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DLN: 93493061007000

**Return of Organization Exempt From Income Tax** 

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

2008

OMB No 1545-0047

Form **990** 

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number **C** Name of organization THE HUN SCHOOL OF PRINCETON **B** Check if applicable Please use IRS Address change 21-0639868 label or Doing Business As E Telephone number print or type. See Name change (609) 921-0903 Specific Instruc-Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 176 EDGERSTOUNE ROAD **G Gross receipts** \$ 55,666,800 Termination tions. City or town, state or country, and ZIP + 4 PRINCETON, NJ 08540 Amended return Application pending

		richard fleck 176 EDGERSTOUNE RoaD PRINCETON,NJ 08540	H(a) Is this a group retu affiliates?  H(b) Are all affiliates inclu	ΓYes ΓΝο
I Ta	x-exem	npt status	• •	ist See instructions )
J W	eb sit	e: ► www hunschool org	<b>H(c)</b> Group Exemption	Number 🟲
<b>К</b> Тур	e of org	ganization	<b>L</b> Year of Formation 1943	<b>M</b> State of legal domicile NJ
Pa	rt I	Summary		
8	1	Briefly describe the organization's mission or most significant activities		
Ē		Additional Data Table		
Governance	2	Check this box   If the organization discontinued its operations or disposed o		
ò	3	Number of voting members of the governing body (Part VI, line 1a)		33
	4	Number of independent voting members of the governing body (Part VI, line 1b		433
ŝ	5	Total number of employees (Part V , line 2a)		5 263
ĝ	6	Total number of volunteers (estimate if necessary)		6 900
Activities &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		<b>7a</b> 0
٩	b	Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b> 0
			Prior Year	Current Year
g)	8	Contributions and grants (Part VIII, line 1h)	2,629,429	
Revenue	9	Program service revenue (Part VIII, line 2g)	19,333,333	20,474,328
3.fc)	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,195,237	-1,669,331
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	411,252	548,587
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,569,251	20,661,979
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,485,455	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	, ,	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	_	
\$		10)	11,213,802	12,837,868
ë ∓	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
Expenses	b	(Total fundraising expenses, Part IX, column (D), line 25 458,766		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,288,506	8,271,196
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	21,987,763	23,741,863
	19	Revenue less expenses Subtract line 18 from line 12	1,581,488	-3,079,884
8 8 8			Beginning of Year	End of Year
8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	Total assets (Part X, line 16)	52,730,143	47,097,868
Age	21	Total liabilities (Part X, line 26)	24,380,808	23,776,154
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	28,349,335	
	t III	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and statements, and	to the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	on all information of which pre	parer has any knowledge
Plea		*****	2010-03-02	
Sign		Signature of officer	Date	

richard fleck chief financial officer Type or print name and title

Preparer's signature Paid

Date Preparer's PTIN (See Gen Inst ) Check if MARGUERITE L MOUNT CPA empolyed 🕨 🦵

Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** 

MERCADIEN PC EIN F PO BOX 7648 Phone no 🕨 (609) 689-9700 PRINCETON, NJ 085437648

May the IRS discuss this return with the preparer shown above? (See instructions) . 

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

THE HUN SCHOOL OF PRINCETON IS DEDICATED TO PROVIDING A STRONG COLLEGE PREPATORY PROGRAM LEADING TO INFORMED COLLEGE CHOICES. THE FACULTY AND CURRICULUM ARE RESPONSIVE TO INDIVIDUAL LEARNING STYLES AND INTERESTS. THE TOTAL PROGRAM IS COMMITTED TO THE DEVELOPMENT OF SOLID SCHOLARSHIP AND SOUND CHARACTER IN AN ENVIRONMENT DEDICATED TO TIMELESS VALUES; HONOR, SERVICE, PERSERVERANCE, RESPONSIBILITY, COMPASSION, RESPECT AND LEADERSHIP.

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

1 See A	Briefly describe the organization	n's mission				
JCC 7-	aditional bata Table					
2	Did the organization undert the prior Form 990 or 990-		ogram services d	uring the year whic	h were not listed on	Yes ✓ No
	If "Yes," describe these nev	w services on Schedu	le O			
3	Did the organization cease services?		ıgnıfıcant change	s in how it conduct	sany program 	Yes 🗸 No
	If "Yes," describe these cha	anges on Schedule O				
4	Describe the exempt purpo Section 501(c)(3) and (4) of others, the total expenses,	organizations and 494	7 (a)(1) trusts ar	e required to report		
4a	(Code ) COLLEGE - PREPARATORY SECC		·	grants of \$ FES THE ONLY PROGRA	) (Revenue \$ M SERVICE OF THE SCHOOL	19,512,220 )
4b	(Code )	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4c	(Code )	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4d	Other program services (					
46	(Expenses \$		grants of \$		(Revenue \$	)
4e	Total program service exp	renses \$ 18	,940,591 <i>Mus</i>	t equal Part IX, Line	25, COIUMN (D).	

