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

D Employer identification number

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)

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

2008

OMB No 1545-0047

Open to Public Inspection

<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization THE GREENWICH ACADEMY INC	,		D Employer ider	itification number
☐ Add	Iress ch	nange	use IRS label or		,		06-0653118	
┌ <sub>Nar</sub>	ne cha	nge	print or	Doing Business As			E Telephone nui	mber
┌ Inıt	ıal retu	rn	type. See Specific	Number and street (or P.O. box	ıf maıl ıs not delivered to street add	ress) Poom/suite	(203) 625-8	910
┌ <sub>Ter</sub>	mınatıc	on	Instruc- tions.	200 NORTH MAPLE AVENUE	ii maii is not delivered to street add	ress) Room, suite	G Gross receipts	\$ \$ 73,576,743
	ended			City or town, state or country, a	and ZIP + 4		-	
		n pending		GREENWICH, CT 068304799				
,	, noa tio i	. penamg	F N-		\ ff	1	<u> </u>	
				me and address of Principal ( d L Chilton Jr	micer		ıs a group return 1 ates?	for □ Yes ▼ No
				ORTH MAPLE AVENUE			ites.	1 165 1 110
	. ovor	ant status		WICH, CT 06830	//\ <b></b>	H(b) Are a	ll affiliates included	1?
I 14.	x-exem	npt status	<b>J</b> 501(c	(insert no ) 4947(a)	(1) or   52/	_		See instructions )
J W	eb sit	e: 🕨 WW	/W GREEN	WICHACADEMY ORG		H(c) Grou	up Exemption Nun	nber 🟲
<b>К</b> Тур	e of org	ganızatıon	Corporat	tion trust association other	er ►	L Year of Fo	ormation 1924 <b>M</b> S	state of legal domicile CT
Pa	rt I	Sum:	-	ne organization's mission or n	nost significant activities			
	•	-		-	'IDE A CHALLENGING, COM	PREHENSIVE	FDUCATIONAL	EXPERIENCE FOR
ပို					GOROUS LIBERAL ARTS CUI			
듄		COMM	UNITY					
E E								
Governance	2	Checkt	this box 🦵	ıf the organizatıon discontini	ued its operations or disposed	of more than 2	25% of its assets	
	3	Number	r of voting i	members of the governing bo	dy (Part VI, line 1a)		. з_	26
Activities &	4	Number	r of indeper	ndent voting members of the	governing body (Part VI, line	1b)	. 4 _	26
Ě	5	Total nu	umber of er	mployees (Part V , line 2a)			5	221
듄	6	Total nu	umber of vo	olunteers (estimate if necess	ary)		6	200
đ	7a	Total gr	ross unrela	ited business revenue from P		7a	2,389	
	ь	Net unr	elated bus		7b	-222,977		
					Pri	or Year	Current Year	
	8	Contri	butions an	d grants (Part VIII, line 1h)			8,444,473	8,533,840
횰	9			revenue (Part VIII, line 2g)		24,120,417	26,428,635	
Revenue	10				nes 3, 4, and 7d)		5,135,244	-2,057,559
å	11			art VIII, column (A), lines 5	, ,	-	998,157	353,473
	12		-		equal Part VIII, column (A), l	ine		
		12)			, , , , , , , , , , , , , , , , , , , ,		38,698,291	33,258,389
	13	Grants	and simila	ar amounts paıd (Part IX, col	umn (A), lines 1–3)		2,089,846	4,182,680
	14	Benefi	ts paid to d	or for members (Part IX, colu	mn (A), line 4)		0	0
ø	15		es, other c	ompensation, employee bene	fits (Part IX, column (A), lines	5 5 -	16 005 107	10 424 757
δ		10)					16,885,187	18,424,757
Expenses	16a			draising fees (Part IX, column			0	0
五	Ь	•	_	penses, Part IX, column (D), line 2	·			
	17			(Part IX, column (A), lines 1:			16,141,372	15,565,490
	18	Total	expenses—	-add lines 13–17 (must equa	I Part IX, line 25, column (A)	)	35,116,405	38,172,927
	19	Reven	ue less ex	penses Subtract line 18 fron	n line 12		3,581,886	-4,914,538
\$ \text{\tint{\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{						Beginn	ing of Year	End of Year
5 9	20	Total	assets (Pa	rt X, line 16)			195,106,303	177,011,556
Net Assets or Fund Balances	21	Totall	liabilities (l	Part X, line 26)			72,338,787	71,797,568
<u> </u>	22	Netas	sets or fur	nd balances Subtract line 21	from line 20		122,767,516	105,213,988
Pai	t II	Sign	ature Bl	ock				
					ed this return, including accompanyi			
DI		l.		correct, and complete Declaration	of preparer (other than officer) is ba	sed on all informa I	tion of which prepare	r has any knowledge
Plea Sign		**** Sign	*** ature of office	er		2010 Date	)-05-11	
Here		[				Date		
			en E Bedell A e or print nam	ssistant Head of Finance ne and title				_
		F   ''	•		D-4	Charl (	Dan / 2777/15	`` C T
		Preparer			Date	Check if self-	Preparer's PTIN (S	ee Gen Inst )
Paid		empolyed •						
Prepa			ame (or your nployed),	rs KPMG LLP	EIN Þ			
Use (	nly		and ZIP + 4	345 Park Avenue				
				New York, NY 101540102			Phone no 🕨 (21	2) 758-9700
May t	he IR	S discus	s this retu	·	bove? (See instructions) .			▼ Yes

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

1	Briefly describe the organizat	tion's mission				
See A	dditional Data Table					
2	Did the organization unde the prior Form 990 or 990		ant program serv		which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	iew services on Sc	chedule O			
3	Did the organization ceas services?	e conducting or m	nake significant o	changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Sched	ule O			
4		) organizations an	id 4947(a)(1) tru	ists are required to r	largest program services be eport the amount of grants a ed	
4a		EXPENSES ARE IN SUF	RY DAY SCHOOL SER	TIONAL AND INSTITUTION	4,182,680 ) (Revenue \$ RE-KINDERGARTEN THROUGH GF AL ACTIVITIES THIS INCLUDES TH	26,428,635 ) ROUP XII ALL EXPENDITURES FOR HE INSTRUCTION OF
4b	(Code	) (Expenses \$	11	ncluding grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	II	ncluding grants of \$	) (Revenue \$	)
4d	Other program services	•	•		) /Davanus #	,
4	(Expenses \$		uding grants of \$		) (Revenue \$	)
4e	Total program service e	xpenses \$	31,007,494	Must equal Part IX,	Line 25, column (B).	

