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DLN: 93493137013220

Form **990**

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)

OMB No 1545-0047

Department of the Treasury

| nternal F | Revenue | Service | ► The or | ganization may have to use a c | opy of this return to satisfy | state reportin | g requirement | Inspection |
|--------------------------------|----------------|----------------|----------------------------|---|-------------------------------------|-----------------------|--|-------------------------------|
| A Fo | rthe 2 | 2008 ca | endar yea | r, or tax year beginning 07-01-2 | 2008 and ending 06-30-20 | 09 | | - · |
| 3 Che | ck if ap | plicable | Please | C Name of organization CALVERT SCHOOL INC | | | D Employer | identification number |
| - Add | ress cha | ange | use IRS label or | Doing Business As | | | 52-0591 E Telephone | |
| - Nan | ne chan | nge | print or type. See | Doing business As | | | | |
| Inıtı | al retur | 'n | Specific Instruc- | Number and street (or P O box if i | mail is not delivered to street add | ress) Room/suite | (410) 24 | 3-6054 eipts \$ 58,937,713 |
| Ten | mınatıoı | n | tions. | 105 TUSCANY ROAD | | | d dioss lec | eipts \$ 30,937,713 |
| – Ame | ended r | eturn | | City or town, state or country, and | ZIP + 4 | | 1 | |
| - App | lication | pending | | BALTIMORE, MD 21210 | | | | |
| | | Ī | F Nam | ne and address of Principal Offi | cer | H(a) Is th | ■ ıs a group ret | urn for |
| | | | | d martire JSCANY ROAD | | | ites? | ⊤Yes ▼ No |
| | | | | MORE, MD 21210 | | H(h) Are a | II affiliates incl | uded? |
| Tax | k-exem | pt status | ▽ 501(c) |) (3) ◀ (insert no) | or 527 | ' ' | | list See instructions) |
| W | eb site | e: ► WW | WCALVER | RTSCHOOLORG | | | ıp Exemption | |
| (Type | e of ora | anızatıon | Corporati | on | <u>.</u> | L Year of Fo | ormation 1897 | M State of legal domicile |
| , p . | . o. o.g. | ameacion | , corporati | ion, dasc, association, other | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MD |
| | | _ | | | | | | |
| | 1 I | | | ne organization's mission or mo | et eignificant activities | | | |
| sovemance | | | i escribe in I Data Tab | | ac arginineant activities | | | |
| 5 | | | | if the organization discontinue | d its operations or disposed | d of more than : | 25% of its as | sets |
| | 3 | | , | members of the governing body | | | | 3 18 |
| 5 | 4 | | - | ndent voting members of the go | | | | 4 16 |
| б Л | 5 | Total nu | umber of er | mployees (Part V , line 2a) . | | | | 5 299 |
| am. | 6 | Total nu | umber of vo | olunteers (estimate if necessar | y) | | | 6150 |
| ACUVIUES & | 7a | Total gr | oss unrela | ated business revenue from Par | t VIII, line 12, column (C) | | | 7a 268,370 |
| ₹ | b | Net unr | elated bus | iness taxable income from Forr | n 990-T, line 34 | | | 7b 1,325 |
| | | | | | | Pri | or Year | Current Year |
| g, | 8 | | | d grants (Part VIII, line 1h) . | • | 1,630,24 | + | |
| Revenue | 9 | | | revenue (Part VIII, line 2g) . | | • | 26,537,51 | |
| У. Н | 10 | | | ne (Part VIII, column (A), lines | | • | 4,243,42 | ' |
| | 11 | | • | art VIII, column (A), lines 5, 6 dd lines 8 through 11 (must eqi | | | 2,83 | 2,556 |
| | 12 | 12) | evenue—at | uu iiiles o tiiiougii 11 (iiiust eqi | uai Pait VIII, Column (A), n | ille | 32,414,02 | 24,118,385 |
| | 13 | Grants | and sımıla | ar amounts paid (Part IX, colum | ın (A), lınes 1–3) | | 964,05 | 1,125,191 |
| | 14 | Benefit | s paid to o | r for members (Part IX, column | ı (A), lıne 4) | | | 0 |
| ø | 15 | | s, other co | ompensation, employee benefits | s (Part IX, column (A), lines | 5 - | 13,854,53 | 14,858,358 |
| Expenses | 16a | 10) Profess | sional fund | raising fees (Part IX, column (A | 1) line 11e) | | 13,034,337 | 14,030,330 |
| æ ⊕ | ь | | | | | | | |
| ŭ | | - | | penses, Part IX, column (D), line 25 <u>4</u> (Part IX, column (A), lines 11a- | <u>.</u> | | 1260110 | 12 282 202 |
| | 17 18 | | | add lines 13–17 (must equal P | | <u> </u> | 13,691,182 | |
| | 19 | | | penses Subtract line 18 from li | | · | 3,904,254 | · · · |
| 8 9. | _ - | | | | | Beginn | ing of Year | End of Year |
| net Assets or Fund Balances | 20 | Totala | ssets (Par | t X, line 16) | | | 92,189,284 | + |
| 18a | 21 | | | Part X, line 26) | | | 20,005,60 | |
| Dun | 22 | | · | d balances Subtract line 21 fro | om line 20 | | 72,183,679 | <u> </u> |
| | t II | | ature Blo | | 20 | | , _,100,07 | 30,100,201 |
| | | Under pe | nalties of pe | rjury, I declare that I have examined | | | | |
| Plea | 56 | l L | | correct, and complete Declaration of p | oreparer (other than officer) is ba | 1 | · | eparer has any knowledge |
| Sign | | ***** Signa | ** ture of office | er | | 2010 Date | -05-14 | |
| lere | | | | dir of finance & operations | | | | |
| | | | or print nam | | | | | |
| | | Preparer's | s k | | Date | Check If | Preparer's PT | TIN (See Gen Inst) |
| Paid | | signature | | ELW BENDER | | self- empolyed 🕨 🔽 | | |
| | rer's | | | | | | | |
| Jse C | | ıf self-em | | 1954 GREENSPRING DRIVE SUIT | F 400 | | EIN 🕨 | |
| | | addic55, | £1F T 4 | | L TUU | | Phone no | (410) 308-5600 |
| | | <u> </u> | | TIMONIUM, MD 21093 | | | | |

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

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

| 1 See A | Briefly describe the organization's mission dditional Data Table | | | | |
|-------------------|---|--|--|--|----------------------------------|
| | | | | | |
| 2 | Did the organization undertake any si the prior Form 990 or 990-EZ? | | ervices during the year | r which were not listed on | ✓ Yes No |
| 3 | Did the organization cease conducting services? | g or make significant | t changes in how it coi | nducts any program | ┌ Yes ┌ No |
| | If "Yes," describe these changes on S | chedule O | | | |
| 4 | Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven | ns and 4947(a)(1) t | trusts are required to i | report the amount of grants a | |
| 4a | (Code) (Expenses \$ Day School - 540 students attend Calvert Sc | | including grants of \$ and There are 10 grades fr | 971,495) (Revenue \$ om pre-kindergarten through eight | 10,064,314) h grade |
| | | | | | |
| 4b | (Code) (Expenses \$ CES - Private Pay Families - make individua level placement testing, and receive a comp Counselor They have the option of enrolling receive informed grade assessment and coad | I decisions to pursue hom lete curriculum including in the Advisory Teaching | lesson manuals, which outl g Service, a testing and ass | line all daily work, and the live tead sessment service, which allows their | ching support of an Education |
| | | | | | |
| 4 c | (Code) (Expenses \$ CES - Group Partners - receive the same Ca controls the related per-student finances In supervision, communications, and academic participates as a member of the professional | lvert materials and service addition to the materials tracking. In addition, Cal | and services received by plus and services received by plus and services received by plus and services and services and services are services and services are services and services are services and services are services and services received by properties are services and services received by properties and services received by properties are services and services received by properties are services are services are services and services are services a | private pay families, Calvert provide al curriculum to meet local standard | es technology to support student |
| | | | | | |
| | (Code) (Expenses \$ | 1,244,589 | including grants of \$ |) (Revenue \$ | 189,912) |
| | | | | | |
| 4d | Other program services (Describe i (Expenses \$ | n Schedule O) including grants of | f ¢ |) (Revenue \$ | 1 |
| 4e | Total program service expenses \$ | 22,633,85 | <u> </u> | , Line 25, column (B). | , |
| | . Jear program service expenses \$ | 22,000,00 | cquai i aic 1/ | , , condition (D). | |

| Part IV | Chec | klist of | F Required | Schedules |
|---------|------|----------|------------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | N o |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νo |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | Yes | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 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 | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | 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 | | Νο |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | N o |
| 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 | | N o |
| 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, | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | Yes | |