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

THE HUN SCHOOL OF PRINCETON IS DEDICATED TO PROVIDING A STRONG COLLEGE PREPATORY PROGRAM LEADING TO INFORMED COLLEGE CHOICES. THE FACULTY AND CURRICULUM ARE RESPONSIVE TO INDIVIDUAL LEARNING STYLES AND INTERESTS. THE TOTAL PROGRAM IS COMMITTED TO THE DEVELOPMENT OF SOLID SCHOLARSHIP AND SOUND CHARACTER IN AN ENVIRONMENT DEDICATED TO TIMELESS VALUES; HONOR, SERVICE, PERSERVERANCE, RESPONSIBILITY, COMPASSION, RESPECT AND LEADERSHIP.

art TV	Check	klist of	Required	Schedules
		11136 01	NC quii cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

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

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		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	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
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? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
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		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable	_		
		6 5		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	6 3		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N o
h	account)?			NO
	If "Yes," enter the name of the foreign country	.		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			N -
d	file Form 8282?	. 7c		No
•	The cost, indicate the number of forms of 202 med during the year.			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			N -
	benefit contract?	7e 7f		No No
' a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		I NO
•	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	<sup>'e</sup>   8		
	year?		<u>                                     </u>	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b		1	ĺ

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

<u>Section</u>	Α.	Governing	Body	and	Management	

			res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 33			
Ь	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NJ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Stefanie Connell 176 edgerstoune road PRINCETON,NJ 08540 (609) 921-0903

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

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

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

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		Posit t	(C non ( hat a	chec	:k al )	I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				<u> </u>						
								-		
_				$\vdash$						

# Software ID: Software Version:

**EIN:** 21-0639868

Name: THE HUN SCHOOL OF PRINCETON

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

Form 990, Part VII - Section Aaa											
		Posit t	(C tion ( hat a	chec		I			(E)	<b>(F)</b>	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JAMES BYER , headmaster	40 00	Х		Х				398,157	0	32,370	
RICHARD FLECK , chief financial officer	40 00	X		Х				155,548	0	31,351	
KENNETH A BERLIN , BOARD MEMBER	1 00	Х						0	0	0	
ALFRED BLANTON , BOARD MEMBER	1 00	Х						0	0	0	
LYNN M BREEN , BOARD MEMBER	1 00	X						0	0	0	
JOSEPH DEANE , CHAIRMAN	1 00	Х						0	0	0	
JANET DILLIONE , BOARD MEMBER	1 00	Х						0	0	0	
LESLIE FLORIO , BOARD MEMBER	1 00	Х						0	0	0	
THOMAS GALLAGHER , BOARD MEMBER	1 00	X						0	0	0	
MICHAEL GUADAGNO , BOARD MEMBER	1 00	×						0	0	0	
KAREN ELLIOTT HOUSE , BOARD MEMBER	1 00	×						0	0	0	
JOHN Y KEFFER , BOARD MEMBER	1 00	Х						0	0	0	
REGAN KENYON , BOARD MEMBER	1 00	X						0	0	0	
EDWIN H LLOYD , BOARD MEMBER	1 00	X						0	0	0	
JOHN D MICHEL , BOARD MEMBER	1 00	Х						0	0	0	
CAROL MILSTEIN , BOARD MEMBER	1 00	Х						0	0	0	
JOHN PLACE , BOARD MEMBER	1 00	Х						0	0	0	
SHERYL PUNIA , BOARD MEMBER	1 00	Х						0	0	0	
ERIC ROSENBLUM , BOARD MEMBER	1 00	Х						0	0	0	
PATRICK RYAN , VICE CHAIRMAN	1 00	X						0	0	0	
BETSY SANDS , BOARD MEMBER	1 00	X						0	0	0	
NICHOLAS SCOZZARI , BOARD MEMBER	1 00	×						0	0	0	
LAURA LEAPER SNOOK , BOARD MEMBER	1 00	Х						0	0	0	
KENNETH B STODDARD , BOARD MEMBER	1 00	х						0	0	0	
JONATHAN STONE , BOARD MEMBER	1 00	X						0	0	0	
BARRY SUSSMAN , BOARD MEMBER	1 00	Х						0	0	0	
GEORGE TIDEY , BOARD MEMBER	1 00	Х						0	0	0	
F KEVIN TYLUS , BO ARD MEMBER	1 00	Х						0	0	0	
THOMAS J VALERI JR , BOARD MEMBER	1 00	Х						0	0	0	
SCOTT WEINER , BOARD MEMBER	1 00	Х						0	0	0	
		•	•	•	•	•	•				

