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

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck if ap	plicable	Please	C Name of organization THE COLLEGIATE SCHOOL				D Employer Ide	entification number			
— _{Adc}	ress cha	ange	use IRS					54-052820	3			
— Nar	ne chan		label or print or	Doing Business As				E Telephone number				
_	ial retur	1	type. See Specific				T _	(804) 741-	9754			
_			Instruc-	Number and street (or P O 103 NORTH MOORELAND RO	box if mail is not delivered to s AD	street address	Room/suite	G Gross receip	ts \$ 70,689,951			
_	mınatıoı		tions.									
Am	ended r	eturn		City or town, state or countr RICHMOND, VA 23229	y, and ZIP + 4							
— Apr	olication	pending		RICHMOND, VA 23229								
		-	F Nar	ne and address of Principa	al Officer		H/a) Ia thu	L s a group return	<i>f</i>			
				EVANS			affiliat	• •	⊤Yes ▼ No			
				ORTH MOORELAND ROA	D							
. To	v ovom	pt status		OND,VA 23229)(3) ◄ (insert no)			H(b) Are all	affiliates include	ed?			
Lia	x-exem	pt status	J• 501(C) (3) 🖪 (INSERT NO) 4947	(a)(1) 01 527		-	•	See instructions)			
J W	eb site	e: 🕨 www	collegiate	e-va org			H(c) Grou	p Exemption Nu	mber 🟲			
		-	_				<u> </u>					
К Туре	e of org	anization	✓ Corporat	ion trust association c	ther 🟲		L Year of For	mation 1915 M	State of legal domicile VA			
Pa	rt I	Summ	nary									
	1	Briefly de	escribe th	e organization's mission o	r most significant activit	ıes						
ക	1) MMUNITY OF LEARNER: AT WILL FOSTER THE IN								
s & Governance	3	Number	of voting i	of the organization discont members of the governing Indent voting members of the	body (Part VI, line 1a)			3 _	27 24			
Activities &			·	-		/1, line 1b)		_	753			
5				nployees (Part V, line 2a)		5 _	900					
୍ଦି ସ				olunteers (estimate if nece		6 _						
		•		ted business revenue from	•	` '	•	_	412,847			
	ь	Net unrel	lated bus	iness taxable income from	Form 990-1, line 34 .	•		7b	-50,798			
a l							Prio	r Year	Current Year			
	8			d grants (Part VIII, line 1	•			12,801,697	13,256,465			
Revenue	9	Program	n service	revenue (Part VIII, line 2	g)			28,774,858	29,332,117			
36	10	Investn	nent incor	me (Part VIII, column (A)	lines 3, 4, and 7d) .			3,795,115	-3,237,760			
_	11	Otherre	evenue (P	art VIII, column (A), lines		141,873	214,713					
	12		venue—a	dd lines 8 through 11 (mu		45,513,543	39,565,535					
	13	12)	and simils	ar amounts paid (Part IX, o	column (A.) lines 1 – 3.)			1,863,241	2,054,489			
						1,803,241	2,034,403					
	14			or for members (Part IX, co		A)		+				
8	15	Salaries	s, otner co	ompensation, employee be		21,301,259	23,030,063					
Expenses	16a	•	ional fund	lraising fees (Part IX, colu	mn (A), line 11e)				0			
÷	ь			penses, Part IX, column (D), line		,						
Ш	17	•	-	(Part IX, column (A), lines				10,021,231	10,688,195			
	18			-add lines 13-17 (must ed		ımn (A))		33,185,731	35,772,747			
	19		•	penses Subtract line 18 fr		······ (~))		12,327,812	3,792,788			
<u>27</u> 家 か	-	ive A elling	C 1633 EX	Jenses Subtract fille 10 II	om mic 12		Parine		End of Year			
ង់ ភូមិ		- · ·		1.77 1 4.53			_	ng of Year				
98.50 19.60 10 10 10 10 10 10 10 10 10 10 10 10 10	20			rt X, line 16)			-	107,495,689	108,446,063			
Net Assets or Fund Balances	21		•	Part X, line 26)				29,417,816	29,579,716			
	22			d balances Subtract line	21 from line 20			78,077,873	78,866,347			
Par	rt II		ture Bl		101							
				erjury, I declare that I have exam correct, and complete Declarati								
Plea	se	l k					2010-	04-01				
Sign		Signat	ure of office	er			Date					
Here	2	Phyllis	Palmiero V	ice President for Finance								
			or print nam									
		Drenaroria	<u> </u>		Date	Ch	eck ıf	Preparer's PTIN	(See Gen Inst)			
Paid		Preparer's signature	•			sel	f		· /			
	arer's	empolyed F					ipoiyea 🖡 📗					
Prepa Use (arer's							EIN Þ				
726 (ן אוויכ		ind ZIP + 4	1660 INTERNATIONAL DRI	V E							
		l		MCLEAN, VA 22102	Phone no 🕨 (703) 286-8000							