Part VI

Part IV Checklist of Required Schedules (Continued)

| | | | res | NO |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Νo |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νo |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νo |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 37 | | Νo |

| 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 | | | |
| | 1a | 128 | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | 1 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reporta | | | |
| _ | gaming (gambling) winnings to prize winners? | <u>1c</u> | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | 299 | | |
| ь | If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | Yes | |
| h | return? | · · · | Yes | |
| 4a | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | | res | |
| 40 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | • | Yes | |
| b | If "Yes," enter the name of the foreign country ^{CJ} | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank an | ${d}$ | | |
| | Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | n ² 5b | | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Profit Tax Shelter Transaction? | ibited 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible? | or gifts | | |
| 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 | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec | quired to | | |
| | file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso | nal 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| _ | required? | <u>7h</u> | | |
| 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 excess business holdings at any time during the | on, have | | |
| 9 | year? | | | |
| | | 9a | | |
| _ | Did the organization make any taxable distributions under section 4966? | 9a 9b | | |
| ь 10 | Section 501(c)(7) organizations. Enter | 90 | | |
| | 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 | | | |
| | 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 | | | |

Section A. Governing Body and Management

10

11

Yes

Νo

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

| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance | ces, |
|---|---|------|
| | processes, or changes in Schedule O. See instructions. | |
| 1 | Enter the number of voting members of the governing body | 1 / |

must describe in Schedule O the process, if any, the organization uses to review the Form 990 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

| | processes, or changes in Schedule O. See instructions. | | | | | | | |
|----|---|--------|------------|------------|-----|----|-----|----|
| 1a | Enter the number of voting members of the governing body | 1a | | | 18 | | | |
| Ь | Enter the number of voting members that are independent | 1b | | | 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee? | | | • | | 2 | | Νo |
| 3 | Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com | • | | | | 3 | | Νo |
| 4 | Did the organization make any significant changes to its organizational documents sinfiled? $$. | nce t | he prior F | orm 990 v | was | 4 | | Νo |
| 5 | Did the organization become aware during the year of a material diversion of the organ | nızatı | ion's asse | ts? | | 5 | | No |
| 6 | Does the organization have members or stockholders? | | | | | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect orgoverning body? | | | | the | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholder | rs, oı | r other pe | sons? . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written action year by the following | ns ur | ndertaken | during the | е | | | |
| а | the governing body? | | | | | 8a | Yes | |
| b | each committee with authority to act on behalf of the governing body? | | | | | 8b | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | | | 9a | | Νo |
| b | If "Yes," does the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with those of the org | | | • | • | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing hody before it was | ac fil | ad2 All or | nanizatioi | 16 | | | |

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
- 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
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JOSEPH P MCGRAW 105 TUSCANY ROAD BALTIMORE, MD 21210 (410) 243-6054

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

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

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

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

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

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

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

Part VII Continued

| | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (E) | (F) |
|------------------------------|--|-------------------------------------|-----------------------|---------|--------------|------------------------------|----------|---|--|--|
| (A) Name and Title | | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Total | | <u> </u> | <u> </u> | Ш. | | <u> </u> | | 2,047,021 | | 260,482 |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation | |
|---|--|----------------------------|--|
| CHARTWELLS COMPASS GROUP USA PO BOX 91337 CHICAGO, IL 60693 | FOOD SERVICES | 573,502 | |
| WORDS & NUMBERS 2050 ROCKROSE AVENUE BALTIMORE, MD 21211 | CREATION OF CONTEXTUALIZED LEARNING CONT | 173,870 | |
| JEMICY SCHOOL 11 celadon road OWINGS MILLS, MD 21117 | EDUCATION SERVICES | 112,292 | |
| | | | |
| 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization | | | |

Statement of Revenue

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--|--------|---|---|----------------|----------------------|--|--|--|
| | 1a | Federated car | mpaigns 1a | | | Revende | | 312, 313, 01 314 |
| ## ## | ь | Membership d | lues | | | | | |
| 亞吉 | | · | 1b | | | | | |
| S, Ç | С | Fundraising e | vents 1c | 11,250 | | | | |
| #Eg te | d | Related organ | izations 1d | | | | | |
| E 2 | e | Government gran | nts (contributions) 1e | | | | | |
| ntior er s | f | | tions, gifts, grants, and not included above | 1,066,535 | İ | | | |
| Contributions, gifts, grants and other similar amounts | g | Noncash cont | 1f ributions included in | | | | | |
| S ၕ | _ | lines 1a-1f \$ | | | 1 077 705 | | | |
| | h | Total (Add lin | es 1a-1f) | | 1,077,785 | | | |
| a) | | | | Business Code | | | | |
| Ę | 2a | SCHOOL TUITION | l . | 511,190 | 23,538,554 | 23,270,184 | 268,370 | |
| e Ke | ь | misc income & fe | ees | 900,099 | 213,504 | 213,504 | | |
| ο E | С | AFTER SCHOOL O | CARE | 611,710 | 170,969 | 170,969 | | |
| 2 | d | SUMMER CAMPS | | 611,710 | 55,420 | 55,420 | | |
| æ | e | SCHOOL CLUBS | | 611,710 | 29,525 | 29,525 | | |
| Ē | f | All other prog | ram service revenue | | 9,204 | 9,204 | | |
| Program Service Revenue | g | | es 2a-2f | | | | | |
| | 3 | ► \$ 24,017,17 | 76 ncome (including divid | dends interest | | | | |
| | | | amounts) | | 819,402 | | | 819,402 |
| | | | | ▶ | · | | | , |
| | 4 | Income from inve | estment of tax-exempt bo | ond proceeds | | | | |
| | 5 | Royalties . | | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | 5,855 | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income | 5,855 | | | | | |
| | d | or (loss) Net rental inc | ome or (loss) | | 5,855 | | | 5,855 |
| | | | | ▶ | | | | |
| | 7a | Gross amount | (1) Securities 32,995,524 | (II) O ther | | | | |
| | | from sales of assets other than inventory | | | | | | |
| | b | Less cost or other basis and | 34,794,058 | | | | | |
| | c | sales expenses Gain or (loss) | -1,798,534 | | | | | |
| | d | Net gain or (lo | uss) | | -1,798,534 | | | -1,798,534 |
| | _ | | | . ▶ | | | | |
| άs | 8a | events (not ın | from fundraising cluding 12,111 | | | | | |
| Other Revenue | | of contribution | ns reported on line | | | | | |
| ⊕ | | 1c) See Part Attach Schedui | IV , line 18 <i>le G if total exceeds</i> | | | | | |
| čč | | | a | 11,250 | | | | |
| je. | ь | Less directe | xpensesb | 20,270 | | | | |
| ₹ | С | Net income or | r (loss) from fundraisi | ng events | -8,159 | | | -8,159 |
| | 9a | Gross income | from gaming | | | | | |
| | | activities See | e part IV , line 19 | | | | | |
| | | Complete Sche exceeds \$15,00 | | | | | | |
| | | | а | 9,860 | | | | |
| | ь | Less directe | xpensesb | 5,000 | | | | |
| | С | Net income or | r (loss) from gamıng a | | 4,860 | | | 4,860 |
| | 10a | Gross sales o | finventory, less | ▶ | | | | |
| | | | a | | | | | |
| | ь | Less cost of | goods sold b | | | | | |
| | c | Net income or | r (loss) from sales of | inventory | | | | |
| | | Mıscellaneou | us Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | с | | | | | | | |
| | | All other reve | nue | | | | | |
| | d e | | nue es 11a-11d . . . | | | | | |
| | 12 | | e. Add lines 1h, 2g, 3 | | 24,118,385 | 23,748,806 | 268,370 | -976,576 |
| | | 8c, | 11e | | | | · | |