Part IV	Chec	klist 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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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	Yes	
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 $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
4.3	Parts VI, VII, VIII, IX, or X as applicable	11		<u> </u>
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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		Νo
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		No
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	

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		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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	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		Νο
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 "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		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		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		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,	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	184			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1ь	0			
_	Did the organization comply with backup withholding rules for reportable payments to		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		221			
	return	2a				
ь	If at least one is reported in 2a, did the organization file all required federal employs <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during					
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a	Yes	
ь	•					
	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport o	f Foreian Bank and			
	Financial Accounts.	,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entir	tv Reaardina Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to	hat su	ch contributions or gifts	6b		
7	were not tax deductible?			OD		
	Did the organization provide goods or services in exchange for any quid pro quo cor	ntribut	ion of \$75 or	7a	Yes	
u	more?	itiibut	1011 01 \$7 3 01	, u	163	
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	ed?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?			7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	y prem	niums on a personal			
	benefit contract?			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			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as	76		
8	required?		ction E00(a)(2)	7h		
0	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
_	year?					
9 -	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966?			9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person			90		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
D	facilities		l			
11	Section 501(c)(12) organizations. Enter					
11	Section 501(c)(12) organizations Enter  Gross income from members or shareholders	1	I			
а	Gross media members of 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 (	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

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

Section A. Governing Body and Management								

					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	26							
Ь	Enter the number of voting members that are independent	1b	26							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	·	2		Νο					
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		Νο					
6	Does the organization have members or stockholders?									
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a	Yes						
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes					
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 filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990									
11	. , , , , ,									

#### 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. 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

MICHELLE SUMMERS 200 NORTH MAPLE AVENUE GREENWICH,CT 06830 (203) 625-8985

# 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) Reportable compensation from related organizations (W- 2/1099- MISC)	(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)		Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

	(B) Average hours per week		(tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		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
			1							
							<u> </u>			
							$\vdash$			
				$\vdash$			$\vdash$			
1b Total							-	1,725,714	. (	637,845

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►19

			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			
	ındıvıdual	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		Νο

### **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>B)</b> Description of services	(C) Compensation
Butler Rogers Baskett Architects 475 10th Ave 5th Fl New York, NY 10018	Architecture	491,445
FINDLAY 326 South Fulton Avenue MT VERNON, NY 10553	MOVING SERVICES	135,802
SODEXO OPERATIONS LLC BOX 81049 WOBURN, MA 018131049	MAINTENANCE	1,216,135
FROST BUILDERS LLC 4 Willow Run Road GREENWICH, CT 06831	PAINTING	268,770
CEH DESIGN 4 Jacklin Road BETHEL, CT 06801	GRAPHIC DESIGN	268,985
2 Total number of independent contractors (including those in 1) who rece	. ,	9

# Statement of Revenue

					<b>(A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	<b>(D)</b> Revenue Excluded from Tax under IRC
	1					Revenue		512, 513, or 514
22	1a		npaigns 1a					
필	Ь	Membership d	ues					
£.g	с	Fundraising ev	vents <b>1c</b>	537,577				
#£ E	d	Related organ	ızatıons1d					
Σ,Œ	e	Government gran	nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f		tions, gifts, grants, and not included above <b>1f</b>	7,996,263				
ontril Indo	g	Noncash cont lines 1a-1f \$	rıbutıons ıncluded ın					
O 10	h		es 1a-1f)		8,533,840			
				Business Code				
TE e	2a	TUITION AND FEE	ES	611,600	23,285,060	23,285,060		
94 84	ь	OTHER PROGRAM	1S & ACTIVITIES FEES	611,600	2,747,455	2,747,455		
es H	С	OTHER INCOME		611,710	396,120	396,120		
<u>10</u>	d							
Ø E	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
£	g	Total. Add line  ▶ \$ 26,428,63	<b>es 2a-2f</b>					
	3	Investment in	come (including divi	dends, ınterest				
		other sımılar a	amounts)		685,602		2,389	683,213
	4	Income from inve	estment of tax-exempt be	ond proceeds	298,912			298,912
	5	Royalties .			0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	375,909					
	b	Less rental expenses	271,327					
	с	Rental income or (loss)	104,582					
	d		ome or (loss)		104,582			104,582
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	36,546,422	(,				
	ь	than inventory Less cost or other basis and	39,588,495					
	c	sales expenses Gaın or (loss)	-3,042,073					
	d	Net gaın or (lo	oss)		-3,042,073			-3,042,073
	8a		from fundraising	. <b>►</b>				
Other Revenue	J	s 15 of contribution 1c) See Part Attach Schedul	cluding 55,134 ns reported on line	537,577				
her	b		xpensesb	120,204				
₹	С	Net income or	(loss) from fundrais	ing events	34,930			34,930
	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total					
			а	163,600				
	b c		xpensesb (loss) from gaming a		128,670			128,670
	10a	Gross sales or returns and al	finventory, less lowances .	200,000				
	ь	Less cost of	goods sold b	388,689 303,398				
	c		(loss) from sales of		85,291			85,291
		Mıscellaneou	is Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reve	 nue					
	e		es 11a-11d					
	12	Total Revenue	<b>a.</b> Add lines 1h, 2g, 3	0 , 4, 5, 6d, 7d,	33,258,389	26,428,635	2,389	-1,706,475

# Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				).
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,182,680	4,182,680		
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	1,055,814	164,182	697,632	194,000
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	13,567,863	11,244,043		451,066
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,270,853	972,533	240,048	58,272
9	Other employee benefits	1,490,286	1,160,595	264,016	65,675
10	Payroll taxes	1,039,941	833,995	166,236	39,710
11	Fees for services (non-employees)				
а	Management	107,697		107,697	
b	Legal	103,743		103,743	
c	Accounting	86,050		86,050	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	393,211		356,717	36,494
g	Other	1,066,936	852,210	163,291	51,435
12	Advertising and promotion	0			
13	Office expenses	3,427,062	3,002,426	354,543	70,093
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,277,817	2,117,107	113,664	47,046
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	300,227	266,464	33,187	576
20	Interest	2,212,082	2,212,082		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,637,635	3,284,894	282,192	70,549
23 24	Insurance	355,743		348,628	7,115
	total expenses shown on line 25 below )				
а	PARENTS ASSOCIATION	284,827		284,827	
b	EARLY CHILDHOOD/SUMMER PGMS	254,843	254,843		
c	CAPITAL CAMPAIGN	46,424			46,424
d	ADMISSION FEES	19,337		19,337	
e	ACCRETION	10,489	9,440	839	210
f	All other expenses	981,367	450,000	485,804	45,563
25	<b>Total functional expenses.</b> Add lines 1 through 24f	38,172,927	31,007,494	5,981,205	1,184,228
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				