Form 990, Part VII - Section Aaa

I Offin 990, Part VII - Section Add											
		Posit	(C tion ( hat a	chec				(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ORIN WILF , BOARD MEMBER	1 00	Х						0	0	0	
RICHARD WRIGHT , BOARD MEMBER	1 00	Х						0	0	0	
PAULETTE ZIMMERMAN , BOARD MEMBER	1 00	Х						0	0	0	
RICHARED GOLDMAN ESQ , CORPORATE SECRETARY AND	1 00	Х						0	0	0	
WILLIAM MCQUADE , HEAD OF UPPER SCHOOL	40 00					х		118,254	0	28,168	
TERrENCE BEACH , DIR OF ADMISSIONS	40 00					х		116,931	0	27,244	
JAMES O'BOYLE , DIR OF inst advancemen	40 00					х		109,428	0	112,959	
KAY KEIFER , DEAN of faculty	40 00					Х		103,202	0	26,269	
J MICHAEL CHAYKOWSKY , DIR OF FACILITIES	40 00					Х		103,509	0	47,687	

### Part VII Continued

		(C) Position (check all that apply)				all			(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							$\vdash$				
							1				
1b Total							►	1,105,029	9 (	306,048	
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thai	n \$1	00.000 in reportabl	e	1	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

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

#### **Section B. Independent Contractors**

from the organization .

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

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
SCOZZARI BUILDERS INC 1891 N OLDEN AVENUE TRENTON, NJ 08638	CONSTRUCTION	328,516
U S FOOD SERVICE P O BOX 7780-4038 PHILADELPHIA, PA 19182	FOOD SERVICE	326,782
2 Total number of independent contractors (including those in 1) who rece	eived more than \$100,000 in compensation	3

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1a			Revenue		512, 513, or 514
数数	ь		ues					
필			1b					
s,g ∰	С	Fundraising ev	ents <b>1c</b>	6,227				
## # # # # # # # # # # # # # # # # # #	d	Related organ	ızatıons1d					
ي ⊒آري	e	Government gran	its (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	cions, gifts, grants, and not included above	1,302,168				
重	g	Noncash cont	<b>1f</b> rıbutıons ıncluded ın					
SE.								
Ų ···	h	Total (Add line	es 1a-1f)	· · · · <u>.</u>	1,308,395			
				Business Code				
TI e	2a	Tuition		900,099	19,512,220	19,512,220		
Program Serwce Revenue	ь	summer tuition		900,099	864,704	864,704		
A.	С	student fees		900,099	97,404	97,404		
rws	d							
33	e							
ra E	f	All other progi	ram service revenue					
<b>₽</b>	g		es 2a-2f					
	3	► \$ 20,474,32	8 come (including divi	dands interest				
			come (including divi imounts)	· · · · · · · · · · · · · · · · · · ·	478,847			478,847
			estment of tax-exempt b	▶				
	4	Income from inve	esument of tax-exempt b	ond proceeds .				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	138,358 55,318					
	ь	expenses	,					
	С	Rental income or (loss)	83,040					
	d	Net rental inco	ome or (loss)		83,040	83,040		
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	32,317,782					
	b	than inventory Less cost or other basis and	34,465,960					
	c	sales expenses Gain or (loss)	-2,148,178					
	d	Net gain or (lo	, ,		-2,148,178	-2,148,178		
				. ▶				
Other Revenue	8a	s 43 of contribution 1c) See Part	9,967 is reported on line					
æ			a	6,227				
her	ь		xpensesb	<u> </u>				
ᅙ	С	Net income or	(loss) from fundrais	ıng events ►	282,959	282,959		
	9a	Gross income activities See Complete Sched exceeds \$15,00	part IV , line 19 dule G if total					
	_		a					
	b		xpensesb (loss) from gaming :					
	С		(loss) from gaming a	activities  -				
	10a	Gross sales or returns and al	finventory, less lowances . a	375,189				
	ь		goods sold <b>b</b>					
	С		(loss) from sales of		48,654			48,654
		Miscellaneou		Business Code 900,099	76.010	76 010		
	11a	miscellaneous	income	900,099	76,810 57,124	76,810 57,124		
	ь	snack bar		900,099	57,124	57,124		
	С							
	d		nue					
	e	Total. Add line	es 11a-11d	 \$ 133,934				
	12	Total Revenue	. Add lines 1h, 2g, 3		20,661,979	18,826,083	0	527,501
		8c,	.1e					

