🕨	<b>*</b> \$		0					
	Description	of services provided	► <u>overa</u>	ıll supervision of ga	mıng raffle					
	Director,	/officer	Г	Employee	Independ	ent cont	ractor			
17	Mandatory d	listributions								
а	_				le distributions from the	-		17a		N o
Ь		nount of distributions	•		tributed to other exempter **	t organız	ations or spent	1/4		No

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DLN: 93493134030870

OMB No 1545-0047

06-0646562

2008

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S. Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service

Name of the organization Brunswick School Inc Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

Part I General Infor	mation on Gra	nts and Assistance	•			•	
<ul> <li>Does the organization mathematical the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	d to award the gra	nts or assistance?			ıbılıty for the grants or a	ssistance, and	Ves □ ا
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is		00. Check this box	tes. Complete if the case if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth  For Paperwork Reduction Act Not	<del>-</del>		<u> </u>	Cat No 500551			nedule I (Form 990) 2008

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>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID	173	3,871,163			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Supplemental Information 1	, ,	THE SCHOOL GRANTS FINANCIAL AID AWARDS TO STUDENTS WHO DEMONSTRATE FINANCIAL NEED STUDENTS SEEKING AID ARE REQUIRED TO COMPLETE THE SCHOOL AND STUDENT SERVICES FOR FINANCIAL AID (SSS) APPLICATION THE SCHOOL USES THE ANALYSIS OF SSS IN DETERMINING THE AMOUNT OF EACH STUDENT'S FINANCIAL AID AWARD

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As Filed Data -

DLN: 93493134030870

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization
Brunswick School Inc

Employer identification number

06-0646562

Pa	rt I Questions Regarding Compensation	on			
		_		Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	✓ Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	vritten policy regarding payment or reimbursement or No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to	reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executiv	e Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t				
	✓ Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	pased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				,
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Cat No 50053T

#### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Mr Thomas W Philip	(1) (11)	293,828 0	0	96,722 0	126,278 0	165,845 0	682,673 0	341,340 C	
Mr Steven H Dudley	(I)	225,500 0	0 0	75,239 0	84,315 0	9,697 0	394,751 0	174,926 C	
Mrs Terry M Gumz	(ı) (ıı)	186,429 0	0	144	19,450 0	16,506 0	222,529 0	111,193 C	
Mr Thomas Murray	(ı) (ıı)	156,500 0	0	579 0	7,825 0	12,709	177,613 0	88,735 C	
Mr Timothy F O strye	(ı) (ıı)	125,116 0	0	144 0	16,683 0	12,549	154,492 0	76,674 0	
Mr Sunil Gupta	(ı) (ıı)	128,770 0	0	13,644 0	12,360 0	13,096	167,870 0	81,278	
Mr John J Pendergast	(ı) (ıı)	123,925 0	0	7,721 0	16,055 0	74,259 0	221,960	110,695	
Mr Andrew Hall	(ı) (ıı)	122,570 0	0	5,838 0	15,912 0	45,945 0	190,265 0	94,976	
Mr Douglas Burdett	(ı) (ıı)	116,425 0	0	14,336 0	30,080 0	77,077 0	237,918	111,219	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								

#### 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

Ident if ier	Return Reference	Explanation
Supplemental Information 1	Schedule J, Part I, Line 4b - Nonqualified Retirement Plan	The School maintains a 457(f) Deferred Compensation Plan in which certain senior executives participate Funded amounts are subject to a substantial risk of forfeiture
Supplemental Information 2		Schedule J, Part II Column B (III) - Other reportable compensation includes housing benefits for employees living on campus net of withholdings for employee health and other benefit plans and payments from the nonqualified retirement plan for certain senior executives described in Supplemental Information 1 Schedule J, Part II Column C - Deferred compensation includes contributions to qualified retirement plans for all employees and contributions to the nonqualified retirement plan for certain senior executives described in Supplemental Information 1 Schedule J, Part II Column D - Nontaxable benefits include contributions to employee health and other benefit plans for all employees, tuition benefits for employees with children attending Pre-K through twelfth grade and housing benefits for employees required to live on campus
=		
1		
-		