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing				5,000	1	Liid Oi	5,000
	2	Savings and temporary cash investments				13,913,977	2	1:	2,314,139
	3	Pledges and grants receivable, net				9,367,287	3		6,383,653
	4	Accounts receivable, net		732,598	4		432,058		
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		or		5		·
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ectio	n 4958(f)(1)	) and		6		
	7	Notes and loans receivable, net				978,500	7		874,000
	8	Inventories for sale or use				116,657	8		99,857
92	9	Prepaid expenses and deferred charges				533,452	9		283,132
ssets	10a	Land, buildings, and equipment cost basis	۔ م	l 444	648,050				
⋖	١.		10a	111,	040,030				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	25,	688,455	85,874,906	10c		5,959,595
	11	Investments—publicly traded securities				24,559,292	11		4,268,401
	12	Investments—other securities See Part IV, line 11 $\it Complete B \it Schedule D$	Part VI	I of		56,857,486	12	3	4,310,941
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$ .			13				
	14	Intangible assets					14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•			2,167,148	15	:	2,080,780
	16	Total assets. Add lines 1 through 15 (must equal line 34)				195,106,303	16	17	7,011,556
	17	Accounts payable and accrued expenses .				3,572,162	17	;	3,364,899
	18	Grants payable			18				
	19	Deferred revenue		11,009,419	19	1	1,299,470		
	20	Tax-exempt bond liabilities		57,566,498	20	5	6,838,388		
<u>. 6</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							
- 3		persons Complete Part II of Schedule L				0	22		93,614
	23	Secured mortgages and notes payable to unrelated third partie	s .				23		
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D		190,708	25		201,197		
	26	Total liabilities. Add lines 17 through 25				72,338,787	26	7	1,797,568
		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e	lines 27					
ank	27	Unrestricted net assets				94,365,867	27	7:	9,064,746
Balance	28	Temporarily restricted net assets				17,658,120	28	1:	3,836,763
Ē	29	Permanently restricted net assets				10,743,529	29	1:	2,312,479
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	nd cor	mplet e					
S O.	30	Capital stock or trust principal, or current funds					30		
φ	31	Paid-in or capital surplus, or land, building or equipment fund					31		
Assets	32	Retained earnings, endowment, accumulated income, or other f					32		
Net	33	Total net assets or fund balances				122,767,516	33	10:	5,213,988
z —	34	Total liabilities and net assets/fund balances				195,106,303	34	17	7,011,556
Da	rt VI	Einancial Statements and Penerting							
Pa	rt XI	Financial Statements and Reporting						Yes	No

Dart YT	Financial	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
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?	3ь		

## **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.

OMB No 1545-0047

Open to Public Inspection

		e organizat i						Em	ployer ide	nt if icat io	n numbe	r	
THE G	KEENW	ICH ACADEMY	INC					0.6	-0653118	ρ			
Рa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hv all or	nanizatio						
				ation because it is (Please					THISTITUCE				
1	_		church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u></u>	•		i <b>on 170(b)(1)(A)(ii).</b> (Attac				( - ) ( - )	()(-)-				
3	Ē			e hospital service organizati			tion 170(l	o)(1)(A)(	iii). (Attac	h Schedu	le H)		
4	Ţ.	-	•	zation operated in conjunction			-				•		
-	•		name, city, and	•					(_,(_,	(/(/-			
5	$\Gamma$	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	by a gov	ernmental	unıt desc	rıbed ın		
	Section 170(b)(1)(A)(iv). (Complete Part II )												
6	$\Gamma$	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	unit or fror	n the gene	eral publi	С	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Pari	tII)								
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributioi	ns, membe	rship fees	s, and gr	oss	
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	nexceptio	ns, and (2	) no more	than 331,	/3% of		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)				
10	$\Gamma$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (S	ee instruc	tions )		
11	Γ	one or more	e publicly suppo	and operated exclusively for orted organizations describe	d ın secti	on 509(a)	(1) or sec	tion 509(	a)(2) See				
		the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally Integrated d Type III - Other											
e	$\Gamma$	By checkin	g this box, I ce	rtify that the organization is					one or moi	re disqual	ıfıed pers	sons	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	n 509(a)	(1) or	
_		section 50		d a western data emination from	+b - TDC	* +6-+ .+	5 Tuna I	Tuna II a	r Tuna III				
f		check this		d a written determination fro	ill the IRS	o tilat it is	a Type I,	Type II o	i iype iii	Supportin	ig organi		
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	9			,	
		following pe											
			·	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes	No	
			· -	ng body of the the supported	_	tion7				11g		<del> </del>	
		. ,	•	erson described in (i) above						11g(		<del>                                     </del>	
_				ty of a person described in (						11g(	.iii)		
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports						
	(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A	mount of	
		orted	(,	(described on lines 1 - 9		ation in		ınızatıon		ation in		port?	
	0 rgan	ızatıon		above or IRC section	ion   col (i) listed in   in col (i) of your   c			organized					
				(See Instructions))	your go	-	supp	ort?	in the	US?			
					Yes	ment?	Yes	l Na	Yes	N-			
					1 65	No	res	No	res	No			
							-	-	-	<del>                                     </del>			
								-	-	-			

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, 160, 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						
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>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	<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