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,632,799	2,632,799						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	564,321	337,687	186,455	40,179				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	8,561,137	6,387,334						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	626,055	461,372	161,926	2,757				
9	Other employee benefits	2,357,376	1,737,272	609,724	10,380				
10	Payroll taxes	728,979	537,222	188,547	3,210				
11	Fees for services (non-employees)								
а	Management								
b	Legal	68,729	68,729						
c	Accounting	44,803	44,803						
d	Lobbying								
e	Professional fundraising See Part IV, line 17				_				
f	Investment management fees								
g	Other	230,873	109,181	98,229	23,463				
12	Advertising and promotion	75,915	75,915						
13	Office expenses	778,871	482,943	143,125	152,803				
14	Information technology								
15	Royalties								
16	Occupancy	733,585	733,585						
17	Travel	54,654	30,267	17,546	6,841				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	46,259	44,957	1,203	99				
20	Interest	685,251	513,938	171,313					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,732,248	1,481,732	250,516					
23	Insurance	188,924	173,671	15,253					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )								
а	miscellaneous	1,121,292	878,782	139,906	102,604				
b	building care and maint	1,094,656	908,394	140,076	46,186				
c	food service	580,381	580,381	·	•				
d	student activities	207,582	207,582						
e	computer services	168,731	146,466	22,265	_				
f	All other expenses	458,442	365,579	22,619	70,244				
25	Total functional expenses. Add lines 1 through 24f	23,741,863	18,940,591	4,342,506	458,766				
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		. , -		rm <b>990</b> (2008)				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			6.550		1,697
	2	Savings and temporary cash investments			2,855,410		2,666,935
	3	Pledges and grants receivable, net			774,480		268,288
	4	Accounts receivable, net			148.888		399,697
	5	Receivables from current and former officers, directors, trustees	, key emr	oloyees or		•	
		other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		•	132,879	8	139,622
2	9	Prepaid expenses and deferred charges			483,627	9	421,757
Assets	10a	Lord buildings and assumed to the base					
AS		Land, buildings, and equipment cost basis	10a	46,554,139			
	b	Less accumulated depreciation Complete Part VI of		10 001 100	20, 457, 420		20 000 047
		Schedule D	10Ь	16,621,492	· · · · · ·		29,932,647
	11	Investments—publicly traded securities		•	17,111,254	11	12,704,371
	12	Investments—other securities See Part IV, line 11 Complete Paschedule $D$	art VII of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete P \it of Schedule D$ .	art VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		2,759,635		562,854	
	16	D Total assets. Add lines 1 through 15 (must equal line 34)			52,730,143	15 16	47,097,868
	17	Accounts payable and accrued expenses .			1,986,684		2,012,554
	18	Grants payable		1,000,004	18	2,012,004	
	19	Deferred revenue			3,453,457	19	2,692,577
	20	Tax-exempt bond liabilities			0,400,407	20	2,002,077
8	21	Escrow account liability Complete Part IV of Schedule D				21	
∄	22	Payable to current and former officers, directors, trustees, key				21	
Liabilities	22	employees, highest compensated employees, and disqualified				1	
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			16,235,968	23	15,782,097
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			2,704,699	25	3,288,926
	26	Total liabilities. Add lines 17 through 25			24,380,808	26	23,776,154
φ		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete lines	27			
3UC	27	Unrestricted net assets			22,219,133	27	17,018,253
Balance	28	Temporarily restricted net assets			100,000	28	0
Ξ	29	Permanently restricted net assets			6,030,202	29	6,303,461
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an	d complet	:e			
ō	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
ري دي	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances			28,349,335		23,321,714
Net	34	Total liabilities and net assets/fund balances			52,730,143		47,097,868
					12,		,,
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

					_
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo	
b	If "Yes," did the organization undergo the required audit or audits?	3b			