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re | | | | |
|------|--|-----------------------|---|-------------------------------------|-----------------------------------|
| Do 1 | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | · | | <u> </u> |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 1,125,191 | 1,125,191 | | |
| 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 | 1,698,305 | 1,128,397 | 526,475 | 43,433 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 9,425,948 | 6,262,845 | | 241,060 |
| 8 | Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions) | 277,511 | 184,386 | 86,028 | 7,097 |
| 9 | Other employee benefits | 2,705,690 | 1,797,731 | 838,764 | 69,195 |
| 10 | Payroll taxes | 750,904 | 498,920 | 232,780 | 19,204 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 34,123 | 359 | 33,764 | |
| c | Accounting | 31,555 | | 31,555 | |
| d | Lobbying | | | | |
| е | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 56,442 | | 56,442 | |
| g | Other | 537,655 | 465,632 | 72,023 | |
| 12 | Advertising and promotion | 326,459 | 304,718 | 21,446 | 295 |
| 13 | Office expenses | 1,196,405 | 946,698 | 217,678 | 32,029 |
| 14 | Information technology | 1,672,646 | 1,493,660 | 164,619 | 14,367 |
| 15 | Royalties | 105,772 | 105,772 | | |
| 16 | Occupancy | 1,606,677 | 1,606,677 | | |
| 17 | Travel | 68,687 | 66,370 | 2,317 | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | 48,577 | 25,514 | 23,063 | |
| 20 | Interest | 406,571 | | 406,571 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,454,061 | 1,454,061 | | |
| 23 | Insurance | 183,177 | 84,184 | 98,993 | |
| 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 | HOME SCHOOL-PRIVATE PAY | 4,387,095 | 4,387,095 | | |
| ь | NEW INITIATIVES | 336,213 | 336,213 | | |
| c | MISCELLANEOUS | 178,969 | 68,451 | 105,918 | 4,600 |
| d | STUDENT SERVICES | 169,367 | 169,367 | | |
| e | PROFESSIONAL DEVELOPMEN | 134,407 | 27,215 | 107,192 | |
| f | All other expenses | 348,434 | 94,401 | 217,663 | 36,370 |
| 25 | Total functional expenses. Add lines 1 through 24f | 29,266,841 | 22,633,857 | 6,165,334 | 467,650 |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance | Sheet |
|--------|---------|-------|

| Cash-mon-interast-bearing 1 2,056 Savings and temporary cash investments 6,075,000 2 4,786,004 A Accounts receivable, net 315,007 3 168,004 A Accounts receivable, net 345,533 4 447,787 Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule 5 288,593 4 447,787 Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L 440,593 7 202,000 Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L 440,593 7 202,000 Receivables from current shall be presented and the section 49,58 (1) and persons described in section 49,58 (1) 3(8) Complete Part II of Schedule L 440,593 7 202,000 Preparal expenses and deferred charges 317,736 9 440,919 Preparal expenses and deferred charges 317,736 9 440,919 Land, buildings, and equipment Cost basis 10a 40,463,469 10b 0,504,880 31,322,677 10c 30,886,891 10b | | | | (A) Beginning of year | | (B) End of year |
|---|----------|-------|--|---------------------------------------|-----|---------------------------------------|
| 2 Savings and temporary cash investments 3 Pladges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees or other related partities Complete Part II of Schedule 1 7 Notes and loans receivable, net 8 Inventorers for all of Schedule 1 8 Inventorers for all of Schedule 2 9 Prepaid expenses and deferred charges 100 | | 1 | Cash—non-interest-bearing | Beginning of year | 1 | 2,050 |
| Pledges and grants receivable, net | | | - | 8,075,106 | 2 | 4,769,024 |
| 4 Accounts receivable, net . 345,535 4 447,795 8 Receivables from current and former officers, directors, trustees, key employees or other nelated partner. Complete Part II of Schedule 1. 5 208,596 8 Receivables from other disqualified persons (six defined under section 4958 (f)(11)) and persons described in section 4958 (f)(11)) and persons described in section 4958 (f)(11) and persons described in section 4958 (f) | | | | | | 188,408 |
| 5 Receivables from current and former officers, directors, trustees, key employees or other related parties. Complete Part II of Schedule 1. 6 Receivables from outher disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (f)(13) (B) (Complete Part II of Schedule 1. 7 Notes and loans receivable, net 402.500 7 202.000 8 Inventories for sale or use 4.372.508 8 5.417.111 9 Prepaid expenses and deferred charges 317.739 440.911 10a | | | | · · · · · · · · · · · · · · · · · · · | | 447,793 |
| Procession Process | | _ | Receivables from current and former officers, directors, trustees, key employees or | , | 5 | 288,590 |
| 7 Notes and loans receivable, net 492,590 7 502,000 | | 6 | Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and | | 6 | · · · · · · · · · · · · · · · · · · · |
| Solution State Solution Solution State Solution Solution State Solution State Solution State Solution Solution Solution State Solution Solution Solution State Solution Solution State Solution Solution Solution Solution State Solution Solution | | 7 | | 492.590 | | 202,000 |
| 100 | | | | · · · · · · · · · · · · · · · · · · · | _ | 5,417,115 |
| b Less accumulated depreciation Complete Part VI of Schedule D . 11 Investments—publicly traded securities | so. | | | | | 440,915 |
| b Less accumulated depreciation Complete Part VI of Schedule D . 11 Investments—publicly traded securities | et | _ | Trepara expenses and deterred enarges | 511,100 | | 1.13,5.15 |
| Schedule D 10b 9,604,800 31,302,877 10c 30,885,811 1 1 1 1 1 1 1 1 1 | Ass | 100 | Land, buildings, and equipment cost basis 10a 40,463,499 | | | |
| 12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D 13 13 14 13 13 14 15 14 15 14 15 15 15 | | b | | 31,382,877 | 10c | 30,858,619 |
| 13 1. 1. 1. 1. 1. 1. 1. | | 11 | Investments—publicly traded securities | 42,571,952 | 11 | 31,238,680 |
| 13 14 | | 12 | | 2,108,769 | 12 | 3,038,886 |
| 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D | | 13 | | | 13 | |
| 15 15 | | 14 | Intangible assets | | 14 | |
| 17 Accounts payable and accrued expenses 5,707,226 17 6,630,081 18 | | 15 | | 2,006,725 | 15 | 1,873,622 |
| 18 Grants payable 18 18 19 Deferred revenue | | 16 | | 92,189,284 | 16 | 78,765,702 |
| 19 Deferred revenue | | 17 | Accounts payable and accrued expenses . | 5,707,226 | 17 | 6,630,088 |
| Tax-exempt bond liabilities | | 18 | Grants payable | | 18 | |
| Escrow account liability Complete Part IV of Schedule D 21 | | 19 | Deferred revenue | 2,298,379 | 19 | 1,947,413 |
| 23 Secured mortgages and notes payable to unrelated third parties | | 20 | Tax-exempt bond liabilities | 12,000,000 | 20 | 12,000,000 |
| 23 Secured mortgages and notes payable to unrelated third parties | <u>í</u> | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | |
| 23 Secured mortgages and notes payable to unrelated third parties | ıbilit | 22 | · · · · · · · · · · · · · · · · · · · | | | |
| 24 Unsecured notes and loans payable | ä | | persons Complete Part II of Schedule L | | 22 | |
| 25 Other liabilities Complete Part X of Schedule D | | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 26 Total liabilities. Add lines 17 through 25 | | 24 | Unsecured notes and loans payable | | 24 | |
| Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | Total liabilities. Add lines 17 through 25 | 20,005,605 | 26 | 20,577,501 |
| Permanently restricted net assets | Ses | | • | | | |
| Permanently restricted net assets | an | 27 | | 67,422,747 | 27 | 53,243,239 |
| Permanently restricted net assets | ල සු | 28 | Temporarily restricted net assets | 589,895 | 28 | 1,150,062 |
| Second | 둳 | 29 | Permanently restricted net assets | 4,171,037 | 29 | 3,794,900 |
| 30 Capital stock or trust principal, or current funds | r Fur | | · | | | |
| 33 Total net assets or fund balances | 9 | 30 | | | 30 | |
| 33 Total net assets or fund balances | Şet | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| 34 Total liabilities and net assets/fund balances | AS | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 34 Total liabilities and net assets/fund balances | <u>ಹ</u> | 33 | Total net assets or fund balances | 72,183,679 | 33 | 58,188,201 |
| | _ | 34 | Total liabilities and net assets/fund balances | 92,189,284 | 34 | 78,765,702 |
| Part XI Financial Statements and Reporting | Pa | rt XI | Financial Statements and Reporting | | | |