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

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

1	Briefly describe the organization's mission TO CREATE A COMMUNITY OF LEARNERS COM MORAL, EMOTIONAL, AND PHYSICAL DEVELOPM		IG AND SUPPORTIVE EDUCATION	NAL EXPERIENCE THAT WILL FOSTER	THE INTELLECTUAL,
2	Did the organization undertake any state the prior Form 990 or 990-EZ? .		rvices during the year whice	ch were not listed on	s 🔽 No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?		changes in how it conduct		s ▽ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) tr	rusts are required to repor		
4a	(Code) (Expenses \$ COLLEGIATE SCHOOL PROVIDED KINDERGANTHE GRADUATING CLASS (2009) HIGHLIGHT MATRICULATED TO A FOUR-YEAR COLLEGE, FOUR SEMIFINALISTS IN THE NATIONAL MENTIONAL MENTIONAL MENTIONAL MENTIONAL MENTIONAL MEN	RTEN THROUGH TWELFTH THE QUALITY OF THE AC 69% OF THE SENIOR CLA	ADEMIC AND ATHLETIC PROGRA ASS WHO TOOK THE AP EXAMINA	MS COLLEGIATE OFFERS 100% OF TATION RECEIVED SCORES OF 4 OR 5,	THE CLASS THE CLASS INCLUDED
4Ь	(Code) (Expenses \$;	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$;	including grants of \$) (Revenue \$)
<u></u>	Other program commercial (December 1997)	n Cahadula O \			
4d	Other program services (Describe ((Expenses \$	n Schedule O) including grants of	\$	(Revenue \$)
4e	Total program service expenses \$	31,141,296		<u> </u>	,
	. Star program service expenses \$	5 - , , - 5 0	equal full 17, Line	,, , , , , , , , , , , , , , , , ,	

Part IV	Checklis	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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		No
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, 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
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	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? 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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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		Νο
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		Νο
	Part VI 📆		<u> </u>	

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	130			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this	2a	753			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sci	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities a account)?	-	·	4a		N o
b	·					
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, R	eport o	of Foreign Bank and			
	Financial Accounts.	icport o	n Torcigir Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	etax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	l tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemple Tax Shelter Transaction?	pt Entil	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement twere not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services [provide	ed?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	erty for	r which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	y prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
_	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	,				
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related perso			9b		N o
10	Section 501(c)(7) organizations. Enter					
а	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	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i	ın lıeu i	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	1				
_	year	12b				

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

Section A.	Governing	Body and M	lanagement		

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 27			
b	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo

Section B. Policies

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

Section C. Disclosure

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

PHYLLIS PALMIERO VP OF FINANCE 103 NORTH MOORELAND ROAD RICHMOND, VA 23229 (804) 741-9799

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				Reportable compensation from related organizations	(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
							-			

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee Individual Trustee or Prector		Key employee			(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
							\vdash			
			\vdash				\vdash			
41. 7.1.1							<u> </u>	1,291,078	3	409,760
1b Total			•	<u> </u>	•					409,760

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
F G PRUITT INC 2415 GRENOBLE ROAD RICHMOND, VA 23294	Site construction	451,290
SOUTHERN HEALTH SERVICES PO BOX 6485 CAROL STREAM, IL 60197	Health insurance pro	960,541
MARQUIS SERVICES PO BOX 160 MINERAL, VA 23117	FOOD SERVICES provid	582,847
BENEFIT SOLUTIONS INC PO BOX 69 MIDLOTHIAN, VA 23113	BENEFITs provider	237,481
GUARDA SECURITY SERVICES 39282 TREASURY CENTER CHICAGO, IL 60694	SECURITY services	119,556
2 Total number of independent contractors (including those in 1) who from the organization	• • • • • • • • • • • • • • • • • • • •	5