### OMB No 1545-0047

### ОМВ

2008

Open to Public

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

		e <b>organizat i</b> OOL OF PRINC						Em	ployer ide	nt if icat io	n numbe	r
								21	-0639868	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organız	ation is not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon )	)				
1	Г	A church, o	onvention of ch	nurches, or association of ch	nurches de	escribed in	n Section 1	170(b)(1)(	(A)(i).			
2	<b>▽</b>	A school d	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E )						
3		A hospital	or a cooperative	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ		research organı name, cıty, and	zation operated in conjuncti state	on with a	hospital d	escribed ii	n <b>Section</b> :	170(b)(1)	(A)(iii). E	nter the	
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	Section 170(b)(1)(A)(iv). (Complete Part II )									
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt desci	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral publ	С
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ıty trust describ	oed 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 co	ontributior	ıs, membe	rship fees	s, and gr	oss
		receipts fro	om activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesse	5
		acquired by	y the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		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> (Se	ee instruc	tions )	
11	Γ	-	-	and operated exclusively fo		, ,			,	•		
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check 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										ther
e	Г	By checkin	g this box, I ce	rtify that the organization is			-		ne or mor			
				agers and other than one or	more pub	licly supp	orted orga	nızatıons (	described	ın sectior	1509(a)	(1) or
		section 50		1	the TDC		- T T	T 11 -				
f		check this		d a written determination fro	om the IRS	tnat it is	a Type I,	Type II o	r i ype iii	supportin	ng organ	zation,
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	!			,
		following pe										
			·	r indirectly controls, either a		-	th persons	describe	d ın (ıı)		Yes	No
			· -	ng body of the the supported	=	tion?				11g		<del>                                     </del>
		• •		erson described in (i) above						11g(	_	<del>                                     </del>
				ty of a person described in (						11g(	iii)	<u> </u>
h		Provide the	e following inforr	mation about the organizatio	ns the org	janization	supports					
	/:\ N -		/::> FIN	/:::\ T f	(:) T	- 41	(> Dd		(-:\ T	- 41	(==> A	
		me of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		s the ation in		mount of port?
		ızatıon		above or IRC section	_	listed in	_	i) of your	_	rganized		, , ,
				(See Instructions))	, ,	verning	supp	oort?	ın the	US?		
						ment?				ı	_	
					Yes	No	Yes	No	Yes	No		
						-		-				
						-		-				
<del>-</del>						-		-				
Tota			i	I	ı	I	1	1	I	I	1	

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

**Employer identification number** Name of the organization THE HUN SCHOOL OF PRINCETON 21-0639868 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located

- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2008

**►** \$

Part		Organizations Maintaining Col	llections of Art,	His <sup>.</sup>	<u>tori</u>	cal Treas	ures, or Othe	<u>er Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	records, check any	of th	e foll	owing that a	re a significant	use of its col	lection	ı	
а	Public exhibition d										
b	Scholarly research e Other										
С	$\Gamma$	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	llections and explain	how	v they	further the	organization's e	xempt purpo	se in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No										
Par	t IV	<b>Trust, Escrow and Custodial A</b> Part IV, line 9, or reported an am					anızatıon ansv	vered "Yes'	' to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No										
b	If"Y	es," explain why in Part XIV and complet	te the following table					_			
									A mou	nt	
С	Begi	nning balance					1c				
d	Addı	itions during the year					1d				
е	Dıst	ributions during the year					1e				
f	Endi	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	rm 990, Part X, line	21?					$\Gamma$	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete It									
1a	Bogi	nning of year balance	(a)Current Year 11,803,262	(b	<b>)</b> Prior	Year   (c)	wo Years Back (d	)Three Years B	ack   <b>(e</b> )	Four Ye	ears Back
b		tributions	273,259								
c		stment earnings or losses	-2,990,141								
d		nts or scholarships	· ,								
e		er expenditures for facilities									
_		programs									
f	Adm	iinistrative expenses	98,281								
g	End	of year balance	8,988,099								
2	Prov	ide the estimated percentage of the year	end balance held as								
а	Boar	d designated or quasi-endowment 🕨	30 000 %								
b	Perm	nanent endowment 🕨 70 000 %									
c	Term	n endowment 🕨 0 %									
3a		there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and	administered fo	r the		\ \	
		nization by nrelated organizations							3a(i)	Yes	No No
		elated organizations						<b>⊢</b>	3a(ii)		No
Ь		es" to 3a(II), are the related organization			c he d	ule R?			3b		
4	Desc	cribe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds		_			
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, F	Part X, line 10.	,			
		Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprecia	ation	<b>(d)</b> Boo	ok value
1a l	and						23,749	<u> </u>			23,749
b E	Buildir	ngs					41,660,961	12,96	0,410	28	3,700,55
<b>c</b> l	ease	hold improvements									
d E	quipi	ment					4,568,321	3,61	0,822		957,499
<b>e</b> (	Other		<u> </u>				301,108	5	0,260		250,848