Software ID: Software Version:

**EIN:** 06-0646562

Name: Brunswick School Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

· • · · · · · · · · · · · · · · · · · ·		<del></del>	71010/ 11 H2 10 00/ 110	-,p,, a	mgst stimptim			
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
I ======		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Mr Thomas W Philip	(ı) (ıı)	) 293,828 ) 0	0	96,722 0	126,278 0	165,845 0	682,673 0	341,340 0
Mr Steven H Dudley	(ı) (ıı)	:1	0	75,239 0	84,315 0	9,697 0	394,751 0	174,926 0
Mrs Terry M Gumz	(ı) (ıı)	(1	o   	144	19,450 0	16,506 0	222,529 0	111,193 0
Mr Thomas Murray	(ı) (ıı)	) 156,500 ) 0	o 0	579 0	7,825 0	12,709 0	177,613 0	88,735 0
Mr Timothy F O strye	(ı) (ıı)	:	o 0	144 0	16,683 0	12,549 0	154,492 0	76,674 0
Mr Sunil Gupta	(ı) (ıı)	:1	o   	13,644 0	12,360 0	13,096 0	167,870 0	81,278 0
Mr John J Pendergast	(ı) (ıı)	1	o! o	7,721 0	16,055 0	74,259 0	221,960 0	110,695 0
Mr Andrew Hall	(ı) (ıı)	:	o 0	5,838 0	15,912 0	45,945 0	190,265	94,976 0
Mr Douglas Burdett	(ı) (ıı)	.	o <sup> </sup>	14,336	30,080 0	77,077 0	237,918	111,219

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**Schedule K** 

**Supplemental Information on Tax Exempt Bonds** 

OMB No 1545-0047

DLN: 93493134030870

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization Brunswick School Inc

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Employer identification number** 

06-0646562

										100-0040.	302									
Р	art I Bond Issues (Required	d for 2008)																		
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	<b>(f)</b> Des	(f) Description of Purpose		rpose (g) Defeas		Beh	On alf of suer						
											Yes	No	Yes	No						
A	STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTHOR	06-0806186	20774LCC7	05-01-	1999	44,	635,000	OO CONTRUCTION OF NEW C		CONTRUCTION OF NEW CA		CONTRUCTION OF NEW (		CONTRUCTION OF NEW CAN		EW CAMPUS		x		x
В	STATE OF CT HEALTH & EDUCATIONAL FACILITIES AUTHOR 06-0806186 20774LZV0			04-01-	2003	17,	500,000	CONTRUCT	ION OF N	EW CAMPUS		х		х						
P	art III Proceeds (Optional for	r 2008)		<u> </u>																
1	Total Proceeds of Issue			-	Δ	<u> </u>	В	(	<u>C</u>	D			E							
	Gross Proceeds in Reserve Funds	s																		
3	Proceeds in Refunding or Defeasa	ance Escrows																		
4	Other Unspent Proceeds																			
5	Issuance Costs from Proceeds																			
6	Working Capital Expenditures fro	m Proceeds																		
7	Capital Expenditures from Proces	eds																		
8	Year of Substantial Completion					1				l										
				Yes	No	Yes	No	Yes	No	Yes	No	Ye:	s	No						
9	Were the bonds issued as part of	a current refunding iss	sue?																	
10	Were the bonds issued as part of	an advance refunding	ıssue?																	
11	Has the final allocation of procee	ds been made?																		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?																			
Pa	rt III Private Business Use	(Optional for 2008	)				•	<u>'</u>												
					<b>4</b>	<del>-</del>	В	_	<u>C</u>	D			E							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No						
1	Was the organization a partner in which owned property financed by		ember of an LLC,																	
2	Are there any lease arrangement which may result in private busin		nanced property																	
For	Paperwork Reduction Act Notice, see th	he Instructions for Form	1990.			Cat No 50:	193E			Sch	nedule K	(Form 99	0) 2008	3						

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	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?										
4	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										
5	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										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493134030870