| Pariti | Financial | Statements | and Reporting |
|--------|-----------|------------|---------------|

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137013220

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| CALVEI | RT SCF | HOOL INC | | | | | | | 050151 | ^ | | |
|--------|--------------|---|------------------------------------|---|---------------|-----------------------|------------------|------------------------|----------------------|------------------------|-------------|----------|
| Dai | rt I | Peacon | for Public C | harity Status (to be co | mnlatad | hy all or | aanizatio | | -059151 Instruct | | | |
| | | | | ation because it is (Please | • | - | | | mstruct | .10113) | | |
| 1 | | | | nurches, or association of ch | | | | | (A)(i). | | | |
| 2 | <u>,</u> | • | | tion 170(b)(1)(A)(ii). (Attac | | | | -, -(-,(-, | ,(.,. | | | |
| 3 | Ė | | | e hospital service organizati | | | tion 170(l | b)(1)(A)(i | i ii). (Attac | h Schedu | le H) | |
| 4 | Ė | - | · | zation operated in conjuncti | | | - | | - ' | | | |
| | • | | name, city, and | • | | | | | (/(/ | . , , | | |
| 5 | Г | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | • | _ | • | (Complete Part II) | | • | | , 3 | | | | |
| 6 | Г | | | overnment or governmental | unıt descr | ribed in Se | ction 170 | (b)(1)(A) | (v). | | | |
| 7 | | • | - | ally receives a substantial p | | | | | | n the gene | eral public | 2 |
| | • | = | |)(1)(A)(vi) (Complete Par | | • • | J | | | • | • | |
| 8 | Г | | - | ped in Section 170(b)(1)(A) | • | nplete Par | tII) | | | | | |
| 9 | Γ | An organiza | ation that norma | ally receives (1) more than | 331/3% 0 | fits supp | ort from c | ontributior | ns, membe | ership fees | s, and gro | SS |
| | | receipts fro | m activities rel | ated 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 | less sectio | on 511 ta: | x) from bu | sinesses | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 609(a)(2). | (Complet | e Part III |) | | | |
| 10 | \sqcap | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509 | (a)(4). (S | ee instruc | tions) | |
| 11 | Γ | An organiza | atıon organızed | and operated exclusively fo | r the bene | fit of, to p | erform the | functions | of, or to | carry out t | he purpo: | ses of |
| | | | | orted organizations describe | | | | | | Section 5 | 09(a)(3) | .Check |
| | | | it describes the ype I b | type of supporting organiza | | - Function | | | h d | □ Type | iIII - Otl | har |
| e | \vdash | • | • • | rtify that the organization is | | | | | | ' '' | | |
| • | ' | • | | agers and other than one or | | | • | | | • | • | |
| | | section 50 | | | • | , , , , | | | | | | , |
| f | | | | d a written determination fro | m the IRS | 5 that it is | a Type I, | Type II o | r Type III | supporti | ng organiz | zation, |
| а | | check this | | as the organization accepted | d any dift | or contrib | ution from | any of the | , | | | ļ |
| g | | following pe | | as the organization accepted | a any gnt | or contrib | | any or the | - | | | |
| | | (i) a perso | n who directly o | r indirectly controls, either a | alone or to | gether wi | th persons | describe | d ın (ıı) | | Yes | No |
| | | and (III) be | low, the governi | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | |
| | | (ii) a family | / member of a p | erson described in (i) above | ? | | | | | 11g(| (ii) | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| i) or (ii) al | bove? | | | | 11g(| iii) | |
| h | | Provide the | following inform | nation about the organizatio | ns the org | ganızatıon | supports | | | | | |
| | | | · | | T | | 1 | | 1 | | 1 | |
| | | ame of | (ii) EIN | (iii) Type of organization | | sthe | | ou notify | | [s the | 1 | nount of |
| | | oorted | | (described on lines 1-9 above or IRC section | _ | ation in Iisted in | | nızatıon i) of your | | zation in organized | supp | ort |
| • | Organization | | | (See Instructions)) | | verning | | ort? | | US? | | |
| | | | | | | ment? | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total

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

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|---------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on | | | | | | | |
| _ | its behalf The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | | | |
| | 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 | | T | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2 | 2008 | (f) Total |
| | 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 | | | | | | | |
| | Other income Do not include gain or loss | | | | | | | |
| | 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 | first second this | d fourth or fifth | ntay vearas a F | | | |
| | organization, check this box and stop here | | mst, second, tim | u, rouren, or mer | rtax year as a s | 01(0)(2 | , | ▶ □ |
| | | | | | | | | • • |
| Cc | 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. | | his box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ ┌ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | | | | | | . — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | · | | | | | _ |
| | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 160, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F |

| Pa | Support Schedule for On (Complete only if you ched | | | |)(2) | | |
|------|---|-------------------|-------------------|---------------------|------------------|-----------------|------------------|
| | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| 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) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| 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 stop here | | | | | | ▶□ |
| | | | | | | | |
| | mputation of Public Support Perc | | | | | | |
| 15 | Public Support Percentage for 2008 (line | • • | • | olumn (f)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A, Part IV - | A, line 27g | | | 16 | |
| | | | | | | | |
| | mputation of Investment Income | | | 40 1 1 | | | |
| 17 | Investment Income Percentage for 2008 (| | | - |)) | 17 | |
| 18 | Investment Income Percentage from 2007 | Schedule A . Pa | rt IV-A, line 27 | h | | 18 | |