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 can	npaigns 1a			Revenue		312, 313, 01 314
nts ots	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b vents	178,408				
gifts ar a	d	Related organ	1c izations1d					
%,⊞	e	Government gran	its (contributions) 1e					
tíor ar si	f	All other contribut	ions, gifts, grants, and	13,078,057				i
ê ≹		Similar amounts r	not included above					
펄	g		ributions included in					
ŏĦ	h	lines 1a-1f \$ Total (Add line	3,122,313 es 1a-1f)		13,256,465			
-		•	<u>, </u>	Business Code				
an	2a	TUITION AND FEE	ES .	900,099	26,505,075	26,505,075		
ven	ь	SUMMER PROGRA	AMS	900,099	641,565	293,837	347,728	
2 <u>4</u> 14	с	FOOD SERVICE		900,099	769,907	·	·	769,907
, Mc	d	CHILD CARE		900,099	464,073			464,073
-85	e	PRIVATE MUSIC L	ESSONS	900,099	254,076	254,076		
ra L	f	All other prog	ram service revenue		697,421	582,184	115,237	
Program Service Revenue	g		es 2a-2f					
	3	► \$ 29,332,11	7 come (including divid	dends interest				
			imounts)		877,801		-50,118	927,919
	4		estment of tax-exempt bo	▶	0			
					0			
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross Rents	32,171	(II) Fersonal				
	ь	Less rental expenses	25,651					
	c	Rental income	6,520					
	d	or (loss) Net rental inco	ome or (loss)		6,520			6,520
			(ı) Securities	(II) O ther				
	7a	Gross amount	26,043,887	6,000				
		from sales of assets other						
	ь	than inventory Less cost or	30,165,448					
		other basis and sales expenses						
	c	Gain or (loss)	-4,121,561	6,000	4 445 564			4 445 564
	d	Net gain or (lo	ss)	. ▶	-4,115,561			-4,115,561
	8a		from fundraising					
		events (not in \$ 43	cluding 3,509					
ıne			is reported on line					
⊕			e G if total exceeds					
č		\$15,000	a	178,408				
Other Revenue	Ь		xpensesb	349,886	83,623			83,623
Б	С		(loss) from fundraisi	ng events	03,023			03,023
	9a	Gross income activities See	from gaming part IV , line 19					
		Complete Schedexceeds \$15,00						
		exceeds \$15,00	a	20,330				
	ь	Less directe	xpensesb	19,605				
	С		(loss) from gaming a	activities •	725			725
	10a	Gross sales of	f inventory, less	-				
		returns and al	lowances .					
	ь	Less cost of	a goods sold b	687,671 563,826				
	c		(loss) from sales of		123,845			123,845
		Miscellaneou		Business Code				
	11a							
	b							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	\$				
	12	Total Revenue	. Add lines 1h, 2g, 3		39,565,535	27,635,172	412,847	-1,738,949
		8c,	.1e					
	J	oc, ioc, and I		•				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do ı	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	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,054,489	2,054,489					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	789,926		610,990	178,936			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	16,258,069	13,136,680		503,665			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,265,558	979,487	238,803	47,268			
9	Other employee benefits	3,490,831	2,609,979	756,690	124,162			
10	Payroll taxes	1,225,679	940,893	239,594	45,192			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	22,710	142	22,568				
c	Accounting	60,000		60,000				
d	Lobbying	0						
е	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	1,220,941	807,789	347,804	65,348			
12	Advertising and promotion	0						
13	Office expenses	3,416,483	1,844,980	1,096,517	474,986			
14	Information technology	537,355	481,339	54,200	1,816			
15	Royalties	0						
16	Occupancy	850,817	3,000	847,817				
17	Travel	250,482	210,524	12,907	27,051			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	269,427	239,246	26,271	3,910			
20	Interest	1,001,395	980,044	13,365	7,986			
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	2,903,627	2,803,396	77,646	22,585			
23	Insurance	149,496		149,496				
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	DUES AND SUBSCRIPTIONS	60,542	36,841	17,425	6,276			
b	FASB 158 ADJUSTMENT	-248,428		-248,428				
c	ALL OTHER EXPENSES	193,348	4,012,467	-3,880,324	61,205			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	35,772,747	31,141,296	3,061,065	1,570,386			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 900 (2008)			

Part X B	lance	Sheet
----------	-------	-------

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				447,447	1	3,015,178
	2	Savings and temporary cash investments				9,810,822	2	9,145,846
	3	Pledges and grants receivable, net		12,966,003	3	18,934,130		
	4	Accounts receivable, net				486,819	4	544,776
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			yees or	0	5	627
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 4958			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				202,864	8	206,398
22	9	Prepaid expenses and deferred charges				509,150	9	520,789
ssets	10a	Land, buildings, and equipment cost basis	ı	ı				
⋖			10a		74,045,664	-		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь		30,439,261	40,556,955	10c	43,606,403
	11	Investments—publicly traded securities			ı	22,233,609	11	454,122
	12	Investments—other securities See Part IV, line 11 $Complete Passive Schedule D$	art VII	I of		20,275,420	12	31,938,320
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VI	II			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		6,600	15	79,474		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				107,495,689	16	108,446,063
	17	Accounts payable and accrued expenses .				3,528,691	17	2,459,756
	18	Grants payable					18	
	19	Deferred revenue				2,534,127	19	3,083,703
	20	Tax-exempt bond liabilities				18,514,431	20	17,834,720
<u>, o</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable				0	24	1,500,000
	25	Other liabilities Complete Part X of Schedule D		4,840,567	25	4,701,537		
	26	Total liabilities. Add lines 17 through 25				29,417,816	26	29,579,716
У		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	let e I	ines 27	7			
Balance	27	Unrestricted net assets				38,015,273	27	35,506,835
<u> </u>	28	Temporarily restricted net assets				22,352,637	28	25,029,466
귤	29	Permanently restricted net assets		17,709,963	29	18,330,046		
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.						
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•		31			
ΑŠ	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances				78,077,873	33	78,866,347
Z	34	Total liabilities and net assets/fund balances				107,495,689	34	108,446,063
		Financial Chalamanta and Burning						
Pā	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