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** Brunswick School Inc 06-0646562 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal by board or (d)Balance due default? agreement? organization? purpose amount committee? Yes No Τо From Yes No Yes No STEVEN H DUDLEY See Schedule O Х 200,000 60,000 Νo Yes Yes 60,000 Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
	organization			Yes	No
LONE PINE CAPITAL LLC	W ROBERT DAHL, trustee	90,831	Investment MNG (see sch o)		No

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DLN: 93493134030870

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization Brunswick School Inc

Employer identification number

Pa	art I Types of Property				06-0646562			
	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermi	nıng	
1	Art—Works of art	аррпсавіе		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	54	1,412,088	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			1
30a	During the year, did the organization						Yes	No
	least three years from the date			not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
ь	If "Yes", describe the arrangem	ent in Part I	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
h	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

## **SCHEDULE 0** (Form 990)

Department of the Treasury

Brunswick School Inc

Internal Revenue Service

Name of the organization

# **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.

OMB No 1545-0047

Inspection

Employer identification number

06-0646562

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 1	FORM 990, PART VI, SECTION A, LINE 10	The Treasurer of the Board of Trustees will review the annual Form 990 return. This review will be noted as an agenda item at an Audit/Finance Committee meeting and a Board of Trustee meeting and will be duly noted in the minutes. The completed Form 990 will be made available to all members of the Board of Trustees. In addition the IRS requires the following to be available for public inspection. a 990 tax return (excluding the Schedule of Contributor's), b 990T tax return (Unrelated Business Income return) and c Form 1023 (Recognition as a 501(c)(3) application). These forms are available to the public upon request. The School does not make public other information including its governing documents, conflict of interest policy and financial statements.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 2	FORM 990, PART VI, SECTION B, LINE 12c	Each new person serving as a trustee, officer or Key employee of Brunswick School is required to review a copy of the Conflict of Interest Policy and to acknow ledge in writing that he or she has done so Each person serving as a trustee, officer or Key employee of Brunswick School shall annually complete the Conflict of Interest disclosure form, identifying any relationships, positions or circumstances in which the person and/or his or her immediate family is involved that he or she believes could give rise to a conflict of interest. The Chair of the Board of Trustees and the Headmaster shall review each disclosure form and determine if a conflict exists. If a conflict of interest is determined to exist it shall be disclosed to the Board of Trustees, or its Audit and Finance Committee, and made a matter of record through an approved procedure. The prior approval of the Board of Trustees or Audit and Finance Committee shall be required for any business arrangement or transaction involving a trustee or Key employee which may constitute a conflict of interest Approval shall be granted only if the arrangement or transaction is fully disclosed and is determined to be on terms which are fair to and in the best interests of Brunswick School. Any trustee having a conflict of interest shall not vote or use his or her personal influence on the matter, and shall not be counted in determining the quorum for the Board or Committee meeting.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 3	FORM 990, Part VI, Sec b, Line 15b	The Compensation Committee of the Board of Trustees hires a consultant every other year to review comparable packages for the Headmaster and Assistant Headmaster/Director of Finance. The consultant presents data for comparable positions both locally and nationally and the Compensation Committee makes the final decision for the salary package over the 2-year time frame, assuming continuation of employment. The Headmaster determines the compensation of Key employees based on experience, current performance and comparable local and national positions using Fairchester and NAIS statistics.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 4	FORM 990, PART VI, SECTION C, LINE 19	The organization makes its governing documents, conflict of interest policy, & financial statements available to the public upon request. Also, the federal Form 990 which includes financial and other disclosures is available on GuideStar.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 5	Form 990, Part VI, Line 2	The following are the officers, directors, trustees, or key employees that have a family relationship or a business relationship with another officer, director, trustee, or key employee Business Relationship Mr Joseph D Gatto Mr Michael J Odrich Mr Sanjeev K Mehra Mr Tracy R Wolstencroft Family & Business Relationship Mr Ian C Murray Mr Shepherd Murray