# Software ID: Software Version:

**EIN:** 06-0653118

Name: THE GREENWICH ACADEMY INC

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

	(C) Position (check all that apply)					I			<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Cirector	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
Heather Dennis , Trustee	1 0	Х						0	0	0
Timothy M George , Trustee	1 0	Х						0	0	0
Richard L Chilton Jr , Chairman	150	Х		Х				0	0	0
Douglas R Korn , Trustee	1 0	Х						0	0	0
Douglas G Brown , Trustee	1 0	X						0	0	0
Rex R K Chung , Trustee	10	X						0	0	0
Allison J Wolowitz , Trustee	1 0	X						0	0	0
Bob DeAngelo , Trustee	1 0	Х						0	0	0
Haley Rockwell Elmlinger , Trustee	1 0	Х						0	0	0
James R Matthews , Trustee-Executive Committee	1 0	Х		х				0	0	0
Dr Mark J Grıffın , Trustee	1 0	Х						0	0	0
Mary Lee A Kiernan , Trustee-Executive Committee	1 0	×		х				0	0	0
Anne Wallace Juge , Trustee	1 0	Х						0	0	0
Margaret Hutchinson Brown , Trustee	1 0	Х						0	0	0
Allison Lake , Trustee	1 0	Х						0	0	0
J William McMahon , Trustee	1 0	Х						0	0	0
J Timothy Morris , Treasurer	5 0	Х		Х				0	0	0
Susan Carmichael , Trustee	1 0	Х						0	0	0
Ralph F Reynolds , Trustee	1 0	Х						0	0	0
David I Stemmerman , Trustee	1 0	Х						0	0	0
Brett Barakett , Trustee	1 0	Х						0	0	0
Laurence F Whittemore , Trustee	1 0	Х						0	0	0
Lynda A Withiam , Trustee	1 0	X						0	0	0
Emily Wilson Burns , Trustee	1 0	Х						0	0	0
Pamela McKoın , Trustee	10	Х						0	0	0
Wendell L Willkie II , Trustee-Executive Committee	1 0	Х		х				0	0	0
Molly H King , Ex-Officio / Head of school	40 0				х			399,003	0	130,256
LAUREN BEDELL , ASSISTANT HEAD	40 0				Х			216,624	0	94,162
MARK FEINER , Assistant Head of School	40 0				х			131,479	0	64,110
ANN WOODWARD , DEAN OF ADMISSIONS AND FIN AID	40 0				х			118,668	0	65,260

Form 990, Part VII - Section Aaa

Torring profit and the section flux											
	(B)	Position (check all that apply)						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount of other	
(A) Name and Title	Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DONNA BYRNES , DIRECTOR OF ADVANCEMENT	40 0				х			175,531	0	52,917	
DIANA BESTE , HEAD OF UPPER SCHOOL	40 0					Х		137,938	0	67,144	
REBECCA WALKER , HEAD OF MIDDLE SCHOOL	40 0					Х		135,141	0	49,232	
LAUREN DOWNS , DIRECTOR OF PHYSICAL EDUCATION	40 0					Х		103,023	0	71,395	
ANGELA TAMMARO , ATHLETIC DIRECTOR	40 0					Х		142,780	0	22,139	
JEANETTE DUPLOOY , HEAD OF LOWER SCHOOL	40 0					Х		165,527	0	21,230	

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

GREENWICH ACADEMY IS AN INDEPENDENT COLLEGE-PREPARATORY DAY SCHOOL FOR GIRLS AND YOUNG WOMEN THAT SEEKS TO FOSTER EXCELLENCE. ITS MISSION IS TO PROVIDE A CHALLENGING, COMPREHENSIVE EDUCATIONAL EXPERIENCE GROUNDED IN A RIGOROUS LIBERAL ARTS CURRICULUM WITHIN AN INCLUSIVE, DIVERSE COMMUNITY. THE SCHOOL'S OBJECTIVE IS TO DEVELOP GIRLS AND YOUNG WOMEN OF EXCEPTIONAL CHARACTER AND ACHIEVEMENT WHO DEMONSTRATE INDEPENDENCE, RESILIENCE, COURAGE, INTEGRITY AND COMPASSION. WE STRIVE, ABOVE ALL, TO HONOR OUR MOTTO, "TOWARD THE BUILDING OF CHARACTER."

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

	ne of the organization GREENWICH ACADEMY INC		Employer identif	fication numbe	er
THE	OVERTAMENT WOODENLY THE		06-0653118		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99			<b>nts.</b> Comple	te if the
	organization answered tes to follil 9	(a) Donor advised funds	(b) Funds ar	nd other accou	ınts
L	Total number at end of year	(4) 2 3113 24 14114	(2) : 1::12 1:		
	Aggregate Contributions to (during year)				
	Aggregate Grants from (during year)				
ı	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	<u> </u>	or advised	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?	d donor advisors in writing that grant funds i	may be	┌ Yes	┌ No
Par	t III Conservation Easements. Complete	of the organization answered "Yes" to	Form 990. Parl	t IV. line 7.	•
l 2	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	tion or pleasure)	tıfıed hıstorıc stru	ucture	a
	on the last day of the tax year				
				at the End of	
а	Total number of conservation easements		2a		2
b	Total acreage restricted by conservation easemen	ts	2b		2 00
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		0
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		0
3	$Number\ of\ conservation\ easements\ modified,\ transfer$	erred, released, extinguished, or terminated	d by the organizati	ion during	
	the taxable year ▶ 0				
ļ	Number of states where property subject to conserv	ration easement is located 🕨 1			
;	Does the organization have a written policy regardin		tions, and		
	enforcement of the conservation easements it holds		crons, and	☐ Yes	✓ No
•	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>⊳</b> 6	5 0 0	
,	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the yea	ar ► \$	180	
3	Does each conservation easement reported on line $(170(h)(4)(B)(i))$ and $(170(h)(4)(B)(i))$ ?	2(d) above satisfy the requirements of sect	ion	☐ Yes	┌ No
)	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 financial	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered		or Other Simila	ar Assets.	
.a	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 file.	d for public exhibition, education or researc	h in furtherance of		e,
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 in			
	(i) Revenues included in Form 990, Part VIII, line 1	1	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, pr	ovide the	
а	Revenues included in Form 990, Part VIII, line 1		<b>F</b> \$		
b	Assets included in Form 990. Part X		<b>▶</b> \$		

3	Using the organization's accession and othe					-				ntinueu)
-	items (check all that apply)	, <b>-</b>		_	-	_				
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	v the	y further the	organization's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Гν	es es	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontributions	or other assets	not	Г	'es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e				1	A mour		
_								A mour	ıt	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	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 \	es es	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete								- 1/	
4-	Barranina of warmhalana	(a)Current Year 76,613,415	(b	)Prior	Year (c)	wo Years Back (d)	Three Years E	ack   <b>(e)</b>	Four Ye	ears Back
1a	Beginning of year balance	6,100,515								
Ь	Contributions									
с	Investment earnings or losses	-15,154,489								
d	Grants or scholarships	7 027 515								
е	Other expenditures for facilities and programs	7,037,515								
f	Administrative expenses									
g	End of year balance	60,521,926								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment	25 %								
ь	Permanent endowment ► 75 %									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	thata	are held and a	admınıstered for	the			
	organization by						r		Yes	No
	(i) unrelated organizations			•				3a(i)		Νο
	(ii) related organizations							3a(ii)		No
-			on S	chec	lule R?			3b		
	If "Yes" to 3a(II), are the related organizatio	•								
4	Describe in Part XIV the intended uses of th	e organization's end	owme	ent fu	ınds		•	•		
4		e organization's end	owme	ent fu ee F	<sub>inds</sub> Form 990, P	art X, line 10.				
4	Describe in Part XIV the intended uses of th	e organization's end	owme	ent fu ee F (a)	ınds		(c) Depreci	ation	( <b>d)</b> Bo	ok value
4 Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings	e organization's end	owme	ent fu ee F (a)	orm 990, P	art X, line 10.		ation		
4 Par	Describe in Part XIV the intended uses of th  t VI Investments—Land, Buildings  Description of investment	e organization's end	owme	ent fu ee F (a)	orm 990, P	(b)Cost or other basis (other)	] `	ation	1.	4,547,148
Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  and	e organization's end	owme	ent fu ee F (a)	orm 990, P	art X, line 10. (b)Cost or other basis (other) 14,547,148	] `		1.	4,547,148
1a l b f	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  Land	e organization's end	owme	ent fu ee F (a)	orm 990, P	art X, line 10. (b)Cost or other basis (other) 14,547,148	21,67		1.	4,547,148 9,124,215
1a l b 6 c l d 6	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  Land	e organization's end	owme	ent fu ee F (a)	orm 990, P	(b)Cost or other basis (other) 14,547,148 90,796,898	21,67	2,683	1.	ok value 4,547,148 9,124,215 2,169,260 118,972