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

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As Filed Data -

DLN: 93493095009030

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

THE C	OLLEGI	ATE SCHOOL									
							54	-052820	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u>~</u>	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
	•	hospital's name, city, and state									
5	Г			or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in
	•			(Complete Part II)		•	•	, 3			
6	Г			overnment or governmental	unit descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Ţ.	•	_	ally receives a substantial p						n the gene	eral public
_	,			o)(1)(A)(vi) (Complete Par			J			y	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	Ē		•	ally receives (1) more than		•	•	ontribution	ıs, membe	rship fees	s, and gross
	·	_		ated to its exempt functions					•		•
		•		estment income and unrelate	-		•		•		
			=	on after June 30, 1975 See			•			,	
10	Г			and operated exclusively to						ee instruc	tions)
11		=	=	and operated exclusively fo	=		•				· ·
	•	-	-	orted organizations describe					•	•	
		_		type of supporting organiza					_		
	_	•	• •	• • • • • • • • • • • • • • • • • • • •			nally Integ	•	d	' ''	III - Other
е	ļ	•	-	rtify that the organization is agers and other than one or			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарр	orteu orga	11124110115	aescribeu	ili sectioi	1 3 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_				11g	
			· -	erson described in (i) above	-					11g(
			•	ty of a person described in (bove?				11g(
h		• •		nation about the organizatio			supports				
			J	, and the second	_	,					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supported			(described on lines 1-9		ation in		nızatıon	_	atıon ın	support?
	Orgar	nization		above or IRC section	col (i)) of your		rganized	
				(See Instructions))		verning ment?	supp	ort /	in the	US?	
		document? Yes No Yes				No	Yes	No	-		
					163	140	163	110	163	140	

Total

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 54-0528203

Name: THE COLLEGIATE SCHOOL

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	·									
	(C) Position (check all that apply)					ı				(F) Estimated
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
J CHRISTOPHER LANSING , IMMEDIATE PAST CHAIRMAN	2 0	Х						О	0	0
A WILLIAM HAMILL , CHAIRMAN	2 0	X						0	0	0
KENNETH T BERENTS , TRUSTEE	2 0	X						0	0	
MICHAEL G BLAND , TRUSTEE	2 0	X						0	0	0
BRYAN T BOSTIC , TRUSTEE	2 0	X						0	0	0
JOHN DAVENPORT , TRUSTEE	2 0	Х						0	0	0
D RALPH DAVISON JR , TRUSTEE	2 0	Х						0	0	0
BRAXTON GLASGOW III , TRUSTEE	2 0	Х						0	0	0
MARGARET N GOTTWALD , TRUSTEE	2 0	Х						0	0	0
MARTHA ESTES GROVER , TRUSTEE	2 0	Х						0	0	0
TERRELL LUCK HARRIGAN , TRUSTEE	2 0	Х						0	0	0
KEITH A EVANS , PRESIDENT AND HEAD OF SCHOOL	40 0			х				372,793	0	115,009
SUSAN C WILEY , ASSISTANT SECRETARY	40 0			х				59,593	0	32,218
ALEX SMITH , VP DEVELOPMENT	40 0			Х				174,680	0	55,820
JONATHAN G BROUGHAM , HEAD OF UPPER SCHOOL	40 0			х				115,470	0	50,909
CHARLES L BLAIR JR , HEAD of MIDDLE SCHOOL	40 0			х				114,008	0	47,289
JILL HUNTER , HEAD of LOWER SCHOOL	40 0			х				113,157	0	32,757
Phyllis Palmiero , VP FOR FINANCE CFO AND TREAS	40 0			х				90,178	0	11,817
Melinda Williams , Associate Head of School	40 0			х				129,983	0	35,087
ROBERT R SEDIVY , FORMER VICE PRESIDENT FOR FINA	20 0						х	121,216	0	28,854

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES	900,099	26,505,075	26,505,075		
b SUMMER PROGRAMS	900,099	641,565	293,837	347,728	
c FOOD SERVICE	900,099	769,907			769,907
d CHILD CARE	900,099	464,073			464,073
e PRIVATE MUSIC LESSONS	900,099	254,076	254,076		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization **Employer identification number** THE COLLEGIATE SCHOOL

			54-0528203
Pa	rt I Organizations Maintaining Donor A		Funds or Accounts. Complete it
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) belief davised falles	(2) runus una sener associates
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor advised Yes
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		•
: 1	t II Conservation Easements. Complete	of the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat	organization (check all that apply) cion or pleasure) Preservation of	an historically importantly land area certified historic structure
	Preservation of open space		
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the fo	rm of a conservation easement
	on the last day of the tax year		Held at the End of the
	Total number of conservation easements		2a
	Total acreage restricted by conservation easemen	ts	2b
	Number of conservation easements on a certified h		2c
	Number of conservation easements included in (c)	` ,	2d
	Number of conservation easements modified, transf	•	ated by the organization during
	the taxable year ►	,, <u>g</u>	
	Number of states where property subject to conserv	ation easement is located 🕨	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		olations, and Yes
	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during t	he year ►
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the	year ►\$
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of s	ection Yes T
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ	
Ti	TIII Organizations Maintaining Collection Complete if the organization answered		s, or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or rese	arch in furtherance of public service,
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	•
	(i) Revenues included in Form 990, Part VIII, line :	1	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
	If the organization received or held works of art, his following amounts required to be reported under SFA	•	'
1	Revenues included in Form 990, Part VIII, line 1		► \$
	•		