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-	year market value
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13)	no 15		
(a) Descri			( <b>b)</b> Book value
(4) 500011	p 4.1011		(B) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Student Deposits	500,060		
Accrued Post Retirement Benefits	1,781,137		
INTEREST RATE SWAP	1,007,729		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	3,288,926		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,661,979
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,741,863
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,079,884
4	Net unrealized gains (losses) on investments	4	-1,488,335
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-459,402
9	Total adjustments (net) Add lines 4 - 8	9	-1,947,737
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,027,621
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	16,997,265
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-3,664,714
3	Subtract line 2e from line 1	3	20,661,979
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,661,979
	Reconciliation of Expenses per Audited Financial Statements With Expenses	T	
1	Total expenses and losses per audited financial statements	1	22,024,886
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	┨	
a	Other (Describe in Part XIV)	30	942,945
е 3	Subtract line 2e from line 1	2e 3	· · · · · · · · · · · · · · · · · · ·
		-	21,081,941
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> Investment expenses not included on Form 990, Part VIII, line 7b   <b>4a</b>		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	2,659,922
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c 5	, ,
	rt XIV Supplemental Information	_ 5	23,741,863
2	unless this name to assume the decomptions are used for Doub III lines 2. F. and O. Doub III lines 1 and A. D.	VI	/ liman 1 h and 3 h

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

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	As designated by the donor for permanently restricted, and as designated by the board for board restricted
Part XI, Line 8 - Other Adjustments		net depreciation in fair value of interest rate swap -459402
Part XII, Line 2d - Other Adjustments		financial aid -2659922 special events expenses 157008 cost of goods sold 326535
Part XIII, Line 2d - Other Adjustments		special events expenses 157008 cost of goods sold 326535 net depreciation in fair value of interest rate swap 459402
Part XIII, Line 4b - Other Adjustments		financial aid 2659922

### OMB No 1545-0047

2008

Open to Public Inspection

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization THE HUN SCHOOL OF PRINCETON Employer identification number

	21-0639868			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		V	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	2	Yes	
	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 policy is included in brochures, catalogues and written communications dealing with student admissions, programs and scholarships. In conjunction with New jersey association of independent schools and the association of delaware valley independent schools, we place ads stating our nondiscriminatory policy in area newspapers. We have placed ads in The star ledger, the philadelphia inquirer and the philadelphia daily news.			
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	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 Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No
ט	If you answered "Yes" to either 6a or b, please explain using an attached statement	- GD		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	7	Yes	

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2008

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Internal Revenue Service				· ,	•	Inspection								
Name of the organization THE HUN SCHOOL OF P	RINCETON			-	Employer ider 21-0639868	ntification number								
Part I Fundraisin	<b>ig Activities.</b> Complet	e if the or	ganızat	ion answered "Yes"										
	e organization raised funds				-	<del>,</del>								
a Mail solicitation			.,	e Solicitation of r										
<b>b</b> Email solicitation	ns			· · · · · · · · · · · · · · · · · · ·	government grants									
c   Phone solicitation	ons			g   Special fundrais	sing events									
<b>d</b> In-person solici	tations													
or key employees list  b If "Yes," list the ten	n have a written or oral agre sted in Form 990, Part VII highest paid individuals or	) or entity · entities (f	in connec undraise	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fur									
to be compensated	at least \$5,000 by the org	anızatıon f	orm 990	)-EZ filers are not requi	red to complete this tal	ble								
(i) Name of individu or entity (fundraisei	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		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											
Total														

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	t II	Fundraising Events. Comp more than \$15,000 on Form					repor	ted
		,	(a) Event #1	( <b>b</b> ) Event #2	(c) O ther Events	(d) ⊤	otal Eve	
	Fall gala		Fall gala	gala golf & tennis outing		(Addco	l <b>(a)</b> th ol <b>(c)</b> )	rough
			(event type)	(event type)	(total number)			
量	1	Gross receipts	178,920	147,097	120,177		44	6,194
Revenue	2	Less Charitable contributions	5,577	650	0			6,227
	3	Gross revenue (line 1 minus line 2)	173,343	146,447	120,177		43	9,967
	4	Cash Prizes	0	С	0			
ses	5	Non-cash Prizes	0	C	0			
ben	6	Rent/Facility costs	0	C	0			
Direct Expenses	7	Other direct expenses	60,910	72,499	23,599		15	7,008
ĕ	8	Direct expense summary Add line	es 4 through 7 in column	(d)			15	7,008
_	9	Net income summary Combine lin	ies 3 and 8 in column (d)	)			28	2,959
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamıng hrough co	
<u>~</u>	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច ស្ល	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (	d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	🕨			
9		er the state(s) in which the organizat					Yes	No
a b		the organization licensed to operate (	gaming activities in eacr	n of these states?		· _ 9a		
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a	<b>1</b>	
11		es the organization operate gaming a	ctivities with nonmembe	rs?				
12		the organization a grantor, beneficiar		a member of a partnersh	ip or other entity			

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493061007000

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion Employer identification number

THE HUN SCHOOL OF PRINC	FTON						
						21-0639868	
Part I General Infor	mation on Grai	nts and Assistance					
<ul><li>Does the organization methe selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the grar	nts or assistance?					V Yes □ ا
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rece tional space is	ived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth	er organizations .				<u> </u>		•
For Paperwork Reduction Act No	tice, see the Instruct	tions for Form 990.		Cat No 500551	P	Sc	hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	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	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial Aid and Tuition Remission	127		2,656,922	FMV	Financial aid is a reduction of student tuition