Paint VIII 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	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of and of year market value
Closely-held equity interests		
Other HEDGE FUND	24,777,227	F
Other INVESTMENTS IN REAL ASSETS	4,683,684	
Other PRIVATE EQUITY FUND	1,645,458	
Other AMOUNTS HELD BY BOND TRUSTEE	3,204,572	
OTHER AMOUNTS RELD BY BOND IROSTEE	3,204,572	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	34,310,941	
Description Description Co.	- F 000 Pt V I 12	
Part VIII Investments—Program Related. Se		. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Table (Caluma (h) abauld aqual Farra 000, Part V, and (D) has 12 )		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	ne 15	
(a) Descri		(b) Book value
BOND ISSUANCE COSTS	•	2,080,780
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	( <b>b</b> ) A mount	
Federal Income Taxes		
ASSET RETIREMENT OBLIGATION	201,197	
	,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	201,197	

Sche	dule D (Form 990) 2008		Page <b>4</b>
Pa	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	33,258,389
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,172,927
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,914,538
4	Net unrealized gains (losses) on investments	4	-12,638,990
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	-12,638,990
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-17,553,528
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	18,358,004
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)		
e	Add lines 2a through 2d	2e	-15,446,836
3	Subtract line <b>2e</b> from line <b>1</b>	3	33,804,840
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 28,274		
b	Other (Describe in Part XIV) 4b -574,725		
c	Add lines 4a and 4b	4c	-546,451
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	33,258,389
	<b>TXIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	35,911,532
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	3.	574,725
e		2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,336,807
4 a	Investment expenses not included on Form 990, Part VIII, line 7b   4a   28,274		
a b	Other (Describe in Part XIV) 4b 2,807,846		
c	Add lines <b>4a</b> and <b>4b</b>	4c	2,836,120
•		_~	2,050,120

# Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . .

SCHEDULE D, PART V, LINE 4	THE ACADEMY'S ENDOWMENTS CONSIST OF APPROXIMATELY 45 INDIVIDUAL DONOR RESTRICTED FUNDS AND 17 BOARD DESIGNATED FUNDS ESTABLIS FOR A VARIETY OF PURPOSES THE ACADEMY HAS				
	FUNDS AND 17 BOARD DESIGNATED FUNDS ESTABLISHE FOR A VARIETY OF PURPOSES THE ACADEMY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMEN ASSETS THE BOARD OF TRUSTEES ADOPTED SPENDING POLICY OF MAKING EXPENDITURES AT A RATE OF 5% OTHE AVERAGE VALUE OF ANY SUCH DONOR-RESTRICTED FUND OVER THE PRECEDING TWELVE (12) QUARTERS IN SUPPORT OF THE ACADEMY'S OPERATING AND CAPITAL BUDGETS				
SCHEDULE D, PART X	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDA BOARD (FASB) ISSUED FASB INTERPRETATION NO 48 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INTERPRETATION OF FASB STATEMENT NO 109 (FIN 4 FIN 48 ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN A ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOW FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TRETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURES IT WAS DETERMINED THAT THERE WAS NO IMPACT TO THE ORGANIZATION FINANCIAL STATEMENTS AS A RESULT OF ADOPTING FIN 48 IN FISCAL YEAR 2008 THERE IS NO CURRENTY FIN 48 DISCLOSURE THE ABOVE DISCLOSURE WAS FOUND IN THE FINANCIAL STATEMENTS IN THE YEAR ADOPTION THERE IS NO CURRENTY				
SCHEDULE D, PART XII	LINE 2D FINANCIAL AID \$ (2,409,02) PLEDGE WRITE OFF (398,825) ========= TOTAL \$ (2,807,846) LINE 4B COST OF GOODS SOLD \$ (303,398) RENTAL EXPENSES (271,327) ====================================				
S SCHEDULE D, PART XIII	LINE 2D COST OF GOODS SOLD  303,398 RENTAL EXPENSES  =======TOTAL  LINE 4B FINANCIAL AID  PLEDGE WRITE OFF  =========TOTAL  \$ 2,409,02  \$ 2,807				
	SCHEDULE D, PART XII				

38,172,927

Employer identification number

### OMB No 1545-0047

#### **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 THE GREENWICH ACADEMY INC

06-0653118 YES NO 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 1 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 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 THE GREENWICH ACADEMY, INC. HAS PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH GREENWICH LOCAL NEWSPAPERS AND MAGAZINES WITH A SECTION IN ALL ADVERTISEMENTS THAT STATES "GREENWICH ACADEMY WELCOMES GIRLS OF ANY RACE, COLOR, NATIONAL ORIGIN OR RELIGION FINANCIAL ASSISTANCE AND LOANS ARE AVAILABLE TO QUALIFIED STUDENTS "IT ALSO APPEARS ON THE INTERNET, IN ADMISSIONS CATALOGUES, EMPLOYMENT AND ADMISSIONS APPLICATIONS AND STUDENT AND EMPLOYEE HANDBOOKS " Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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? Νo 5a

- **b** Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)
- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
  - If you answered "Yes" to either 6a or b, please explain using an attached statement
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

