

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

ZU

2008

OMB No 1545-0047

Open to Public Inspection

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

. F.	- 46- 2	000						<u> </u>
				r, or tax year beginning 07-01-2008 C Name of organization	and ending 00-30-200	, <u>, , , , , , , , , , , , , , , , , , </u>	D Employer iden	tification number
	eck if ap dress cha		Please use IRS	HOPKINS SCHOOL INCORPORATED DBA HO	PKINS SCHOOL		06-0646674	
_	me chan	3	label or print or	Doing Business As			E Telephone nur	
_		-	type. See				(203) 397-1	001
_	tial returi		Specific Instruc-	Number and street (or P O box if mail is no 986 FOREST ROAD	ot delivered to street addre	ess) Room/suite	G Gross receipts	
_	mınatıor		tions.					
	ended r			City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06515				
App	plication	pending						
		Ī		ne and address of Principal Officer		H(a) Is this	s a group return f	
			david b 986 FO	axter REST ROAD		affiliat	tes?	┌Yes ┌No
				AVEN,CT 06515		H(b) Are all	affiliates included	ı? □Yes □No
Ta	x-exem	pt status	▽ 501(c)	(3) ◀ (insert no)	527	1 ' '		See instructions)
w	eb site	:: ► HO	PKINS EDI	J		7	Exemption Num	
∢ Тур	e of org	anızatıon	Corporat	on		L Year of For	mation 1660 M S	tate of legal domicile CT
Pa	rt I	Sumr	marv					
			•	organization's mission or most signif	ficant activities			
				DUCATIONAL INSTITUTION FORM		LIDENTS FRO	M GRADES 7 TH	ROUGH 12
aovemance			,	f the organization discontinued its op- nembers of the governing body (Part V				25
			-	dent voting members of the governing	,			25
Acumules &				pployees (Part V, line 2a)				347
Ĕ				lunteers (estimate if necessary)				0
Ş				ed business revenue from Part VIII,			_	2,236
				ness taxable income from Form 990-1			7b	-111,242
					·	Prio	r Year	Current Year
	8	Contrib	butions and	grants (Part VIII, line 1h)			8,749,395	2,919,825
≅	9			evenue (Part VIII, line 2g)		18,782,924	19,495,560	
Revenue	10	Invest	ment incon	ne (Part VIII, column (A), lines 3, 4, a	and 7d)	543,786	-333,020	
Ľ	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	ec, 10c, and 11e)		3,962,899	154,232
	12		evenue—ad	ld lines 8 through 11 (must equal Part	t VIII, column (A), lın	е	33.030.004	22.226.505
	42	12)	المستاد المستا	nametra need (Deat IV entree (A.)	lines 1 2)		32,039,004	22,236,597
	13			r amounts paid (Part IX, column (A), l			2,000,268	2,064,388
	14		•	r for members (Part IX, column (A), lii	-	5 _		0
\$	15	Salarie 10)	s, otner co	mpensation, employee benefits (Part	IA, COIUMN (A), lines	5-	12,252,969	13,536,487
85 85	16a	•	sional fund	raising fees (Part IX, column (A), line	11e)			0
Expenses	ь	(Total fu	ındraising ext	enses, Part IX, column (D), line 25 ^{1,321,047})			
ш	17	•		Part IX, column (A), lines 11a–11d, 1			7,641,282	7,803,990
	18			add lines 13–17 (must equal Part IX,			21,894,519	23,404,865
	19	Reveni	ue l <mark>es</mark> s exp	enses Subtract line 18 from line 12			10,144,485	-1,168,268
<u>8</u> 8						Beginni	ng of Year	End of Year
9 4	20	Totala	ssets (Par	t X, line 16)		1	130,950,388	124,316,513
พอนครรอช ดา Fund Bafances	21			art X, line 26)			24,755,041	28,845,535
<u> </u>	22		-	d balances Subtract line 21 from line	20	-	106,195,347	95,470,978
_	1311		ature Blo		_ 			55,175,576
				gury, I declare that I have examined this retu	rn, including accompanying	schedules and st	tatements, and to th	e best of my knowledae
) ^ -		and belo	ef, it is true, o	orrect, and complete Declaration of preparer		ed on all informati I	on of which prepare	
Plea Sigr		**** Signa	** ature of office	r		2010- Date	02-05	
ler		[2414		
			baxter CFO or print nam	e and title				
	Ī	P	· ·		ate	Check If	Preparer's PTIN (S	ee Gen Inst \
Paid		Preparer' signature				self-	Treparer a Film (3	ee oen mac j
	arer's	Eugen /	r 	T M DVVDEE COMPANY DC		empolyed 🕨 🦵	1	
•	Only	ıf self-em)			EIN 🕨	
	-··· y	address,	and ZIP + 4	PO BOX 187169			Phone no * (30	2) 201_4022
				HAMDEN, CT 06518			Phone no 🕨 (20	<u> </u>
1av	the IRS	S discus	s this retiii	n with the preparer shown above? (Se	e instructions)			▼Yes No