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 52-0591510

Name: CALVERT SCHOOL INC

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aaa | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | | Posit t | (C lon (d hat a | chec | | I | | | (E) | (F) |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| TIMOTHY L KRONGARD , CHAIRMAN | 2 00 | Х | | Х | | | | 0 | 0 | 0 |
| ROBERT G BLUE , TREASURER | 2 00 | Х | | Χ | | | | 0 | 0 | 0 |
| CARVILLE B COLLINS , vice CHAIR & SECRETARY | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| RONAE M BROCK, TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES G EBELING , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| F WHITINGTON FOSTER , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| EDWARD G HART III , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID ALLAN , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| PRISCILLA HOBLITZELL, TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| KATHERINE C LIOTTA , TRUSTEE | 2 00 | Х | | | | | | 5,676 | 0 | 0 |
| JANET E MCHUGH , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| FRED CROZIER , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES B STRADTNER , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| STUART M SUTLEY , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JOSEPH HABERMAN , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| WILLIAM S HARRISON , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| GINA ADAMS , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| MARK A DEWIRE , TRUSTEE | 2 00 | Х | | | | | | 0 | 0 | 0 |
| ANDREW D MARTIRE , HEAD MASTER/DAY SCHOOL | 40 00 | | | х | | | | 238,053 | 0 | 58,283 |
| JO SEPH P MCGRAW , CFO /DAY SCHOOL | 40 00 | | | х | | | | 143,806 | 0 | 42,505 |
| JEAN C HALLE , PRESIDENT/CES | 40 00 | | | Х | | | | 771,702 | 0 | 40,184 |
| RICHARD L GOLDSTEIN , CFO/CES | 40 00 | | | Х | | | | 139,525 | 0 | 20,384 |
| STEVEN BROWN , V P OF TECH & OPS /CES | 40 00 | | | | х | | | 205,953 | 0 | 32,233 |
| R BRADY LOCHER JR , DIR PARTNERSHIP DEV/CES | 40 00 | | | | | Х | | 191,198 | 0 | 34,393 |
| MICHAEL CM WILMETH , DIR MARKETING/CES | 40 00 | | | | | Х | | 143,806 | 0 | 22,396 |
| GLORIA D JULIUS , CHIEF LEARNING OFF /CES | 40 00 | | | | | х | | 207,302 | 0 | 10,104 |

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

| <u>-</u> | | | | | |
|-----------------------------|---------------|----------------------|--|---|--|
| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
| a SCHOOLTUITION | 511,190 | 23,538,554 | 23,270,184 | 268,370 | |
| b misc income & fees | 900,099 | 213,504 | 213,504 | | |
| c AFTER SCHOOL CARE | 611,710 | 170,969 | 170,969 | | |
| d SUMMER CAMPS | 611,710 | 55,420 | 55,420 | | |
| e SCHOOL CLUBS | 611,710 | 29,525 | 29,525 | | |

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

Calvert School is dedicated to educating boys and girls through its time-tested method of teaching and its rigorous curriculum. Particular emphasis is given to mastering essential skills, inspiring a lifelong love of learning, and instilling enthusiasm, responsibility, and self-discipline. Calvert seeks to develop students of high academic achievement, intellectual curiosity, and strong moral character within a supportive and diverse community.

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

Calvert School is dedicated to educating boys and girls through its time-tested method of teaching and its rigorous curriculum. Particular emphasis is given to mastering essential skills, inspiring a lifelong love of learning, and instilling enthusiam, responsibility, and self-discipline. Calvert seeks to develop students of high academic achievement, intellectual curiosity, and strong moral character within a supportive and diverse community.

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

| me of the organization VERT SCHOOL INC | Employer identification number |
|---|---|
| | 52-0591510 |
| organizations Maintaining Donor Advised Funds or Other Similar organization answered "Yes" to Form 990, Part IV, line 6. | r Funds or Accounts. Complete if the |
| (a) Donor advised funds | (b) Funds and other accounts |
| Total number at end of year | |
| Aggregate Contributions to (during year) | |
| 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 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 fu used only for charitable purposes and not for the benefit of the donor or donor advisor or ot | inds may be ther |
| impermissible private benefit? | Yes No |
| Tt II Conservation Easements. Complete if the organization answered "Yes | s" to Form 990, Part IV, line 7. |
| | of an historically importantly land area of certified historic structure |
| Complete lines 2a-2d if the organization held a qualified conservation contribution in the fon the last day of the tax year | form of a conservation easement |
| | Held at the End of the Yea |
| Total number of conservation easements | 2a |
| Total acreage restricted by conservation easements | 2b 1 0 |
| Number of conservation easements on a certified historic structure included in (a) | 2c |
| · <i>,</i> | 2d |
| Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terming the taxable year | |
| · | |
| Number of states where property subject to conservation easement is located 🕨 1 | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, venforcement of the conservation easements it holds? | violations, and Yes V No |
| Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during | the year ► 500 |
| A mount of expenses incurred in monitoring, inspecting, and enforcing easements during th | ne year ► \$ |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | section |
| In Part XIV, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finanthe organization's accounting for conservation easements | · , |
| 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 state art, historical treasures, or other similar assets held for public exhibition, education or resprovide, in Part XIV, the text of the footnote to its financial statements that describes these | earch in furtherance of public service, |
| If the organization elected, as permitted under SFAS 116, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research 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 asset following amounts required to be reported under SFAS 116 relating to these items | ts for financial gain, provide the |
| Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| Assets included in Form 990, Part X | ► \$ |

Cat No 52283D

| Part | *** | Organizations Maintaining Co | llections of Art, | His [.] | <u>tori</u> | <u>cal Treas</u> | ures, or Othe | er Similar | Asse | ts (co | ntınued) |
|--------------|--------------|--|-------------------------------|------------------|----------------|-------------------------------|-----------------------------------|----------------|------------------|-----------------|-----------|
| 3 | | g the organization's accession and other s (check all that apply) | r records, check any | of th | e foll | owing that a | re a sıgnıfıcant | use of its co | llection | 1 | |
| а | Γ | Public exhibition | | d | \sqcap | Loan or exc | change program | 5 | | | |
| b | Γ : | Scholarly research | | e | Γ | Other | | | | | |
| c | Γ | Preservation for future generations | | | | | | | | | |
| 4 | Prov Part | ide a description of the organization's co XIV | ollections and explair | how | v the y | further the | organization's e | xempt purp | ose in | | |
| 5 | | ng the year, did the organization solicit c its to be sold to raise funds rather than t | | | | | | mılar | Г | Yes | ┌ No |
| Par | t IV | Trust, Escrow and Custodial A Part IV, line 9, or reported an an | | | | | anızatıon ansv | vered "Yes | " to Fo | orm 99 | 90, |
| 1a | | e organization an agent, trustee, custod ided on Form 990, Part X? | ıan or other ıntermed | ıary | for c | ontributions | or other assets | not | Г | Yes | ┌ No |
| b | If"Y | es," explain why in Part XIV and comple | te the following table | | | | | | | | |
| | | | | | | | | | A mou | nt | |
| c | Begi | inning balance | | | | | 1 c | | | | |
| d | Addı | itions during the year | | | | | 1d | | | | |
| e | Dist | ributions during the year | | | | | 1e | | | | |
| f | Endı | ing balance | | | | | 1f | | | | |
| 2a | Dıd t | he organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | Γ | Yes | ┌ No |
| b | If "Y | es," explain the arrangement in Part XIV | | | | | | | | | |
| Pai | rt V | Endowment Funds. Complete | | | | | | | | | |
| 1_ | Page | nning of year balance | (a)Current Year 43,242,907 | (b |) Prior | Year (c) | Two Years Back (d |)Three Years E | 3ack (e | Four Ye | ars Back |
| 1a L | | nning of year balance | 478,323 | | | | | | | | |
| b c | | estment earnings or losses | -8,161,657 | | | | | | | | |
| d | | nts or scholarships | 9,101,007 | | | | | | | | |
| e | | er expenditures for facilities | 1,847,630 | | | | | | | | |
| - | | programs | | | | | | | | | |
| f | Adm | ninistrative expenses | | | | | | | | | |
| g | End | of year balance | 33,711,943 | | | | | | | | |
| 2 | Prov | ıde the estımated percentage of the yea | r end balance held as | | | | | | | | |
| а | Boar | d designated or quasi-endowment 🕨 | 86 990 % | | | | | | | | |
| b | Perm | nanent endowment 🕨 🛮 11 260 % | | | | | | | | | |
| c | Term | n endowment 🕨 1 750 % | | | | | | | | | |
| 3a | | there endowment funds not in the posses | ssion of the organizat | ion t | hat a | re held and | admınıstered fo | r the | | | |
| | | nization by nrelated organizations | | | | | | | 3a(i) | Yes | No No |
| | | related organizations | | | | | | | 3a(ii) | | No |
| b | ` ' | es" to 3a(II), are the related organization | | | ched | ule R? . | | | 3b | | |
| 4 | Desc | cribe in Part XIV the intended uses of th | e organization's endo | wme | nt fu | nds | | | | | |
| Par | t VI | Investments—Land, Buildings | s, and Equipmen | t. S | ee F | orm 990, F | Part X, line 10. | | | | |
| | | Description of investment | | | | Cost or other (investment) | (b)Cost or other basis (other) | (c) Depreci | ation | (d) Boo | ok value |
| 1 a l | and | | | | | | 11,391,766 | <u>.</u> | | 1: | 1,391,766 |
| b E | Buildir | ngs | | | | | 22,530,577 | 5,19 | 91,255 | 17 | 7,339,322 |
| c l | ease | hold improvements | | | | | | | | | |
| d E | quipr | ment | | | | | 6,541,156 | 4,41 | 13,625 | | 2,127,531 |
| e (| Other | | | | | | | | | | |