b Assets included in Form 990, Part X

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Othe	er Similar A	ssets	(contir	าued)
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 ı	ıse of its collec	tıon		
а		Public exhibition		d	\sqcap	Loan or exc	change programs	;			
b	Γ 9	Scholarly research		e	Γ	Other					
с		Preservation for future generations									
4	Provi Part	ide a description of the organization's co XIV	ellections and explair	n how	v the y	further the	organization's e	xempt purpose	ın		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						nılar	┌ Yes	Г	No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	rered "Yes" to	Form	990,	
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	lıary	for c	ontributions	or other assets	not	┌ Yes	Γ	No
b	If"Y	es," explain why in Part XIV and comple	te the following table	!							
								A	nount		
С	Begi	nnıng balance					1c				
d	Addı	itions during the year					1d				
e	Disti	ributions during the year					1e				
f	Endı	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					┌ Yes	Γ	No
b	If "Ye	es," explain the arrangement in Part XIV									
Pai	r t V	Endowment Funds. Complete									
4_	D		(a)Current Year 40,227,276	(b) Prior	Year (c)	wo Years Back (d	Three Years Back	(e) Fou	r Years	Back
1a L		nning of year balance	1,024,835								
Ь		stment earnings or losses	-6,204,557								
c d		nts or scholarships	416,172								
e		er expenditures for facilities	2,263,392								
•		programs	, ,								
f	Adm	iinistrative expenses									
g	End	of year balance	32,367,990								
2	Provi	ide the estimated percentage of the yea	r end balance held as	5							
а	Boar	d designated or quasi-endowment 🕨	27 %								
b	Perm	nanent endowment 🕨 73 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	admınıstered for	the			
		nization by nrelated organizations						3a	/i\	-+	<u>o</u>
		elated organizations			•			3a	• •	_	0
ь		es" to 3a(II), are the related organization							b	+	_
4		cribe in Part XIV the intended uses of the	•						I		
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, F	art X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d)	Book v	alue
1 a l	and					1,201,161	3,432,128	•		4,63	33,289
Ь	Buildir	ngs				0	46,220,293	18,269,0	34	27,95	51,209
c l	ease	hold improvements				0			0		C
d I	Equipr	ment				0	7,633,030	6,752,52	21	88	30,509
e (Other		<u> </u>			C	15,559,052	5,417,6	56	10,14	1,396

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 12</u>		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation - year market value
Financial derivatives and other financial products		Cost of end-of-	- year market value
Closely-held equity interests			
Other FUND OF FUNDS	31,938,320		F
other rond or ronds	31,930,320		<u> </u>
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	31,938,320		
Part VIII Investments—Program Related.	See Form 990. Part X. line	13.	
(a) Description of investment type			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X			
(a) Des			(b) Book value
INSURANCE POLICIES			79,474
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)		79,474
Part X Other Liabilities. See Form 990, Pa			7 2,17 1
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED POST RETIREMENT MEDICAL BENEFITS	3,716,855		
OTHER	19,849		
ACCRUED INTEREST PAYABLE	185,462		
ANNUITIES PAYABLE	678,872		
FAS 143 LIABILITY	100,499		
IND 149 LINDILITI	100,499		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 4 701 537		
resure (Columnic (D) anouse Cycair Ollii 220, Fait A, COI (D) IIIIC 22)	= 1 4 /U1 5 3 / I		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,565,535
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,772,747
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,792,788
4	Net unrealized gains (losses) on investments	4	-3,004,313
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-33,147
9	Total adjustments (net) Add lines 4 - 8	9	-3,037,460
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	755,328
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial		36,864,143
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C L	Recoveries of prior year grants		
d	O ther (Describe in Part XIV)	30	2 004 212
е 3	Subtract line 2e from line 1	2e 3	-3,004,313 39,868,456
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	3	39,808,430
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-302,921
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	39,565,535
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	<u> </u>
1	Total expenses and losses per audited financial statements	1	36,108,815
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		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	36,108,815
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-336,068
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,772,747