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

1	Briefly describe the organization's To conduct and manage a school Connecticut as may be helpful or	l for young men and w				on under the laws of the State of
2	Did the organization under the prior Form 990 or 990		nt program ser		which were not listed on	┌ Yes ┌ No
	If "Yes," describe these no	ew services on Sch	nedule O			
3	Did the organization cease services?	e conducting or ma	ake significant	changes in how it cond	lucts any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedul	le O			
4) organızatıons and	l 4947(a)(1) tr	usts are required to re	argest program services by port the amount of grants and	
4a	(Code) (Expenses \$	19,182,901	including grants of \$	2,064,388) (Revenue \$	19,392,771)
	ACADEMIC INSTRUCTION, ATH	HLETIC & STUDENT ACT	TIVITIES, FOOD SE	ERVICE & OTHER SUPPORT	FOR 679 STUDENTS	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	O ther program services (Expenses \$		dule O) ding grants of	\$) (Revenue \$)
4e	Total program service ex	(penses \$	19,182,901	Must equal Part IX, I	Line 25, column (B).	

Part IV	Chec	klist of	f Required	l 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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	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		Νο
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		Νο
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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		Νο
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		Νο
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 IV Checklist of Required Schedules (Continued)

			Yes	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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	1,10
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		Νo
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		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 97			
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 to vendors 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			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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 that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N o
4	file Form 8282?	-/-		NO
u	If ites, indicate the number of forms 5252 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No.
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
11	Section 501(c)(12) organizations Enter			
	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	l		1

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

Section A.	Governing	Body an	nd Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 25			
b	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	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	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David Baxter CFO 986 FOREST RD new haven, CT 06515 (203) 397-1001

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

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) 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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			\vdash	$\vdash\vdash$	\vdash		\vdash			
				\vdash						
1b Total			<u>. </u>	Ш.			>	1,098,918	C	194,742

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3	Yes	
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 I for such person	5	163	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
pac group llc po box 52 harwinton, CT 06791	construction services	7,907,528
flik international corp po box 91337 chicago, IL 60693	food service	750,107
THE SLAM COLLABORATIVE PO BOX 12 brattleboro, VT 05302	ARCHITECTURAL services	481,990
strategic business solutions 599 middlesex tumpike old saybrook, CT 06475	construction management	317,782
montagno construction 75 progress In waterbury, CT 06705	construction services	257,857
Total number of independent contractors (including those in 1) who reconfrom the organization		10

Software ID: Software Version:

EIN: 06-0646674

Name: HOPKINS SCHOOL INCORPORATED DBA HOPKINS

SCHOOL

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C lon (hat a	chec		I			/E\	(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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
BARBARA RILEY , HEAD OF SCHOOL	40 00	Χ		Х		Х		253,737	0	23,981	
ENOLA G AIRD , trustee	1 00	Х						0	0	0	
LINDA J CALARCO , trustee/SECRETARY	5 00	Х		х				0	0	0	
lincOLN W CAPLAN , trustee	1 00	Х						0	0	0	
WILLIAM W GINSBERG , trustee	1 00	Х						0	0	0	
alexander banker , trustee	1 00	Х						0	0	0	
glenn s havlicek , trustee	1 00	Х						0	0	0	
MERRICK R KLEEMAN , trustee	1 00	Х						0	0	0	
HAROLD HONGJU KOH , trustee	1 00	Х						0	0	0	
john geanakoplos , trustee	1 00	Х						0	0	0	
PETER A LANGERMAN , trustee/treasurer	5 00	Х		х				0	0	0	
JANE A LEVIN , trustee	1 00	Х						0	0	0	
DAVID I NEWTON , trustee/pRESIDENT	5 00	Х		Х				0	0	0	
mary murphy hoffman , trustee	1 00	Х						0	0	0	
KENNETH A PAUL JR , trustee	1 00	Х						0	0	0	
stacy jackson perkins , trustee	1 00	Х						0	0	0	
E JUNE ROSSETTI , trustee	1 00	Х						0	0	0	
LAURENCE G WALKER , trustee/VICE PRESIDENT	5 00	Х		х				0	0	0	
ARNOLD B WEST , trustee	1 00	Х						0	0	0	
nancy sloan alchek , trustee	1 00	Х						0	0	0	
paul gerwirtz , trustee	1 00	Х						0	0	0	
AVI NASH , trustee	1 00	Х						0	0	0	
judith smith morgan , trustee	1 00	Х						0	0	0	
rıchard ferguson , trustee	1 00	Х						0	0	0	
michael stratton , trustee	1 00	Х						0	0	0	
ronald delfini , trustee	1 00	Х						0	0	0	
david baxter , Chief fin & oper officer	40 00			Χ		Х		172,975	0	31,990	
BARBARA MONAHAN , dır of develop	40 00					Х		103,249	0	26,031	
THOMAS PARR , Athletic Dir / HIST TCHr	40 00					Х		107,803	0	26,247	
rosemary benedict , dean of academics	40 00					Х		114,883	0	13,764	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	tition a Institutional Trustee	ched	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
john roberts , assist head of school	40 00			Х		110,567	0	22,973
james walsh , business manager	40 00			Х		103,432	0	23,230
william bakke , former assoc head /vp	40 00				Х	132,272	0	26,526

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1				
nts nts	b	Membership dues					
Contributions, gifts, grants and other similar amounts	С	1b Fundraising events					
ifts, ⊪an	d	1c Related organizations1d					
% 6,5	e	Government grants (contributions) 1e					
Sie	f	All other contributions, gifts, grants, and	2,867,872				
Det See	•	similar amounts not included above					
a ti	g	Noncash contributions included in					
ဝမ	h	lines 1a-1f \$		2,919,825			
	<u>. </u>	Total (Add IIICS 2d 21) 1 1 1	<u> </u>				
en	2a	TUITION & FEES	Business Code 611,600	19,340,818	19,340,818		
меш	ь	misc fees	611,600	56,275	56,275		
22°	c	late payment fees	611,600	43,355	43,355		
) J.M.C.	d	publications	611,600	35,462	35,462		
33	e	application fees	611,600	19,650	19,650		
rani	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 19,495,560	dands interest				
		Investment income (including divionable other similar amounts)	· •	576,010			576,010
	4	Income from investment of tax-exempt b	▶	69,572			69,572
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 11,245					
	ь	Less rental expenses					
	С	Rental income 11,245 or (loss)					
	d	Net rental income or (loss)		11,245		5,800	5,445
		(ı) Securities	(II) Other				
	7a	Gross amount 25,126,706 from sales of					
		assets other than inventory					
	b	Less cost or 26,105,308 other basis and					
	c	sales expenses Gain or (loss) -978,602					
	d	Net gain or (loss)		-978,602			-978,602
	8a	Gross income from fundraising	. ► 				
		events (not including \$					
ше		of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Ϋ́.		\$15,000 a					
the	b c	Less direct expensesb Net income or (loss) from fundrais					
٥	9a						
	Эа	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		а					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming	activities -				
	10a	Gross sales of inventory, less returns and allowances					
		a	383,624				
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of	· · · · · · · · · · · · · · · · · · ·	72,871			72,871
	11a	Miscellaneous Revenue CHALLENGE COURSE	Business Code 611,600	73,680	73,680		
	ь	PASS-THRU ENTITIES	525,990	-3,564	, -	-3,564	
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 70,116 3, 4, 5, 6d, 7d,	22,236,597	19,569,240	2,236	-254,704
		8c,		. ,	·	·	
	J	9c, 10c, and 11e	٠ - ا				Form 990 (2008)