| Part VII | Investments-Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---------------|---|--------------------------|----|--------------------------------------|
| | (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation ·year market value |
| Financial d | erivatives and other financial products | | | |
| | eld equity interests | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colu | mn (b) should equal Form 990, Part X, col (B) line 12) 🕨 | | | |
| Dowt VIII | Investments Duesus Polated Co | a Farm 000 Dart V June | 12 | |
| Part VIII | Investments—Program Related. Se | | | d of valuation |
| | (a) Description of investment type | (b) Book value | | year market value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Colu | mn (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | | ne 15 | | |
| Turezx | (a) Descri | | | (b) Book value |
| | . , | | | • • |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Col) | ımn (b) should equal Form 990, Part X, col.(B) line : | 15) | | |
| | Other Liabilities. See Form 990, Part X | | | |
| | (a) Description of Liability | (b) A mount | | |
| Federal Inc | come Taxes | | 1 | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| | | | † | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| Total (C-1 | mp (h) should aqual E 000. B+ V (0) I 05. | | - | |
| iotal. (Colui | mn (b) should equal Form 990, Part X, col (B) line 25) | | J | |

| 2 | Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 24,118,38! |
|--------|---|---------|-------------|
| | | 2 | |
| 3 | | | 29,266,84: |
| | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -5,148,450 |
| 4 | Net unrealized gains (losses) on investments | 4 | -7,544,228 |
| 5 | Donated services and use of facilities | 5 | |
| _ | Investment expenses | 6 | |
| _ | Prior period adjustments | 7 | |
| _ | Other (Describe in Part XIV) | 8 | -1,302,79 |
| | Total adjustments (net) Add lines 4 - 8 | 9 | -8,847,02 |
| | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -13,995,478 |
| Part | | | |
| 1 | Total revenue, gains, and other support per audited financial | | 15,412,794 |
| | statements | 1 | |
| 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) | | |
| e | Add lines 2a through 2d | 2e | -7,523,95 |
| 3 | Subtract line 2e from line 1 | 3 | 22,936,75 |
| 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 56,442 | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | 1,181,63 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 24,118,38! |
| Part 2 | | per Ret | |
| 1 | Total expenses and losses per audited financial statements | 1 | 28,105,47 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 20,270 |
| 3 | Subtract line 2e from line 1 | 3 | 28,085,208 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 56,442 | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 1,181,63 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 29,266,84 |

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

| Ident if ier | Return Reference | Explanation |
|---|---|---|
| Part II, Line 9 | Description of How Organization Reports Conservation Easements | assets are recorded at cost AND INCLUDED IN THE VALUE OF LAND ON THE SCHOOL'S BALANCE SHEET THERE ARE no revenues or expenses related to the easement |
| Part V , Line 4 | Description of Intended Use of Endowment Funds | to support specific purposes identified by donors and the overall operation of the school |
| Part XI, Line 8 - Other Adjustments | | PENSION RELATED CHANGES -1302794 |
| Part XII, Line 2d - Other Adjustments | | fundraising expense netted on the financial statement 20270 |
| Part XII, Line 4b - Other Adjustments | | FINANCIAL AID EXPENSES NETTED WITH TUITION ON FINANCIAL STATEMENTS 1125191 |
| Part XIII, Line 2d - Other Adjustments | | fundraising expense netted on the financial statement 20270 |
| Part XIII, Line 4b - Other Adjustments | | FINANCIAL AID EXPENSES NETTED WITH TUITION ON FINANCIAL STATEMENTS 1125191 |

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

2008

Open to Public Inspection

| | RT SCHOOL INC | Employer racinemical | On nan | ibci | |
|---|--|----------------------------------|----------|------|----|
| | | 52-0591510 | | | |
| | | | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body? | ts charter, bylaws, | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adaptograms, and scholarships? | | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain NONDISCRIMINATORY POLICY IS PUBLISHED IN SCHOOL BROCHURES, APPLICATIONS AND IN THE LOCAL TRADE NEWSPAPERS AND PERIODICALS | gram, in a way cribe If "No," | 3 | Yes | |
| 4 | Does the organization maintain the following? | | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially basis? | nondiscriminatory | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the pu | blic 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 sepa | | <u>-</u> | | |
| | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | | 5a | | Νo |
| b | Admissions policies? | | 5b | | Νo |
| С | Employment of faculty or administrative staff? | | 5c | | Νo |
| d | Scholarships or other financial assistance? | | 5d | | Νo |
| е | Educational policies? | | 5e | | Νo |
| | 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 sep | arate statement) | 5h | | Νο |
| | Does the organization receive any financial aid or assistance from a governmental agency? | | 6a | | Νo |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement | | 6b | | Νo |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4 | 01 through 4 05 | | | |
| | of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an exp | | 7 | Yes | |

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DLN: 93493137013220

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

| tornar riovolido corvico | | | | | | Inspection |
|---|------------------------|-------------|-----------------|-----------------------------------|---------------------------------------|----------------------|
| ame of the organization | | | | | Employer ider | tification number |
| ALVERT SCHOOL INC | | | | | F2 0F01F10 | |
| | | | | | 52-0591510 | |
| Part I Fundraising Act | tivities. Complet | e if the oi | <u>rganızat</u> | ion answered "Yes" f | to Form 990, Part IV | , line 17. |
| Indicate whether the organ | nızatıon raised funds | through ar | ny of the | following activities Che | eck all that apply | |
| a Mail solicitations | | | | e Solicitation of r | non-government grants | |
| b F Email solicitations | | | | f | jovernment grants | |
| c Phone solicitations | | | | g Special fundrais | sing events | |
| d In-person solicitations | 3 | | | | | |
| a Did the organization have | a written or oral agre | ement with | n any indi | ıvıdual (ıncludıng officeı | rs, directors, trustees | |
| or key employees listed in | | | | | | Г _{Yes} Г |
| b If "Yes," list the ten highes | st naid individuals or | entities (f | iındraisei | rs) nursuant to agreeme | ents under which the fur | ndraiser is |
| to be compensated at leas | • | • | | | | |
| | | (iii) | | | | |
| (2) No man of an decoders I | | fundrais | | (in) Company | (v) A mount paid to | (vi) A mount paid to |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | custo | • | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | (or retained by) |
| or cherry (ranaralour) | | contribu | | | col (i) | organization |
| | | Yes | No | | | |
| | | | | | | |
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| otal | | | • | | | |