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part V , line 4		The Collegiate Schools endowment consists of approximately 150 funds, of which 73% is true endowment and 27% is restricted and board-designated quasi-endowment. Of the true endowment, 59% represents funds restricted for faculty and program development, 31% represents funds restricted for financial aid, and 10% is restricted for economic education. It is the Schools intention that these funds be used to support these specific purposes in perpetuity and spending limited to the annual Board-approved spending rate of four percent. In addition, the Schools endowment contains an unrestricted quasi-endowment fund that accounts for 26.5% of the total endowment market value. The intended purpose of this unrestricted quasi-endowment portion is to service the Schools long-term debt obligation. The School has two outstanding tax-exempt bonds (pre-2002) financings that call for annual debt payments of approximately \$1.6 million.
PART X		Income Taxes The School received a favorable determination letter from the Internal Revenue Service (IRS) dated December 12, 1972, stating that it is exempt from income taxes under Section 501(a) of the Internal Revenue Code (IRC) as an organization described in Section 501(c)(3) On July 1, 2007, The School adopted the provisions of Financial Accounting Standards Board Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48) FIN 48 requires that a tax position be recognized based on a more likely than not threshold This applies to positions taken or expected to be taken on a tax return. The School does not believe its financial statements include or reflect any uncertain tax positions.
PART XI, Line 8		Other adjustments include an additional net revenue amount of \$33,147 This represents agency funds activity during the year that is not included in the audited financial statements according to industry practice
Part XII Line 4b		Other includes agency net revenue of \$286,556, rental expense of (\$25,651) and cost of goods sold of (\$563,826)
Part XIII, Line 4b		Other includes net agency expenses of \$253,409, rental expense of (\$25,651) and cost of good sold of (\$563,826)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE COLLEGIATE SCHOOL

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Employer identification number

	54-0528203			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain ALL SOLICITATIONS INCLUDE THE FOLLOWING STATEMENT "COLLEGIATE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, OR NATIONAL ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL, ADMISSION, SCHOLARSHIP, OR EMPLOYMENT POLICIES, OR ANY OTHER PROGRAMS ADMINISTERED BY THE SCHOOL "	3_	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?	4c	Yes	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		1		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νο
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5с		Νο
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
•	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	<u> </u>		110
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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As Filed Data -

DLN: 93493095009030

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

Inspection Name of the organization Employer identification number THE COLLEGIATE SCHOOL 54-0528203 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ☐ Yes For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (b) Number of (c) Number of region (by type) (ie, is a program service, (f) Total expenditures in fundraising, program services, (a) Region offices in the employees or describe specific type of region grants to recipients located in agents in region region service(s) in region the region) Central America and the Program Services See Part IV 15,384 Carıbbean

Totals

15,384

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part to	provide the information required	ın Part I, line 2, and any other additional information.
I dentifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION		In June, 2009, twenty-six Collegiate students and faculty traveled to Honduras to work with ProNino whose mission is to rehabilitate drug addicted and abused street children. This was Collegiate's 7th year. While there, some of the activities included tearing out and rebuilding security fencing surrounding one of the detox center for the boys, caring for younger malnourished children at a local public hospital, and touring Punta Sal National Park via boat.

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As Filed Data -

DLN: 93493095009030

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury

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

ternal Revenue Service	lines 17, 18, or 19, and	by organizati	ions that en	ter more than \$15,000 on For	m 990-EZ, line 6a.	Inspection
lame of the organization HE COLLEGIATE SCHO					Employer ide	ntification number
					54-0528203	
Part I Fundraisii	ng Activities. Complet	e if the oi	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether th	ie organization raised funds	through ar	ny of the	following activities Che	eck all that apply	
a 🔽 Mail solicitation	าร			e 🔽 Solicitation of r	on-government grants	
b Email solicitation				· ·	jovernment grants	
c Phone solicitati				g 🔽 Special fundrais	sing events	
d ✓ In-person solic	itations					
or key employees li b If "Yes," list the ter	n have a written or oral agre isted in Form 990, Part VII n highest paid individuals or at least \$5,000 by the org) or entity r entities (f	in connec	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fui	
(i) Name of individu or entity (fundraise	I (III) A CTIVITY	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
otal	I		▶			
				ı	ı	1

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								rted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) T (A dd co		hrough
			(event type)	(event type)	(total number)		ol (c))	
<u>4</u>	1	Cross research	330,666		 ` 		6 1	1,917
Revenue	2	Gross receipts	168,009	6,27!	5 4,124		17	78,408
	3	Gross revenue (line 1 minus line 2)	162,657	86,589	184,263		43	33,509
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	53,533				5	53,533
ŭ	7	Other direct expenses	144,166	30,940	121,247		29	96,353
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			34	19,886
	9	Net income summary Combine lir	nes 3 and 8 in column (d))			8	33,623
Par	HI	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re tha	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamın through c	
~	1	Gross revenue			20,330			20,330
မှာ	2	Cash prizes						
pens	3	Non-cash prizes			18,770		1	18,770
Direct Expenses	4	Rent/facility costs						
짇	5	Other direct expenses			835			835
	6	Volunteer labor	┌────────────────────────────────────	Yes	▼ Yes <u>85 %</u> ■ No			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)			1	19,605
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				725
9		er the state(s) in which the organiza					Yes	
a b		the organization licensed to operate No," Explain	gaming activities in eacr	Torthese States		98	ı Yes	$\frac{1}{1}$
10a b		re any of the organization's gaming l Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10	a	No
11 12	Is t	es the organization operate gaming a	y or trustee of a trust or			 1:	L	No_