5b

5c

5d

5e

5f

5g

5h

6a

6b

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493131004320

OMB No 1545-0047

**Fundraising or Gaming Activities** Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

**Supplemental Information Regarding** 

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

							Inspection				
	ne of the organization GREENWICH ACADEM	AVINC				Employer ide	ntification number				
111	GREEN WICH ACADEM	TT INC				06-0653118	3				
Pa	rt I Fundraising	Activities. Complete	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part I\	/, line 17.				
1		rganization raised funds				•					
a	Mail solicitations	rgamzation raisea lanas	tinough u	1, 01 1110		non-government grants					
b	Email solicitations				·	jovernment grants					
c	Phone solicitations				g   Special fundrais	•					
d	☐ In-person solicitat	ions				•					
2a b	or key employees liste  If "Yes," list the ten his	ave a written or oral agre d in Form 990, Part VII) ghest paid individuals or least \$5,000 by the orga	) or entity entities (f	in connec	ction with professional f	undraising activities? ents under which the fu					
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No							
_											
				<u> </u>							
Tota	ıl			<u> </u>							

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

Pai	<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.									
			(a) Event #1  AUCTION (event type)	(b) Event #2	(c) O ther Events  0 (total number)		ol (	al Eve (a) th (c))		
₽	1	Gross receipts	692,711					69	2,711	
Revenue	2	Less Charitable contributions	537,577					53	7,577	
	3	Gross revenue (line 1 minus line 2)	155,134					15	5,134	
	4	Cash Prizes								
ses	5	Non-cash Prizes								
ben	6	Rent/Facility costs								
ъ Б	7	Other direct expenses	120,204			120,20				
Direct Expenses	8	Direct expense summary Add line	es 4 through 7 ın column	(d)		120,204				
	9	Net income summary Combine lii							4,930	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted m	ore	thar	ו	
Revenue	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) O ther gaming							(d) Total gaming (Add col (a) through col (c))		
<u> </u>	1	Gross revenue			163,600			16	3,600	
	2	Cash prizes			30,000			3	0,000	
Direct Expenses	3	Non-cash prizes								
ញ ក្	4	Rent/facility costs								
鱼	5	Other direct expenses			4,930				4,930	
	6	Volunteer labor	┌ Yes <u> </u>	Yes	Yes100 % No					
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				3.	4,930	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				12	8,670	
_							$\Box$	Yes	No	
9 a		er the state(s) in which the organiza he organization licensed to operate	•			.   .	a	Yes		
ь		No," Explain						103		
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	1	0a		No	
11 12		es the organization operate gaming a he organization a grantor, beneficial				<u> </u>	.1	Yes	<u> </u>	
		ned to administer charitable gaming				_     1	.2		No	
					Schedule G (Form 9	90 or 9	90-F	Z) 20	800	

								103	110
13	Indicate the	percentage of gan	ning activity operated in						
а	The organiza	ation's facility .			13a	100 %			
b	An outside f	acılıty			13b	0 %			
14	Provide the records	name and address	of the person who prepares the	organization's gaming/sp	ecial eve	ents books and			
	Name 🟲	MICHELLE SUM	MERS						
	Address 🟲	C/O GREENWIC GREENWICH,C	CH ACADEMY 200 N MAPLE T 06830				-		
15a			contract with a third party from w				15a		Νο
b	If "Yes," ent	ter the amount of g	aming revenue received by the o	organization 🟲 \$		and the			
	amount of ga	amıng revenue reta	ained by the third party 🟲 \$						
c	If "Yes," ent	ter name and addre	2SS						
	Name 🟲								
16	Address ► Gaming mar	nager information							
	Name 🟲	LAUREN E BEDE	LL						
	Gaming mar	lager compensatio	n 🏲 \$	0					
	Description	of services provide	ed 🕨 LIASON						
	C Director	/officer	<b>▼</b> Employee	☐ Independer	nt contrac	ctor			
17	Mandatory d	listributions							
а			nder state law to make charitable			oceeds to	17a		Νo
b			ns required under state law dist		rganızatı	ons or spent	1,4		140

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

OMB No 1545-0047

2008

DLN: 93493131004320

Department of the Treasury Internal Revenue Service Name of the organization

THE GREENWICH ACADEMY INC

Schedule I

(Form 990)

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

06-0653118

Part I General Infor	mation on Gra	nts and Assistance	e				
<ul> <li>Does the organization mathematics the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	d to award the gra	nts or assistance?					Г Yes ГМ
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that rece tional space is		00. Check this box	tes. Complete if the of fine 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of seconganizations</li><li>3 Enter total number of oth</li></ul>					• • • • • • • • • •		-
For Paperwork Reduction Act Not				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	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID	84	2,409,021	0	N/A	N/A
TUITION REMISSION	65	1,773,659	0	N/A	N/A

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

	S e	e	А	a٠	a١	tι	0	n	a١	υ	а	ta	ı	a	bI	е	
--	-----	---	---	----	----	----	---	---	----	---	---	----	---	---	----	---	--

Ident if ier	Return Reference	Explanation
MONITORING	, , , , , , , , , , , , , , , , , , ,	IN KEEPING WITH THE NAIS PRINCIPLES OF GOOD PRACTICE FOR FINANCIAL AID, GREENWICH ACADEMY REQUIRES THE PARENTS OF EACH FINANCIAL AID APPLICANT TO SUBMIT YEARLY A DETAILED FINANCIAL STATEMENT IN WRITING EVERY GREENWICH ACADEMY FAMILY CONTRIBUTES TOWARDS THE COST OF EDUCATING THEIR DAUGHTER IN MOST CASES, IT IS ASSUMED THAT BOTH PARENTS WILL HOLD FULL-TIME EMPLOYMENT TO FUND THESE EDUCATIONAL COSTS TO THE BEST OF THEIR ABILITIES BEFORE SEEKING FINANCIAL AID FROM THE SCHOOL THERE ARE NO FULL TUITION GRANTS THE AMOUNT AND NUMBER OF FINANCIAL AID GRANTS ARE SUBJECT TO THE AVAILABILITY OF FUNDS COMPLETION OF THE PARENTS' FINANCIAL STATEMENT (PFS) BY DECEMBER 15 IS A PREREQUISITE FOR CONSIDERATION IN THE FIRST ROUND OF GRANT ALLOCATIONS IN ADDITION, CURRENT 1040 INCOME TAX FORMS PLUS SCHEDULES AND W-2 FORMS MUST BE SUBMITTED FINANCIAL AID IS GRANTED FOR ONE YEAR AT A TIME NEW APPLICATION FORMS MUST BE FILED YEARLY BY DECEMBER 15 FINANCIAL AID IS RESTRICTED TO FAMILIES WHO ARE UNITED STATES CITIZENS OR PERMANENT RESIDENTS DOCUMENTATION IS REQUIRED FOR THE STUDENT AND THE PARENTS IF FINANCIAL CIRCUMSTANCES CHANGE, IT IS ASSUMED THAT PARENTS WILL NOTIFY THE DEAN OF FINANCIAL AID AND WILL TAKE RESPONSIBILITY FOR AN ADJUSTED AMOUNT OF THEIR DAUGHTER'S TUITION AND FEES

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As Filed Data -

DLN: 93493131004320

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

est

2008

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.