| | | | (a) Event #1 | (b) Event #2 | (c) O ther Events | (d) To (A dd col | (a) th | |
|-----------------|-------|--|---------------------------------|---|--------------------------|-----------------------------|----------------|-------|
| | | | golf tournament (event type) | (event type) | (total number) | co | l (c)) | |
| ₽ | 1 | Gross receipts | 23,361 | | | | 2 | 3,361 |
| Revenue | 2 | Less Charitable | 11,250 | | | | 1 | 1,250 |
| | 3 | Gross revenue (line 1 minus line 2) | 12,111 | | | | 1. | 2,111 |
| | 4 | Cash Prizes | | | | | | |
| e S | 5 | Non-cash Prizes | 2,418 | | | | ; | 2,418 |
| Expenses | 6 | Rent/Facility costs | 17,124 | | | | 1 | 7,124 |
| 菡 | 7 | Other direct expenses | 728 | | | | | 728 |
| Direct | • | · | os 4 through 7 in column | (4) | | | 2 | 0,270 |
| Δ | 8 | Direct expense summary Add line Net income summary Combine lin | - | | | | - : | 8,159 |
| Par | t III | <u> </u> | ganızatıon answered ' | | art IV, line 19, or repo | orted mor | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Total col (a) th | | |
| <u>~</u> | 1 | Gross revenue | | | | | | |
| ses | 2 | Cash prizes | | | | | | |
| Çeu | 3 | Non-cash prizes | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| ă | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | ┌ Yes | | ┌ Yes | | | |
| | 7 | Direct expense summary Add lines | 2 through 5 in column (| d) | | | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | ımn (d) | 🛌 | | | |
| 9 a | | er the state(s) in which the organiza the organization licensed to operate: | | | | | Yes | No |
| b | | No," Explain | g g | | | • 9a | | |
| 10a b | | re any of the organization's gaming li Yes," Explain | censes revoked, suspen | ded or terminated durin | g the tax year? | 10a | | |
| 11 | | os the organization energic service - | estivities with non-a-t- | rc 2 | | | | İ |
| 11 12 | | es the organization operate gaming a the organization a grantor, beneficiar | | | | 11 | | |
| | | ned to administer charitable gaming | | | | . 12 | | 1 |

| | | | |
|-----|---|-----|-----------------|
| 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 > \$ and the amount of gaming revenue retained by the third party > \$ | | |
| 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: 93493137013220

Schedule I (Form 990)

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

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

| CALVERT SCHOOL INC | | | | | | 52-0591510 | |
|--|---|---|------------------------------|---|---|--|---------------------------------------|
| Part I General Information matter selection criteria use 2 Describe in Part IV the or | aintain records to s d to award the grar | nts or assistance? | t of the grants or assista | | ubility for the grants or as | ssistance, and | F Yes □ |
| Form 990, Part Part IV and Sch | IV, line 21 for ar edule I-1 if addi | ny recipient that rece tional space is | eived more than \$5,0 | 00. Check this box | tes. Complete if the oif no one recipient rec | eived more than \$5,0 | |
| 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 |
| | | | | | | | |
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| | | | | | | | |
| Enter total number of seconganizationsEnter total number of oth | | | | | • | | |
| For Paperwork Reduction Act Not | | | <u> </u> | Cat No 50055 | | | nedule I (Form 990) 2008 |

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

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-----------------------------|--------------------------------------|---|---------------------------------------|
| financial aid | 104 | 1,125,191 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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 | | Schedule I, Part I, Line 2 ALL GRANTS REDUCE THE TUITION BILL OF STUDENTS NO CASH IS GIVEN DIRECTLY TO STUDENTS |
| | | |
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DLN: 93493137013220

OMB No 1545-0047

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

Name of the organization CALVERT SCHOOL INC

Employer identification number 52-0591510

| Рa | 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 | 굣 | Housing allowance or residence for personal use | | | |
| | Travel for companions | | Payments for business use of personal residence | | | |
| | ▼ Tax idemnification and gross-up payments | <u>~</u> | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | <u>~</u> | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the | | У | | | |
| | Compensation committee | <u> </u> | Written employment contract | | | |
| | ✓ Independent compensation consultant | <u> </u> | 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 VII | I, Section A, line 1a | | | |
| а | Receive a severance payment or change of control ¡ | payment | t? | 4a | Yes | |
| b | Participate in, or receive payment from, a suppleme | ntal non | iqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-b | ased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide th | ne applicable amounts for each item in Part III | | | |
| | 501(c)(3) and 501(c)(4) organizations only must co | mplete | lines 5-8. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of | line 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | Yes | |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o | | | 7 | | Νo |
| 8 | Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III | | | 8 | | Νο |

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

| | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|-------------|---|--|---|---|---|--|---|--|
| | | (i) Base (ii) Bonus & incentive compensation | | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| (1) (11) | 194,597 | | 43,456 | 12,139 | 50,487 | 300,679 | | |
| (1) (11) | 143,806 | | | 9,971 | 34,962 | 188,739 | | |
| (1) (11) | 248,590 | 523,112 | | 24,040 | 19,436 | 815,178 | | |
| (ı) (ıı) | 115,510 | | 24,015 | 4,240 | 16,977 | 160,742 | | |
| (1) (11) | 172,308 | 33,645 | | 21,119 | 15,244 | 242,316 | | |
| (1) (11) | 162,541 | 28,657 | | 19,249 | 15,977 | 226,424 | | |
| (ı) (ıı) | 123,387 | 20,419 | | 7,252 | 15,902 | 166,960 | | |
| (1) (11) | 174,257 | 33,045 | | 10,104 | 608 | 218,014 | | |
| (i) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | (I) (I) (I) (II) (II) (II) (II) (II) (I | (i) Base compensation (i) 194,597 (ii) 143,806 (ii) 248,590 (ii) 115,510 (ii) 172,308 (ii) 162,541 (ii) 123,387 (ii) 174,257 (ii) (ii) (ii) (ii) (ii) (ii) (ii) | (i) Base compensation (i) 194,597 (ii) 143,806 (ii) 248,590 523,112 (i) 115,510 (ii) 172,308 33,645 (ii) 162,541 28,657 (ii) 123,387 20,419 (ii) 174,257 33,045 (ii) (ii) (ii) (iii) | (1) base compensation Incentive compensation (III) other compensation (1) 194,597 (III) 194,597 (III) 143,806 (III) 143 | (i) Base compensation (ii) Bonus & incentive compensation compensation (i) (ii) (iii) (iiii) (iiiiiiii | (i) Base compensation (ii) Bonus & meentive compensation (iii) Other compensation compensation benefits (i) 194,597 43,456 12,139 50,487 (i) 248,590 523,112 24,040 19,436 (ii) 115,510 24,015 4,240 16,977 (ii) 172,308 33,645 21,119 15,244 (ii) 162,541 28,657 19,249 15,977 (i) 123,387 20,419 7,252 15,902 (i) (ii) 174,257 33,045 10,104 608 (i) (ii) (iii) (iii) (iiii) (iii) (iii) (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) | (i) Base compensation (ii) Bonus & macentue compensation (iii) Other compensation (iii) Other compensation (iii) Other compensation (iii) |

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 Reference | Explanation |
|--------------|----------------------|--|
| | Part I, Line 1a | The head master receives these benefits. The tax indemnification and gross up payments are included in his taxable wages |
| | | RICHARD GOLDSTEIN \$24,015 He received a standard benefits package and 2 months of severance pay after his employment with Calvert School ended per the provisions of the agreement |
| | Part I, Line 5 | A long-term incentive plan is in place for the President of Calvert Education Services and is contingent upon overachieving target results over the life of the plan |
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Schedule J (Form 990) 2008