								165	140
13	Indicate the	percentage of gamır	ng activity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acility			13b	100 %			
14	Provide the records	name and address of	fthe person who prepares the	organization's gaming/sp	ecıal events bo	oks and			
	Name 🟲	Jennifer Q uindoza							
	Address 🟲	103 North Moorel Richmond, VA 23							
15a			ntract with a third party from v				15a		No
b	If "Yes," ent	ter the amount of gar	ming revenue received by the	organization 🟲 \$;	and the			
	amount of ga	amıng revenue retaır	ied by the third party 🟲 \$						
c	If "Yes," ent	ter name and addres	5						
	Name 🟲								
	Address 🟲								
16	Gaming mar	nager information							
	Name 🟲	Jennifer Gorsline							
	Gaming manager compensation ► \$25,200								
	Description	of services provided	Auction Coordinator						
	C Director	/officer	Employee	☐ Independer	nt contractor				
17	Mandatory d	listributions							
а	_		er state law to make charitable	=			17a		No
b			required under state law dist		organizations or	spent			

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

OMB No 1545-0047

DLN: 93493095009030

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

THE COLLEGIATE SCHOOL							
						54-0528203	
Part I General Infor	<u>mation on Grai</u>	nts and Assistance	2				
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran	nts or assistance?			libility for the grants or as	ssistance, and • • • • • • • • •	√ Yes
Part IV and Sch	IV, line 21 for ar ledule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=			•		
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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
Need-based financial aid	202	2,054,489			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		Although The School does not provide grants in the traditional sense, we do provide need-based financial aid to families who qualify Families requesting scholarships must submit a parents' financial statement to The School and student service for financial aid (SSS) This form requests information such as income, expenses, assets, liabilities and number of children in the family The SSS evaluates the family's financial need THe SSS report is received by The School and reviewed by the financial aid committee The School awards scholarships based on need The School applies the awards toward the tuition for that school year In addition, there are a few awards to cover books, testing, and field trip related costs

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OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Open to Public Inspection

Name of the organization THE COLLEGIATE SCHOOL

Employer identification number

54-0528203

ĽC.	Questions Regarding Compensation	<u>n</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First class or charter travel	<u> - </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "!			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization organization check all t		у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	·			
	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 VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b	Yes	
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 pi	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				1	
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
KEITH A EVANS	(i)	322,314 0	0	50,479 0	52,500 0	62,509 0	487,802 0	0
ROBERT R SEDIVY	(E)	119,770 0	0	1,446 0	0 0	28,854 0	150,070 0	0
ALEX SMITH	(I)	171,900 0	0	2,780 0	30,000 0	25,820 0	230,500	0
JONATHAN G BROUGHAM	(I)	115,470 0	0	0 0	0 0	50,909 0	166,379 0	0 0
CHARLES L BLAIR JR	(I) (II)	114,008 0	0	0	0	47,289 0	161,297 0	0
Melinda Williams	(E)	129,983 0	0	0 0	0 0	35,087 0	165,070 0	0 0
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
Schedule J	Part I, Line 1a	The Head of School receives certain additional benefits that are typical components of an executive level compensation package among independent schools. These benefits primarily include a housing allowance and additional retirement contributions which are grossed up to provide for the tax liability associated with them
Schedule J		Certain executives participate in a deferred compensation plan. The Plan is unfunded and calls for a future vesting date. In the event that the executive terminates employment prior to that date, all plan benefits are forfeited.

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

Name of the organization THE COLLEGIATE SCHOOL						Eı	Employer identification n				umber	
Part I Excess Benefit Transact	i ons (se	ction 501(c	:)(3) a	and section 501	(c)		4-052 zatıor					
To be completed by organization	ns that an	swered "Yes	on F	orm 990, Part IV	, lıne	25a or 25t	o, or F	orm 9	90-EZ			
1 (a) Name of disqualified	d person			(b) Desc	rıpt	ion of transa	action			<u> </u>	c) Corr	
				(=, = ==							Yes	No
2 Enter the amount of tax imposed on section 4958								•	\$			
3 Enter the amount of tax, If any, on IIr				e organization .	•			<u> </u>	\$			
Part II Loans to and/or From To be completed by organiza				Form 990 Part	T\/ I	ine 26 or Fr	orm 9	90-F	7 Part'	V lın	a 38a	
To be completed by organiza			<u>es 01</u>	1101111 990,1 arc.	', '	me 20, 01 1 v	1	70-L2	(f			
(a) Name of interested person and purpose	(b) Loan from ti organizat	he	(c)0	rıgınal prıncıpal amount	(d)	Salance due	1 ' '	(e) In Approximately default? by boar committee		ard or	or agreeme	
	То	From					Yes	No	Yes	No	Yes	No
PHYLLIS PALMIERO computer adv Sched O		х		1,505		627		No		Νo	Yes	
otal						627						
Part III Grants or Assistance B To be completed by organ					90,	Part IV, lır	ne 27					
(a) Name of Interested person		Relationship	betwe	en interested per ganization					nt or typ	pe of	assista	nce
Part IV Business Transactions To be completed by organ					90	Part IV lin	ne 28:	a 28	h or 2	280		
· · · · ·	(b)	Relationship een intereste	,	(c) A mount of					·		(e) Sha organiza	
(a) Name of interested person		son and the		transaction		(d) Descr	iption	oi tra	ansacti(''' -	reven	
1ichael Bland-BB Printing	Trustee	<u>-</u>	-+	120 6	554	Printing Sei	rvices				Yes	No No
Gray Stettinius-Tuckahoe Creek Cons		y Trustee's	son			Construction		aseba	all facıl	\dashv		No
				,								
										_		
			J			I						