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The School established a committee to review applications and award financial aid based on need
I		

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DLN: 93493061007000

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization THE HUN SCHOOL OF PRINCETON **Employer identification number** 

21-0639868

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	~	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	고	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to r		,			
	officers, directors, trustees, and the CEO/Executive	Direct	tor, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>    -   -   -   -   -   -   -   -   -  </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymer	nt?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal no	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased c	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1 a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	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	line 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	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," of			7		No
8	Were any amounts reported in Form 990, Part VII, publication subject to the initial contract exception described in Part III		•	8		No

Cat No 50053T

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES BYER	(ı) (ıı)	338,157	60,000			32,370	430,527	
RICHARD FLECK	(ı) (ıı)	155,548				31,351	186,899	
JAMES O'BOYLE	(ı) (ıı)	109,428				112,959	222,387	
J MICHAEL CHAYKOWSKY	(I) (II)	103,509				47,687	151,196	
	(i)							
	(ii)							
	(i)							
	(ii)							
-	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanat ion						
	Part I, Line 1a The headmaster is required to live on school grounds							

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DLN: 93493061007000 OMB No 1545-0047

## **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

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

Open to Public **Inspection** 

	ne of the organization E HUN SCHOOL OF PRINCETON									Employer	identifica	tion num	ber	
1111	E HON SCHOOL OF PRINCETON									21-063	9868			
P	art I Bond Issues (Required	for 2008)	T					1						
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue Price		( <b>f</b> ) Des	cription of F	urpose	(g) Defease		( <b>h)</b> O Behalf Issue	
											Yes	No	Yes	No
A	new jersey economic development authority	22-2045817	645916W45	11-15-	2004	16,	745,000	Construction of premises		!S		x		x
Pa	Proceeds (Optional for	2008)												
1	Total Proceeds of Issue				A	<u> </u>	В	1	C	Γ	)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												,
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													,
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion					1		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<b>.</b>	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	is been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and rec	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	)											
				<u> </u>	A	-	B 	_	C		1	<del></del>	E	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
2	Are there any lease arrangements which may result in private busine	with respect to the fi	inanced property											
For	Paperwork Reduction Act Notice, see th	e Instructions for Form	າ 990.			Cat No 501	193E			S	chedule K	(Form 99	0) 2008	i

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

		A B		(	С	D		I	E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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#### DLN: 93493061007000

OMB No 1545-0047

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### **Transactions with Interested Persons**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

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

Name of the organization THE HUN SCHOOL OF PRINCETON

Employer identification number

21-0639868

Part I Excess Benefit Transact To be completed by organizatio									, Part	V , lıne	40b
1 (a) Name of disqualified	person		<b>(b)</b> Des	criptic	n of transa	iction			ı i	c) Corr Yes	ected? <b>No</b>
<ul><li>2 Enter the amount of tax imposed on t section 4958</li><li>3 Enter the amount of tax, if any, on lin</li></ul>	e 2, above, reimburs	ed by th					•	\$ \$	•		
Part II Loans to and/or From To be completed by organization			Form 990, Part	IV, lır	ne 26, or Fo	orm 99	90-E	Z, Part	V , line	: 38a	
(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c)0	rıgınal prıncıpal amount	( <b>d)</b> Ba	lance due	(e) defa		Appro by boa	oved ard or	( <b>g)</b> W agree	rıtten ment?
	To From						No	Yes	No	Yes	No
											-
			. <b>▶</b> \$								
Part IIII Grants or Assistance Be To be completed by organ	enefitting Interesting interesting	ested I vered "\	Persons								
(a) Name of interested person	an	and the organization  (c) A mount of grant or type  Daughter of a contributor to the school						pe of a	28,390		
Julianna Bello	Daughter of a co	ontribute	or to the school								8,390
Part IV Business Transactions	 Involvina Intera	ested I	Persons								
To be completed by organ	izations that answ	rered "\		90, P	art IV, lın	e 28	a, 28	b, or 2			
(a) Name of interested person	( <b>b</b> ) Relationsh between interes person and th	ted ie	(c) A mount of transaction		( <b>d)</b> Descr	iption	of tra	ansactı	ا ا	-	ring of ation's ues?
	organization Trustee of board, F		378	516 T	he School	hirad	5007	72 ri	+	Yes	<b>No</b> No
	owner of Scozzari Builders, Inc		328,	E cc list S p ffi t a b S	sulders, In onstruction arge construction arge construction arge construction arge construction arge to the finance warded to est overall arge construction arguments.	c top n on p ructio darec ndition lids ar Comion what ion bid f not pa	perfor remis n proj quest s sen re rev mitte s agr Nicho	m ses For ects th for t to 3 lewed be and the eed as	ne 6 Dy nen		
leonard Scozzarı	Brother of N Scoz and part owner of Scozzarı Builders,										N o
Philip Scozzari	Father of N Scozz and part owner of Scozzarı builders,										N o
				$\dashv$					$\dashv$		