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As Filed Data -

DLN: 93493137013220

OMB No 1545-0047

Transactions with Interested Persons

Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

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

Open to Public Inspection

| CALVERT SCHOOL INC | | | | | | En | npioye | er ide | ntiricai | ion n | umber | |
|--|------------|------------------------------|-------|----------------------|---|---------------|--------|-----------------|--------------|-----------------|---------------|-----------------|
| | | | | | | | -059 | | | | | |
| Part I Excess Benefit Transact | | | | | | | | | | D = =+ | \/ l | 406 |
| To be completed by organization | | iswered re | s on | • | | | | orm 9 | 90-EZ | | c) Corr | |
| 1 (a) Name of disqualifie | d person | rson (b) Description of trar | | | on of transa | ction | | | <u>⊢</u> | Yes | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter the amount of tax imposed on section 4958 | the organi | zation mana | gers | or disqualified pers | ons d | luring the ye | ear un | ider • | \$ | | | |
| 3 Enter the amount of tax, if any, on li | ne 2. abov | e. reimburse | ed by | the organization . | | | | > | \$ | | | |
| Part II Loans to and/or From | | | | | | | | | | | | |
| To be completed by organiza | | | | on Form 990, Part | IV, lır | ne 26, or Fo | rm 99 | 90-EZ | Z, Part | V , lıne | 38a | |
| | (b) Loar | n to or | | | | | ,_, | . T | (f | | (>)4/ | |
| (a) Name of interested person and | from | | (c) | Original principal | (d)B | alance due | | In ult? | by bo | | 1 | rıtten ment? |
| purpose | organiza | ation? | _ | amount | (=,==================================== | | | | comm | | <u> </u> | |
| | То | From | + | | | | Yes | No | Yes | No | Yes | No |
| andrew d martire deferred compensation related | | × | | 318,840 | | 288,590 | | l _{No} | Yes | | Yes | |
| | | | | 020,010 | | | | | 1 | | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | > \$ | | 288,590 | | | | | | <u> </u> |
| Part III Grants or Assistance B | | | | | | 200,590 | | | | | | |
| To be completed by organ | | | | | 90, P | art IV, lin | e 27. | | | | | |
| (a) Name of interested person | (b) | | | ween interested pe | rson | (c)A mo | ount o | farar | nt or tv | ne of a | ssista | nc e |
| | | and | the o | organization | | (-) | | . . | , | | | |
| inancial aid inancial aid | | | | | | | | | | | | 7,000 8,500 |
| mancial aid | | | | | | | | | | | | 0,500 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part IV Business Transactions To be completed by organ | | | | | ۵n D | ert IV lin | o 28: | 28 | h or 1 | 986 | | |
| To be completed by organ | | Relationshi | | 163 0111011113 | 50, F | aitiv, iiii | C 200 | 1, 20 | D, OI 2 | | e) Sha | ring of |
| (a) Name of interested person | | een interest | | (c) A mount of | | (d) Descri | intion | oftra | neacti | ا | rganıza | ition's |
| (a) Name of interested person | | rson and the | € | transaction | | (d) Descri | ption | 01 114 | 1113 a C C I | ⊢ | reven | |
| | - | rganızatıon | | | \dashv | | | | | -+ | Yes | No |
| | | | | | \dashv | | | | | -+ | | |
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DLN: 93493137013220

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Non-Cash Contributions

Attach to Form 990

Inspection Employer identification number

| CALVI | ERT SCHOOL INC | | | | | | | |
|-------|---|----------------------------------|--------------------------------|--|--------------------------------------|--------|------|------|
| Da | Tunes of Droposty | | | | 52-0591510 | | | |
| Ра | rt I Types of Property | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of de reven | etermı | nıng | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | X | 7 | 83,407 | fair market value | | | |
| | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution (historic structures) | | | | | | | |
| 14 | Qualified conservation contribution (other) | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| | Drugs and medical supplies . | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| | Other (describe) | | | | | | | |
| | Other (describe) | | | | | | | |
| | Other (describe) | | | | | | | |
| | Other (describe) Number of Forms 8283 received | | | | | | | |
| 29 | which the organization complete Acknowledgement | d Form 828 | 33, Part IV, Donee | ar for contributions for | 29 | | | |
| 30a | During the year, did the organization | ation receiv | e by contribution any prope | erty reported in Part I, lines | 1-28 that it must | | Yes | No |
| | least three years from the date for the entire holding period? | | , | • | exempt purposes | 30a | | No |
| b | If "Yes", describe the arrangem | | | | | | | |
| 31 | Does the organization have a gi | | | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or us | e third part | ies or related organizations | to solicit, process, or sell | non-cash | 33- | | NI - |
| L | If "Yes", describe in Part II | - • | | · · · | | 32a | | N o |
| | If Yes , describe in Part II If the organization did not repor | t revenues i | ın Column (c) for a type of p | property for which Column (a | a) is | | | |

checked, describe in Part II

| Part II Supplemental Infor 32b, and 33. Also com | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. | | | | | | | |
|--|--|-------------|--|--|--|--|--|--|
| Identifier | ReturnReference | Explanation | | | | | | |
| 24611211161 | TO COLUMN OF THE | | | | | | | |
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OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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

Name of the organization CALVERT SCHOOL INC

Employer identification number

52-0591510

| ldentifier | Return Reference | Explanation |
|-------------------------------|-------------------------|---|
| Form 990, Part III, line 2 | New Program Services | Calvert Public Virtual - Calvert School w orks in partnership with local virtual public schools which are separate 501(C)(3) nonprofit corporations. Calvert provides all the materials, services, technology, professional development, and participates in the professional learning community in the same way as it does for Group partners. In addition, Calvert School offers management services to these schools, which are reported as unrelated business income. |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|------------------------------|---|
| Form 990, Part III, line 4d | Other Program Services | CES - Calvert Public Virtual - Calvert School works in partnership with local virtual public schools which are separate 501(C)(3) nonprofit corporations. Calvert provides all the materials, services, technology, professional development, and participates in the professional learning community in the same way as it does for Group partners. In addition, Calvert School offers management services to these schools, which are reported as unrelated business income. Though this program was started in 2008 it was not up and running until 2009, so there are only expenses associated with it at this time. Expenses \$ 331711 including grants of \$ 0. Revenue \$ 0. |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|------------------------------|--|
| Form 990, Part III, line 4d | Other Program Services | Verticy Learning is a specialized curriculum option for children with language based learning disabilities. It was developed through a joint learning initiative with Jemicy School, a not for profit with 38 years of experience in supporting this profile of student in a classroom environment. The program uses the distance learning competencies of Calvert School, the Calvert curriculum and services, and combines these with the specialized instruction competency of Jemicy. This program is used by our partner schools and our private pay families and enjoys the same services and some of the same materials. Expenses \$ 912878. including grants of \$ 0. Revenue \$ 189912. |

| ldentifier | Return Reference | Explanation | |
|---|---------------------|---|--|
| Form 990, Part VI, Section A, line 10 | | The School's financial managers and staff provide the necessary information to prepare the tax return. A committee of four Board members with financial backgrounds and knowledge of the school's financial reporting review a draft of the completed return prior to filing the return. The entire Board of Trustees review SCHEDULE J and receive a PUBLIC DISCLOSURE copy of the return WITH THE CONFIDENTIAL INFORMATION AVAILABLE UPON REQUEST before it is filed with the IRS | |

| ldentifier | Return Reference | Explanation | |
|--|---------------------|---|--|
| Form 990, Part VI, Section B, line 12c | | All Board of Trustee members and top management officials annually complete a conflict of interest disclosure statement. The statement requires disclosure of "any matter that the Board member believes may involve a possible conflict of interest and shall thereafter supplement such annual written disclosure with information pertaining to conflicts of interest arising after the annual disclosure has been filed." | |

| Identifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section B, line 15 | | The School has a Compensation Committee comprised of two Board members and a former Board member. The Committee meets annually to review the COMPENSATION OF TOP MANAGEMENT OFFICIALS AND REVIEWS written employment contracts WHEN RENEWED OR REVISED. An independent consultant is hired to prepare a market study report of compensation packages of comparable school's management. The Committee reviews the performance of management and the independent consultant's report. The Compensation Committee and Chair of the Board of Trustees approve the compensation plans. |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 19 | | All documents are made avaiLable upon request |

| ldentifier | Return Reference | Explanation |
|----------------------------|------------------|--|
| form 990, part xı, line 2c | | the process is consistent with prior years |