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	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 TUITION & FEES	611,600	19,340,818	19,340,818		
b misc fees	611,600	56,275	56,275		
c late payment fees	611,600	43,355	43,355		
d publications	611,600	35,462	35,462		
e application fees	611,600	19,650	19,650		

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations 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) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,064,388	2,064,388		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	503,371		503,371	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,790,598	8,294,013		675,869
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	899,706	748,083	81,292	70,331
9	Other employee benefits	1,572,870	1,363,026	103,631	106,213
10	Payroll taxes	769,942	634,110	86,247	49,585
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,056		17,056	
c	Accounting	47,500		47,500	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	18,061		18,061	
12	Advertising and promotion	53,222	500	52,172	550
13	Office expenses				
14	Information technology	115,465	108,680		6,785
15	Royalties				
16	Occupancy				
17	Travel	47,595	25,710	2,405	19,480
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	195,767	107,139	67,085	21,543
20	Interest	780,631	681,629	99,002	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,807,342	1,597,690	193,205	16,447
23 24	Insurance				
	total expenses shown on line 25 below)		4 0== - /-	40	
_	CONTRACTED SERVICES Tuition REMISSION	1,673,356	1,359,940	194,180	119,236
b	Tuition REMISSION	710,000	710,000	70 175	F 074
q C	utilities Equipment R&M	656,453 395,622	580,304 365,299	70,175	5,974 9,033
	supplies	395,622	257,976	64,198	
e f	All other expenses	926,239	284,414	459,331	37,507 182,494
25	Total functional expenses. Add lines 1 through 24f	<u> </u>		,	
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	23,404,865	19,182,901	2,900,917	1,321,047
	runuraraning sonicitation				000 (2008)

Part X	Balance	Sheet
	Balance	SHEET

					(A)		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year 1.311	1	951
	2	Savings and temporary cash investments	•		2,265,473	_	11,861,742
	3	Pledges and grants receivable, net	•		13,039,600	3	7,916,740
	4	Accounts receivable, net			70,989	4	49.430
	5	Receivables from current and former officers, directors, trustees		employees or	70,000	_	10,100
	,	other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons 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			50,980	8	16,033
2	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	1	l			
⋖	_		10a	58,718,072			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	14,650,802	35,024,979	10c	44,067,270
	11	Investments—publicly traded securities			42,526,009	11	31,025,737
	12	Investments—other securities See Part IV, line 11 Complete Part IV			37,277,602		28,738,915
	13	Schedule D	Dave 1/T	T T		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete F$ of $\it Schedule D$.	ait VI.	11		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			693,445	15	639,695
	16	Total assets. Add lines 1 through 15 (must equal line 34)			130,950,388	16	124,316,513
	17	Accounts payable and accrued expenses .			3,413,705	17	4,372,781
	18	Grants payable				18	
	19	Deferred revenue				19	
_	20	Tax-exempt bond liabilities			17,420,387	20	17,191,083
<u>.</u>	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					
Ë		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			3,920,949	25	7,281,671
	26	Total liabilities. Add lines 17 through 25			24,755,041	26	28,845,535
۵ د		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	olet e l	ines 27			
Balance	27	Unrestricted net assets			51,989,840	27	44,239,646
<u> 88</u>	28	Temporarily restricted net assets			27,766,455		23,253,352
=	29	Permanently restricted net assets			26,439,052		27,977,980
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	nd com	plete			
5		lines 30 through 34.					
£\$	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 fu	ınds			32	
Net	33	Total net assets or fund balances			106,195,347	33	95,470,978
	34	Total liabilities and net assets/fund balances			130,950,388	34	124,316,513
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046010080