DLN: 93493061007000

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE M (Form 990)

Department of the Treasury

THE HUN SCHOOL OF PRINCETON

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

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization

21-0639868 Part I Types of Property (b) (d) (a) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 5,300 FMV Χ 1 Art-Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles Boats and planes . . . . Intellectual property . . 404,484 FMV on date of donation Securities—Publicly traded . Χ 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Qualified conservation contribution (other) . . . 15 Real estate—Residential . 16 Real estate—Commercial . . Real estate—Other . . . 18 Collectibles . . . Food inventory . . . 19 20 Drugs and medical supplies . Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . 24 Silent Based on most recent appraisal of 12,900 unit Other (describe acution item ) Other (describe \_\_\_\_\_) Other (describe \_\_\_\_ 27 28 Other (describe \_\_\_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions for 29 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 hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes 30a No **b** If "Yes", describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **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 Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

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DLN: 93493061007000

OMB No 1545-0047

2008

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### SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Name of the organization THE HUN SCHOOL OF PRINCETON Employer identification number 21-0639868

ldentifier	Return Reference	Explanation
Form 990, Part V, line 3b		The organization does not meet the requirements to file a 990-T per the 990-T instructions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization was provided a copy of the Form 990 for review and comment prior to filing the return

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually, board members review the School's conflict of interest policy

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The headmaster receives an annual review by the board of trustees for performance throughout the fiscal year. The headmaster has a 3 year contract that outlines potential salary increases and the board will determine if an increase is appropriate based on their review. Other officers and key employees receive annual reviews by the headmaster. The board will review the headmaster's review and recommendation of other officers and key employees and they will determine the appropriate compensation adjustments.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Form 990 is available upon request to the organization

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes all of their governing documents, financial statements, and conflict of interest policy available to the public upon request

Identifier	Return Reference	Explanation
		The organization has a board of trustees that review the financial statements, the audit and selects the independent auditors on a annual basis

DLN: 93493061007000

2008

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Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

**Related Organizations and Unrelated Partnerships** 

Name of the organization **Employer identification number** THE HUN SCHOOL OF PRINCETON 21-0639868 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total	ıncome	<b>(G)</b> Share of end-of-year assets		<b>1)</b> prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana	
								Yes	No	-	Yes	No
Ice Land Associates LP 6 Tennis Court Hamilton Twsp, NJ08619 22-3060519	Ice rink	Ц	Ice-Land Associates LP	Ordinary		-30,651	-268,981		No			No
Part IV Identification of Re	lated Organi	zations Ta	xable as a Co	rporation or Tr	ust							
( <b>A</b> ) Name, address, and EIN of related organiza	( <b>B</b> Ation Primary	activity		(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(I Type o (C corp, or tr	f entity , S corp, rust)  (F) Share of total income		( <b>G)</b> Share o nd-of-ye assets	ear ownership		

_	The state of the s								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one o	or more related organizations listed in Parts II-IV	>						
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
<b>b</b> Gift, grant, or capital contribution to other organization(s)									
c	c Gift, grant, or capital contribution from other organization(s)								
d	d Loans or loan guarantees to or for other organization(s)								
e Loans or loan guarantees by other organization(s)									
f Sale of assets to other organization(s)									
	Purchase of assets from other organization(s)			<b>1</b> g		No			
_	Exchange of assets			1h		No			
	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j Lease of facilities, equipment, or other assets from other organization(s)									
k Performance of services or membership or fundraising solicitations for other organization(s)									
1	Performance of services or membership or fundraising solicitations by other organization(s)			11		No			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No			
n	Sharing of paid employees			<b>1</b> n		No			
0	Reimbursement paid to other organization for expenses			10		No			
p	Reimbursement paid by other organization for expenses			1р		No			
						L.			
	O ther transfer of cash or property to other organization(s)			1q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, including covered relationships	and transaction thresholds						
	(A) Name of other organization(s)	<b>(B)</b> Transaction	<b>(C)</b> Amount Involved						
(1)		type(a-r)	Anount involved						
		J			25,056	5			
(2)									
(3)									
(-)									

(1)	Ice Land Associates LP	J	25,056
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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