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 6	Schedule L, Part II & IV	From time to time, members of the School's board of trustees enter into various transactions with the School These transactions include asset management services by organizations affiliated with individual board members. The School believes that all such transactions are initiated on an arm's length basis. During 2009 and 2008, LONE PINE CAPITAL, LLC (LPC), an investment company that manages a portion of the School's investment portfolio totaling \$7,669,437 and \$9,662,534, respectively, is affiliated with a member of the School's board of trustees, MRS. W. ROBERT DAHL. MRS. W. ROBERT DAHL serves as the MANAGING DIRECTOR of LPC. LPC received management fees of \$90,831 and \$487,003 during 2009 and 2008, respectively. Mr. Jeffrey R. Holzschuh, a Brunswick School Trustee, is Vice Chairman of Morgan Stanley and Brunswick School opened a brokerage account at Morgan Stanley in June 2009 in which approx. \$5mm of Brunswick School's assets were invested. The investment decision was initiated and approved by the Investment Committee of the Board of Directors. No fees were paid to Morgan Stanley during the year-ended June 30, 2009. As part of a long term compensation and retention program, the School issued a loan in the original principal sum of \$200,000 to a highly valued and long standing senior officer and employee of the School. The loan is secured by a mortgage on a residence. The annual amount forgiven is included as compensation expense each year. The total amount of the loan outstanding was \$60,000 and \$80,000 at June 30, 2009 and 2008, respectively, and is included in other receivables in the organizations's financial statements.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 7	Schedule G, Part III, Line 9a - Gaming	The School's Parent Association, an all volunteer organization within the School, held a raffle at a Fashion Show event (See Part II, Special Event #2) for which the School received a permit from the State of Connecticut for this one gaming event. The School did not hold any other gaming event during the year and does not hold a gaming license. The Parent's Association maintained the books and records for the raffle and filed the required state report at its conclusion. Steven H. Dudley, the School's Assistant Headmaster and Director of Finance, oversees the Parent Association.

Schedule O (Form 990) 2008

#### DLN: 93493134030870

2008

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Department of the Treasury

Brunswick School Inc

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Internal Revenue Service Name of the organization

06-0646562 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity BRUNSWICK SCHOOL HOLDINGS LLC 100 MAHER AVENUE brunswick S 1,521,875 fac housing CT 11,760 GREENWICH, CT 068305618 06-0646562 BRUNSWICK SCHOOL HOLDINGS I LLC 100 MAHER AVENUE brunswick S Athletic fac CT 144,106 3,045,068 GREENWICH, CT 068305618 06-0646562 BRUNSWICK SCHOOL HOLDINGS II LLC 100 MAHER AVENUE brunswick S 5,630,563 fac housing CT 47.160 GREENWICH, CT 068305618 06-0646562 **Identification of Related Tax-Exempt Organizations** (B) (F) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	entity		(E) dominant ne(related, estment, irelated)  (F) Share of tota		<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	Code V—UBI amount on Box 20 of K-1		Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
c	Gıft, grant, or capıtal contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
e	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)		· ·	1g		
h	Exchange of assets			1h		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		
			· ·			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	· ·	1k		
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
			· ·			
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1р		
q	O ther transfer of cash or property to other organization(s)			1q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)			- 			
			1			
(2)			I			
(3)			I			
(4)			I			
/F\						
(5)			ı			
(6)						
(0)			ı			