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

		e organizat i		NC CCHOOL				Em	ployer ide	ent if icat io	n numbe	r
норк	INS SCF	100L INCORPO	RATED DBA HOPKI	NS SCHOOL				0.6	-064667	4		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					11100100			
1	Г			nurches, or association of ch					(A)(i).			
2	<u> </u>	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Atta	ch Schedı	ule E)						
3	Г			e hospital service organizati			tion 170(l	b)(1)(A)(iii). (Attac	h Schedu	le H)	
4			·	Ization operated in conjuncti			-				•	
		hospital's r	name, city, and	state		·						
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt desc	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	unit or fror	n the gene	ral publi	с
		describedi	n Section 170(l	b)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	3 3 1/3%	of its supp	ort from c	ontributioi	ns, membe	ership fees	s, and gr	oss
		receipts fro	m activities re	lated to its exempt functions	s—subject	t to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inv	estment income and unrelate	ed busine:	ss taxable	ıncome (l	ess secti	on 511 ta:	x) from bu	sinesses	5
		acquired by	the organizati	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	oublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ	one or more	e publicly support describes the	and operated exclusively fo orted organizations describe type of supporting organiza Type II c	d in secti tion and c	on 509(a)	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See	Section 5		.Check
e	Γ		foundation man	rtıfy that the organızatıon ıs agers and other than one or								
f g		If the orgar check this	nization receive box	d a written determination fro as the organization accepte						supportir	ng organi	zation,
9		following pe			, 3			,				
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the govern	ing body of the the supported	d organiza	ition?				11g	(i)	<u> </u>
		(ii) a family	member of a p	erson described in (i) above	?					11g((ii)	<u> </u>
		(iii) a 35%	controlled ent	ity of a person described in ((ı) or (ıı) a	bove?				11g(iii)	
h		Provide the	following infor	mation about the organizatio	ns the or	ganızatıon	supports					
	(i) No	ame of	(ii) EIN	/iii) Type of organization	(iv)	Ic the	(w) Did v	ou notify	(vi)	is the	(vii) A	mount of
		orted	(II) LIN	(iii) Type of organization (described on lines 1-9	1	Is the zation in		nızatıon		is the ation in		port?
Organization above or IRC section col (i) listed in						i) of your		rganized	į			
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?	V	l N-	V	l N-	-	
					Yes	No	Yes	No	Yes	No		
							-	-	-	1		
								-	-			
										-		
						1	+	-	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) 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					 		
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) 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 stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
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 Schedule A, Part IV-A, line 26f					15		
16a	a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies a				,			▶ □
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				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
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	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	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) 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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) 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						
	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	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	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046010080

OMB No 1545-0047

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

Open to Public

Schedule D (Form 990) 2008

	me of the organization PKINS SCHOOL INCORPORATED DBA HOPKINS SCHOOL		Employer identification number				
Pa	ort I Organizations Maintaining Donor A organization answered "Yes" to Form 99		06-0646674 Funds or Accounts. Complete if the				
	organización anomerea 100 to rom 3.	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate Contributions to (during year)						
3	Aggregate Grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	•	onor advised Yes No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		•				
Рa	rt II Conservation Easements. Complete	if the organization answered "Yes"	to Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	organization (check all that apply) cion or pleasure) Preservation of a Preservation of c	in historically importantly land area ertified historic structure				
	on the last day of the tax year		Held at the End of the Year				
_							
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easement		2b				
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c				
d	d Number of conservation easements included in (c) acquired after 8/17/06 2d						
3	Number of conservation easements modified, transfe	erred, released, extinguished, or termina	ted by the organization during				
	the taxable year 🕨						
4	Number of states where property subject to conserv	ation easement is located 🕨					
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lations, and Yes No				
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during th	ne year ►				
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the	year ► \$				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	Yes No				
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financi	· ,				
aı	Tt III Organizations Maintaining Collection Complete if the organization answered		, or Other Similar Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	l for public exhibition, education or resea	rch in furtherance of public service,				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	•				
	(i) Revenues included in Form 990, Part VIII, line 1	L	► \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		• •				
а	Revenues included in Form 990, Part VIII, line 1		► \$				
ь	Assets included in Form 990, Part X		▶ \$				