Open to Public Inspection

Name of the organization THE GREENWICH ACADEMY INC **Employer identification number** 

06-0653118

Pa	Questions Regarding Compensation	n				I
					Yes	No
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	<b>▽</b>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	고	Written employment contract			
	Independent compensation consultant	<u> </u>				
	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	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	<del>:</del> ?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	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		Νo
	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	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
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 payments not described in lines 5 and 6? If "Yes,"		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					No

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

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

Note. The sum of columns (B)(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-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Molly H King	(1) (11)	277,198 0	85,000 0	36,805 0	31,250 0	97,966 0	528,219 0	150,000 C
LAUREN BEDELL	(1) (11)	209,858 0	0	6,766 0	22,150 0	72,502 0	311,276 0	98,000
MARK FEINER	(ı) (ıı)	113,310 0	0	18,169 0	13,000	51,606 0	196,085 0	C
ANN WOODWARD	(ı) (ıı)	105,330 0	0	13,338 0	11,760 0	53,900 0	184,328 0	C
DONNA BYRNES	(ı) (ıı)	152,567 0	0	22,964 0	17,600 0	35,755 0	228,886	79,000
DIANA BESTE	(ı) (ıı)	133,884 0	0	4,054 0	13,911 0	53,707 0	205,556	65,107 0
REBECCA WALKER	(1) (11)	128,412 0	0	6,729 0	12,882	36,803 0	184,826	C
LAUREN DOWNS	(ı) (ıı)	95,303 0	0	7,720 0	8,785 0	62,901 0	174,709 0	71,395 C
ANGELA TAMMARO	(ı) (ıı)	118,254 0	0	24,526 0	12,361 0	10,185	165,326 0	22,138 0
JEANETTE DUPLOOY	(I) (II)	159,373 0	0	6,154 0	14,536 0	7,195 0	187,258 0	C
	(i)							
	(ii)							
	(i) (ii)							-
	(i)							
	(ii)							1

#### 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
	SCHEDULE J, PART I	DISCRETIONARY SPENDING ACCOUNT THE HEAD OF SCHOOL HAS A FUND OF \$10,000 TO USE FOR THE BENEFIT OF THE SCHOOL IT IS TYPICALLY USED FOR EMPLOYEE APPRECIATION HOUSING THE GREENWICH ACADEMY PROVIDES THE HOUSING ALLOWANCES AS A CONDITION OF EMPLOYMENT FOR THE FOLLOWING PERSONS MOLLY KING-HEAD OF SCHOOL LAUREN BEDELL-ASSISTANT HEAD OF FINANCE, OPERATIONS & TECHNOLOGY MARK FEINER-ASSISTANT HEAD OF SCHOOL DIANA BEST-HEAD OF UPPER SCHOOL REBECCA WALKER-HEAD OF MIDDLE SCHOOL JEANETTE DUPLOOY-HEAD OF LOWER SCHOOL PERSONAL SERVICES A HOUSEKEEPER IS PROVIDED TO THE HEAD OF SCHOOL PER CONTRACT

Software ID: Software Version:

**EIN:** 06-0653118

Name: THE GREENWICH ACADEMY INC

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

1 or iii 330/ Schedale 3/ i d	<u></u> -	22 Officers/ Biree	1010/ 11401000/ 10	ey Employees, and	g	*# 10 # 2 p 10 7 0 0 0		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	3C compensation	(C) Deferred	1	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Molly H King	(I) (II)	) 277,198 ) 0	85,000 0	36,805 0	31,250 0	97,966 0	5 528,219 0	150,000 0
LAUREN BEDELL	(I) (II)	) 209,858 ) 0	0	6,766 0	22,150 0	72,502	311,276	98,000 0
MARK FEINER	(I) (II)	) 113,310 ) 0	0	18,169 0	13,000	51,606	196,085	0
ANN WOODWARD	(1) (11)	) 105,330 ) 0	0	13,338 0	11,760 0	53,900	184,328	0
DONNA BYRNES	(I) (II)	) 152,567 ) 0	0	22,964 0	17,600 0	35,755 0	228,886	79,000 0
DIANA BESTE	(I) (II)	) 133,884 ) 0	0	4,054 0	13,911 0	. 53,707 0	205,556	65,107 0
REBECCA WALKER	(ı) (ıı)	) 128,412 ) 0	0	6,729	12,882	36,803	184,826	0
LAUREN DOWNS	(1) (11)		0	7,720 0	8,785 0	62,901	174,709	71,395 0
ANGELA TAMMARO	(1) (11)	) 118,254 ) 0	0	24,526 0	12,361 0	10,185	165,326	22,138 0
JEANETTE DUPLOOY	(I) (II)	) 159,373 ) 0	0	6,154 0	14,536 0	7,195 0	187,258	0

DLN: 93493131004320

2008

OMB No 1545-0047

### **Schedule K** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information on Tax Exempt Bonds** 

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Open to Public **Inspection** 

	e of the organization									Employer	identificat	ion num	ber	
IHE	GREENWICH ACADEMY INC									06-0653	3118			
Pa	art I Bond Issues (Required	for 2008)								'	_			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	<b>(f)</b> Des	scription of l	ourpose	( <b>g)</b> De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	STATE OF CT HEALTH AND EDUCATION FACULTIES AUTH- TY  06-0806186 20774UL94			06-25-	2004	11,	770,000	A C Q U I S I T I PROPERTY	CQUISITION OF REAL ROPERTY			×		×
В	STATE OF CT HEALTH AND EDUCATION FACULTIES AUTH- TY  06-0806186 20774LV36			09-16-	2004	15,4	190,000	REFUND OF BALANCE	OUTSTAN	DING		х		x
c _	STATE OF CT HEALTH AND EDUCATION FACULTIES AUTH- TY	06-0806186	20774ULB9	03-22-	2007	26,	435,000	REFUND OF OUTSTANDING BALANCE				x		x
Pa	Proceeds (Optional for	2008)						<u> </u>			_ I			
1	Total Proceeds of Issue			4	A	E	3		c	D	)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													,
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					_		-1				I		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad	equate books and red	cords to support the											
Da	final allocation of proceeds?  rt IIII Private Business Use	(Ontional for 2009	2)											
Fa	Filvate Business Ose	(Optional for 2000	'/		۸	E	<u> </u>		С	D	)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2										_				

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

			Α		В		C		D		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?										
6 Did the bond issue qualify for an exception to rebate?											