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

**EIN:** 06-0646562

Name: Brunswick School Inc

## Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada		Posit t	(C tion ( hat a	chec		I			(-)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Mr Garrett Moran , Chairman	6 0	Х						0	0	0	
Mr William A Durkin III , Secretary	4 0	Х						0	0	0	
Mr Henry F Skelsey , Treasurer	6 0	Х						0	0	0	
Mr Richard A Baker , TRUSTEE	2 0	Х						0	0	0	
Mr W Preston Baldwın III , TRUSTEE	2 0	Х						0	0	0	
Mr Michael P Castine , TRUSTEE	2 0	X						0	0	0	
Mrs W Robert Dahl , TRUSTEE	2 0	Х						0	0	0	
Mr B Cort Delany , TRUSTEE	4 0	Х						0	0	0	
Mr Matthew DeSalvo , TRUSTEE	2 0	Х						0	0	0	
Mrs William Farrell , TRUSTEE	4 0	Х						0	0	0	
Mr Richard M Fuscone , TRUSTEE	2 0	Х						0	0	0	
Mr Joseph D Gatto , TRUSTEE	2 0	Х						0	0	0	
Mr Colvin W Grannum , TRUSTEE	2 0	Х						0	0	0	
Mr Jeffrey R Holzschuh , TRUSTEE	2 0	Х						0	0	0	
Mr Sanjeev K Mehra , TRUSTEE	2 0	Х						0	0	0	
Mr David B MacFarlane , TRUSTEE	4 0	Х						0	0	0	
Mrs Gary S Matthews , TRUSTEE	2 0	Х						0	0	0	
Mr Ian C Murray , TRUSTEE	2 0	Х						0	0	0	
Mr Shepherd Murray , TRUSTEE	2 0	Х						0	0	0	
Mr Thos D O Malley Jr , TRUSTEE	4 0	Х						0	0	0	
Mr Charles Paternina , TRUSTEE	4 0	Х						0	0	0	
Mr Peer T Pedersen , TRUSTEE	2 0	Х						0	0	0	
Mr Clifton S Robbins , TRUSTEE	6 0	Х						0	0	0	
Mr William A Schneider , TRUSTEE	2 0	Х						0	0	0	
Mr Andrew Jacobson , TRUSTEE	2 0	Х						0	0	0	
Mr J Edward Vırtue , Trustee	2 0	Х						0	0	0	
Mr Peter A Weinberg , Trustee	2 0	Х						0	0	0	
Mr Sımon J Wıllıams , Trustee	4 0	Х						0	0	0	
Mr Tracy R Wolstencroft , TRUSTEE	2 0	Х						0	0	0	
Mr Mıchael J Odrıch , TRUSTEE	2 0	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C ion ( hat a	chec		I			(5)	(F) Estimated amount of other compensation from the organization and related organizations	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
Mrs Mark Stitzer , TRUSTEE	2 0	Х						0	0	0	
Mr Thomas W Philip , Headmaster	40 0			Х				390,550	0	292,123	
Mr Steven H Dudley , Ass't Head/Director Finance	40 0			х				300,739	0	94,012	
Mrs Terry M Gumz , Director of Development	40 0				х			186,573	0	35,956	
Mr Thomas Murray , Director of Development	40 0				х			157,079	0	20,534	
Mr Timothy F Ostrye , Director of Athletics	40 0					х		125,260	0	29,232	
Mr Sunıl Gupta , Dırector of Technology	40 0					Х		142,414	0	25,456	
Mr John J Pendergast , Department Chairperson	40 0					х		131,646	0	90,314	
Mr Andrew Hall , Department Chairperson	40 0					Х		128,408	0	61,857	
Mr Douglas Burdett , Director of College Guidance	40 0					х		130,761	0	107,157	

	Form 990, Part VIII -	· Statement of	Revenue - 2	2a - 2g Pi	rogram Se	rvice Revenu	ıe -
							_

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a STUDENT TUITION	900,099	26,395,177	26,395,177		
<b>b</b> ATHLETIC AND SUMMER PROGRAM	611,710	411,287	411,287		
c AFTER SCHOOL PROGRAMS	611,710	151,124	151,124		
d SCHOOL PROGRAMS	611,710	352,851	352,851		
e SHARED SERVICE REIMBURSEMENT	611,710	450,000	450,000		

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

BRUNSWICK SCHOOL, INC. (THE SCHOOL) IS A NOT FOR PROFIT DAY SCHOOL FOR FOR BOYS IN PRE KINDERGARTEN THROUGH TWELFTH GRADE. THE SCHOOL, WHICH IS LOCATED IN GREENWICH, CONNECTICUT, IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. The purpose of the School is to educate the "whole boy". It will do so by helping boys and young men - without regard to culture, ethnicity or religion - acquire the personal, intellectual and physical training that will best enable them to grow into responsible adults who can make significant and lasting contributions to society. Since 1902, Brunswick School has been, in the words of George Carmichael, its founder, "ably and generously preparing boys for life." Through a rich and rigorous college preparatory curriculum, the School strives for the fullest intellectual development of every young man. The School's academic programs seek to instill in each student a desire to learn, to challenge each boy to fulfill his own unique