Cat No 52283D

3	Using the organization's accession and othe	•				•			continuea)
_	items (check all that apply)	, , , , , , , , , , , , , , , , , , , ,		_					
а	Public exhibition		d	Γ	Loan or exc	hange programs			
ь	Scholarly research		e	\sqcap	O ther				
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>	kempt purpose in		
5	During the year, did the organization solicit o								
Do.	assets to be sold to raise funds rather than t	· ·						Yes	∏ No
Pal	Part IV, line 9, or reported an an					anization answ	ered res to r	OI III :	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary fo	or c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9				T		
							A mo	unt	
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?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	,							
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)F	Prior	Year (c)T	wo Years Back (d)	Three Years Back (e) Four \	Years Back
1a	Beginning of year balance	58,117,208							
Ь	Contributions	1,876,902							
С	Investment earnings or losses	-8,198,220							
d	Grants or scholarships	898,577							
е	Other expenditures for facilities and programs	1,543,304							
f	Administrative expenses								
g	End of year balance	49,354,009							
2	Provide the estimated percentage of the yea	r end balance held as	6						
а	Board designated or quasi-endowment 🕨	36 100 %							
ь	Permanent endowment ► 63 900 %								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion th	nata	are held and a	administered for	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i)		No
_	(ii) related organizations						3a(ii)	No
	If "Yes" to 3a(II), are the related organizatio						<u>3b</u>		
4 Dar	t VI Investments—Land, Buildings					art V. lina 10			
FGI	investments—Land, Buildings	s, and Equipmen	L. Se		·				
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land		L			2,184,332	1		2,184,332
b	Buildings		. [39,881,004	11,373,870	:	28,507,134
c	Leasehold improvements		. [
	Equipment					5,767,493	3,276,932		2,490,561
d l	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		· L			3,707,733	3,210,332		2,70,301
	Other					10,885,243			10,885,243

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other INVEST IN Baupost Value Partners, lp	8,203,507		F
Other invest in farallon cap institutional ptnr lp	5,817,002		F
Other invest in forcap investments, lp (Bannister)	1,598,635		F
Other Invest in silchester Internat investrs eqty tr	4,478,906		F
Other invest in sri reit, inc	1,244,971		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	28,738,915		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Takel (Column (b) should equal Form COO, Bart V, col (B) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	ll ne 15		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	805,727		
ACCRUED INTEREST	404,900		
TUITION PAID IN ADVANCE	6,071,044		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	7,281,671		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,236,597
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,404,865
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,168,268
4	Net unrealized gains (losses) on investments	4	-9,556,101
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	-9,556,101
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,724,369
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 statements	1	10,874,907
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-9,245,349
3	Subtract line 2e from line 1	3	20,120,256
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	2,116,341
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,236,597
-	Reconciliation of Expenses per Audited Financial Statements With Expenses	1	
1	Total expenses and losses per audited financial statements	1	21,599,276
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	-	240 752
e	Add lines 2a through 2d	2e	310,752
3	Subtract line 2e from line 1	3	21,288,524
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c	2,116,341
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,404,865
Par	rt XIV Supplemental Information	art VII	/ lines 1 h and 2 h

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

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

Ident if ier	Return Reference	Explanation
	Endowment Funds	Endowment funds will be disbursed in accordance with the school's existing spending policy for the specified purposes of the various funds

HOPKINS SCHOOL INCORPORATED DBA HOPKINS SCHOOL

Employer identification number

OMB No 1545-0047

Schools

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

SCHEDULE E

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.

2008

Open to Public Inspection

	06-0646674			
	<u> </u>		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain NONDISCRIMINATION POLICY PUBLISHED IN THE NEW york times June 4, 2009	3	Yes	
4	Does the organization maintain the following?			
а	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		l	
لد	with student admissions, programs, and scholarships?	4c	Yes	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	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 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?	5e		Νo
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)			
	i Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νο
	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 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	
	or ito a real parties of the second section of the second section in the second			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2008