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DLN: 93493131004320

OMB No 1545-0047

(Form 990 or 990-EZ)

Schedule L

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.

Open to Public Inspection

Name of the organization THE GREENWICH ACADEMY INC						En	nploye	er ide	nt if icat	ion n	umber	
THE GREENWICH ACADEM INC						06	5-065	3118	1			
Part I Excess Benefit Transaction  To be completed by organization										, Part	V , lıne	40b
1 (a) Name of disqualified						on of transa					<b>c)</b> Corr	
1 (a) Name of all qualified				( <b>b)</b> Desc	.iiptii	on transa	CLIOII			_	Yes	No
										+		
<b>2</b> Enter the amount of tax imposed on the section 4958								der •	\$			
3 Enter the amount of tax, if any, on line								<b>•</b>	•			
Part II Loans to and/or From 1				-								·
To be completed by organizati	ons that a	answered "Y	es" c	on Form 990, Part I	(V , Iır	ne 26, or Fo	rm 99	0-E2			e 38a T	
	(b) Loar		(6)	Original principal			(e)		(f Appr	oved	1	rıtten
(a) Name of interested person and purpose	organiza		(,	amount	<b>(d)</b> B	alance due	defa	ult?	by boa		1 -	ment?
	То	From	1				Yes	No	Yes	No	Yes	No
MOLLY KING INVESTMENT	×			93,614		93,614		No	Yes		Yes	
				,		,						
otal						93,614						
Part III Grants or Assistance Be To be completed by organi					90, P	art IV, lın	e 27.					
(a) Name of interested person		Relationship	betw	veen interested per organization					ıt or ty	pe of	assista	nce
ALLISON LAKE	TRUS											8,950
BOB DEANGELO	TRUS	TEE									1	8,600
Part IV Business Transactions I	'ny oly ir	a Intere	ctod	Persons								
To be completed by organi					90, P	art IV, lın	e 28a	a, 28	b, or 2	28c.		
	1	Relationship en intereste		(c) A mount of						ا ا	( <b>e)</b> Sha organiza	
(a) Name of interested person	per	son and the	- 1	transaction		( <b>d</b> ) Descr	ıptıon	of tra	nsactio	on [	reven	
	or	ganızatıon									Yes	No
					$\Box$							
					$\dashv$					$\dashv$		

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DLN: 93493131004320

OMB No 1545-0047

Inspection

# **Non-Cash Contributions**

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

Name of the organization **Employer identification number** THE GREENWICH ACADEMY INC 06-0653118 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . . Cars and other vehicles Boats and planes . . . . Intellectual property . . . Securities—Publicly traded . Χ 59 688.801 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . Other (describe 25 Other (describe \_\_\_\_ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M, PART I, LINE 32 THIRD PARTIES THE ORGANIZATION UTILIZES A STOCK BROKER TO PROCESS AND SELL DONATED SECURITIES

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(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.

**Supplemental Information to Form 990** 

Name of the organization THE GREENWICH ACADEMY INC

Employer identification number

06-0653118

ldentifier	Return Reference	Explanation
990 REVIEW	FORM 990, PART VI, LINE 10	ALL MEMBERS OF THE BOARD WILL RECEIVE A COPY OF THE COMPLETED FORM 990 WITHOUT SCHEDULE J, SCHEDULE B AND SCHEDULE L THE FINANCE AND AUDIT COMMITTEE WILL REVIEW THE MODIFIED 990, AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE, AND THE HEAD OF SCHOOL WILL RECEIVE A COMPLETE COPY OF THE 990 FORM THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE WILL REPORT ANY THING OF SIGNIFICANCE TO THE FULL BOARD PRIOR TO FILING

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT REQUIRES, AMOUNG OTHER THINGS, THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE SIGNING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE ORGANIZATION DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE A MATERIAL FINANCIAL INTEREST

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, LINE 15	THE GREENWICH A CADEMY PERIODICLY CONDUCTS A REVIEW TO DETERMINE THE GOING FAIR MARKET COMPENSATION RANGES FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, BY REFERENCE TO COMPENSATION SURVEYS AND OTHER ORGANIZATIONS' FORM 990 THE GREENWICH A CADEMY SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION THE ORGANIZATION MAINTAINS RECORDS REGARDING COMPENSATION

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS	PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
GAMING ACTIVITIES	SCHEDULE G, PART III, LINE 16	LAUREN BEDELL RECEIVES NO COMPENSATION IN HER ROLE AS GAMING MANAGER SHE IS THE LIASON BETWEEN THE SCHOOL AND PARENT TEACHER ASSOCIATION FOR PURPOSES OF FUNDRAISING SEE SCHEDULE J FOR HER COMPENSATION AS ASSISTANT HEAD OF FINANCE, OPERATIONS & TECHNOLOGY

ldentifier	Return Reference	Explanation
MEMBERS OF ORGANIZATION	PART VI, LINES 6, 7A AND 7B	THE MEMBERS OF THE GREENWICH ACADEMY ARE THE PARENTS AND GUARDIANS OF CHILDREN CURRENTLY ENROLLED IN THE SCHOOL THE MEMBERS ELECT BETWEEN 21 AND 27 INDIVIDUALS TO SERVE ON THE BOARD OF TRUSTEES TO EXERCISE GENERAL OVERSIGHT OF THE MANAGEMENT OF THE BUSINESS AND PROPERTY OF THE SCHOOL IN ADDITION TO REGULAR BOARD MEETINGS, AN ANNUAL BUSINESS MEETING THAT IS OPEN TO ALL MEMBERS IS HELD AT THE OPENING OF SCHOOL EVERY YEAR THE PURPOSE OF THIS MEETING IS TO ELECT ANY NEW MEMBERS OF THE BOARD OF TRUSTEES AND TO REVIEW THE PRIOR YEARS FINANCIAL OPERATIONS THE FOLLOWING POWERS OF THE CORPORATION SHALL BE DEEMED NONDELEGABLE AND THE EXERCISE THEREOF IS RESERVED TO THE MEMBERS OF THE CORPORATION (A)TO AMEND THE CERTIFICATE OF INCORPORATION (B)TO DISSOLVE OR MERGE THE CORPORATION, BUT ONLY UPON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS OF THE CORPORATION ACTING IN PERSON OR BY PROXY