DLN: 93493046010080

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

HODISTNE COHOOL THEODRA	2 D A T C D D D A 11 A D	KINC CCHOOL					
HOPKINS SCHOOL INCORPO	JRATED DBA HOP	KINS SCHOOL				06-0646674	
Part I General Infor	mation on Gra	nts and Assistance				·	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grai	nts or assistance?					▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of the first fi	ceived more than \$5,	
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 se		=	•		-		
organizations 3 Enter total number of oth							•
For Paperwork Reduction Act No				Cat No 500551			nedule I (Form 990) 2008

Schedule 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, P	art IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) 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
student scholarships / financial aid	104		2,064,388	book	tuition discount
			_		

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Hopkins Schools financial aid program is need-based. Families interested in receiving financial aid fill out an application form and submit it to the school. In addition to the application, families are required to provide additional financial documents, including but not limited to complete copies of individual income tax returns and forms W-2. A Financial Aid Committee reviews the information and determines the level of financial aid award, if any. Any financial aid award is for one year at a time. All recipients must complete the full application process each year. In general, financial aid applications are due in January and financial aid awards are made in March. Financial aid is not a cash grant award. Actual financial aid awards are reflected as credits toward tuition.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046010080

Employer identification number

OMB No 1545-0047

Compensation Information

Department of the Treasury Internal Revenue Service

Name of the organization

ın Part III

Schedule J

(Form 990)

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.

Open to Public Inspection

HOE	KINS SCHOOL INCORPORATED DBA HOPKINS SCHOOL			' '			
1101	KINS SCHOOL INCOME SMALLS SELECTED			06-0646674			
Pa	rt I Questions Regarding Compensation						
						Yes	Νο
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to		, , , , , , , , , , , , , , , , , , , ,				
	First class or charter travel		Housing allowance or residence for				
	Travel for companions	\vdash	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	<u> -</u>	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ıffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			ement or	1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D		<u> </u>	•	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		ly	е			
	Independent compensation consultant	 ▼	, ,				
	Form 990 of other organizations	<u> </u>	· · · ·	ation committee			
	Duman the warm did any married bated in Farm 000 Day	L \ / T	T. Castian A. lina da				
4	During the year, did any person listed in Form 990, Par				_		١
a	Receive a severance payment or change of control pay				4a		Νo
Ь	Participate in, or receive payment from, a supplementa		·		4b	Yes	
С	Participate in, or receive payment from, an equity-base				4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde tl	he applicable amounts for each item	ın Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	olete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a	, did the organization pay or accrue a	iny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue a	iny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid		·				

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) 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
BARBARA RILEY	(ı) (ıı)	253,737				23,981	277,718	
david baxter	(1) (11)	172,975				31,990	204,965	
william bakke	(ı) (ıı)	132,272				26,526	158,798	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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	Ret urn Ref erence	Explanat ion
	Part I, Line 1a	Barbara Riley, Head of School, as a condition of employment in order to properly discharge her responsibilities, and for the convenience of the School, is required to reside local to the School. In consideration thereof, Ms. Riley receives a housing allowance of \$35,300 per year and a utility allowance of \$5,000 per year. In addition, Ms. Riley receives \$2,500 per year as an allowance for social club dues so she has access to arrange social functions and events of benefit to the School.
	Part I, Line 4a	William Bakke, former Associate Head for Administration and former key employee, who retired effective 6/30/07, received \$159,390 including benefits during the 2008-2009 fiscal year as final payment under a nonqualified retirement plan
	1	
	1	

DLN: 93493046010080

2000

2008

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number

HOPKINS SCHOOL INCORPORATED DBA HOPKINS SCHOOL 06-0646674 Bond Issues (Required for 2008) (h) O n (q) Defeased Behalf of (b) Issuer EIN (c) CUSIP # (d) Date Issued (f) Description of Purpose (a) Issuer Name (e) Issue Price Issuer Yes No Yes No St of CT HIth & Educ Fac Auth Rev Bonds Hopkins School Issue CONSTRUCT CAMPUS 06-0806186 20774hs39 06-26-2008 9,951,179 Χ Χ FACILITIES Series B St of CT HIth & Educ Fac Auth Rev Bonds Hopkins School Issue CONSTRUCT CAMPUS 06-0860186 9,117,934 20774ua70 06-01-1998 Х Χ FACILITIES Series a Proceeds (Optional for 2008) Part II В С Ε Α D Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 6 Working Capital Expenditures from Proceeds 7 Capital Expenditures from Proceeds Year of Substantial Completion 8 Yes Yes No Yes Yes No No No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Part III Private Business Use (Optional for 2008) C Ε D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

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?										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046010080

OMB No 1545-0047

Schedule L

(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 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.

Transactions with Interested Persons

Open to Public Inspection

Name of HOPKINS	the organization SCHOOL INCORPORATED DBA HOPKINS	SCHO	OOL								tion I	number	
Part I	Excess Benefit Transact		, ,	, , ,			(4) organı		ns or	ıly).	. Par	t V , lıne	40b
	To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V (a) Name of disqualified person (b) Description of transaction									(c) Corrected			
1	(a) Name of disquanne	u pei	13011		(b) Des	cript	ion of transa	action				Yes	No
	er the amount of tax imposed on								nder				
	tion 4958									\$			
Part II	er the amount of tax, if any, on li				the organization.	•				<u> </u>			
rait I.	To be completed by organiza				on Form 990, Part	IV,I	ine 26, or Fo	orm 9	90-E	Z, Part	V, lır	ne 38a	
		(b)) Loan to or					(e)	In	A ppr		(a)\\\	ritten
(a) N	ame of interested person and purpose	1	from the ganization?	(c)	Original principal amount	(d)B	Salance due			by bo	ard o	r agree	
	P. W. P. S. S.	H	o From	-				Yes	No	comm Yes	No.	_	No
			'										
		_											1
-		+				+							1
		+											
Total .	<u> </u>												
Part III	Grants or Assistance B To be completed by organ					90,	Part IV, lır	ne 27					
	a) Name of interested person		(b) Relationship	p betv	ween interested pe					nt or tv	pe of	assista	nce
	,		and	the c	organization		+ ` ′						
Part I\													
	To be completed by orga	าเzat			"Yes" on Form 9	90,	Part IV, lır	ne 28	a, 28	Bb, or	28c.	(-) Cl	
	N		(b) Relationship between interest		(c) A mount of	f	(d) D					(e) Sha organiz	_
(a	Name of interested person		person and the	:	transaction		(d) Descr	iption	or tra	ansacti	ion	reven	
ken paul		tr	organization ustee, ken paul, h	as a	65	392	wages and l	henefi	ts na	ıd		Yes	No No
Ken paar		s į	pouse, holly paul, employed by the chool		,	.552	wages and i	o circii	to pu	ıu			
							-						
		+											

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization HOPKINS SCHOOL INCORPORATED DBA HOPKINS SCHOOL **Employer identification number**

06-0646674

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Trustees David Newton and William Ginsberg have a business relationship David Newton serves on the Board of Trustees of a not for profit organization that employs William Ginsberg

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is made available to Trustees as requested. For subsequent filings, Hopkins intends for the 990 to be reviewed by the Audit Committee of the Committee of Trustees prior to its filing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Hopkins provides the conflict of interest policy to trustees and key employees on an annual basis. This policy is reviewed at a Trustee meeting. All Trustees and key employees sign a conflict of interest annual certificate of acknow ledgement annually.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Head of Schools compensation is set by contract. This contract typically runs for a three year period. At the outset of the contract, compensation is determined by a subset of Trustees including the President. Benchmark and comparative data gleaned from a variety of sources including the National Association of Independent Schools and other regionalized surveys are used to determine a market based rate of compensation. For subsequent years of the contract (years 2 and 3), annual compensation is escalated at a rate consistent with annual percentage increases for faculty and staff. Other than the Head of School, the Chief Financial and Operating Officer is the only other key employee as defined by the IRS definitions. Compensation for the Chief Financial and Operating Officer is set by contract. This contract runs for a single twelve month period. Rates of compensation under this contact are set annually by the Head of School in consultation with Trustees. Benchmark and comparative data gleaned from a variety of sources including the National Association of Independent Schools and other regionalized surveys are used to determine a market based rate of compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Form 1023, Form990 and Form 990T are made available for public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organizations governing documents, conflict of interest policy, and financial statements are generally not made available for public inspection since the documents are considered to be internal information