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DLN: 93493095009030

OMB No 1545-0047

Inspection

Non-Cash Contributions

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Name of the organization THE COLLEGIATE SCHOOL

Employer identification number

					54-0528203			
Pa	rt I Types of Property			T	<u> </u>			
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	31	6,700	A pprais al			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	2	4,700	Selling price			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	21	3,028,111	Mean value/gift date)		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe Printing)	X	2		FMV of services			
	Other (describe <u>Golf balls</u>)	X	1		FMV of product			
27	Other (describe Photography)	X	1		FMV of services			
28		X	1		Cost comparison			
29	Number of Forms 8283 received which the organization complete Acknowledgement	, ,	3 ,	ar for contributions for	29			
	Acknowledgement ! ! !						Yes	No
30a	During the year, did the organiza hold for at							
	least three years from the date o			not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme						v	
31	Does the organization have a gif	·		·		31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation Supplemental Information For certain non cash gifts, The School will use an outside party, with specific expertise, to sell a non-cash gift. For example, when a luxury vehicle is donated, The School will place the vehicle on consignment with a local luxury car dealership. From time to time, The School will also use the services of EBay, auction houses, and local collectors

OMB No 1545-0047

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization THE COLLEGIATE SCHOOL

Employer identification number

54-0528203

ldentifier	Return Reference	Explanation
Form 990 Core Form, Part VI, Section A, Line 10		Form 990 is reviewed by the School's senior management as well as the School's independent accounting firm KPMG. To protect donor privacy, the School does not provide Schedule B to the Board of Trustees. However, a full public disclosure copy of the Form 990 was provided to the Board for its review before it was filed.

ldentifier	Return Reference	Explanation
Form 990 Core Form, Part VI, Section B, Line 12c		Each year, all officers, trustees, and key employees are required to complete a conflict of interest statement, noting any relationships and/or conflicts they have with Collegiate School. By signing, they acknow ledge that they have received a copy of the School's conflict of interest policy. The statements are kept on file with both the Board secretary and the business office and are referred to throughout the year as needed. (Excerpt from Collegate School's Board of Trustees Conflict of Interest Policy.) An officer, trustee or staff member who has a conflict of interest will neither participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions nor exert his or her personal influence with respect to the matter. In the event that an officer, trustee, or staff member does have a conflict of interest with respect to a matter, they will be ineligible to vote and this will be reflected in the minutes.

ldentifier	Return Reference	Explanation
Form 990 Core Form Part VI, Section B, Lines 15a and 15b		The compensation committee of the Board of Trustees, which is comprised of the current chair, vice-chair, and past chair, is charged with reviewing the performance and establishing compensation levels for the Head of School. The process begins with a set of annual goals developed by the Head of School and the full board. To begin the performance review discussion, the committee solicits feedback from the board on how will those goals have been met. In addition, the Committee reviews the self-appraisal prepared by the Head of School. As part of its compensation considerations, the Committee reviews the JRPO (Joint Reporting Planning Office) report on the salaries and total compensation for the heads of schools within the JRPO benchmarking group. The group consists of approximately 55 K-12 co-educational day schools across the nation with similar missions to Collegiate School. The committee benchmarks Collegiate's Head of School compensation to fall within the 75th percentile of the JRPO data. The committee also reviews any other comparisons that may be available at that time. The committee's process and decisions are documented in the form of a memorandum to the file.

Identifier Reference		Explanation							
Form 990 Core Form Part VI, Section C, Line 19		The School makes its governing documents, conflict of interest policy and financial statements available to the public upon request							

ldentifier	Return Reference	Explanation
Schedule L, Part II		Per the School's faculty/staff handbook, Collegiate School offers, as an employee benefit to all eligible employees, a personal computer purchase program allowing employees an interest free loan of up to one year to purchase computers. Loan payments are deducted from the employee's paycheck. This policy is designed to encourage faculty and staff to have access to technology both in school and at home. This benefit is widely used among all employees throughout the School and is in line with the School's mission to create a community of learners. At June 30, 2009, there were 12 participants in the computer advance program with outstanding balances totalling \$4,711. Only 1 such participant is listed in Part VII and reported accordingly on Schedule L, Part II.

DLN: 93493095009030

2008

OMB No 1545-0047

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** THE COLLEGIATE SCHOOL 54-0528203 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Powell Economic Education Foundation 103 North Mooreland Road SUPPORTING OR VA 501(c)(3) 11a Richmond, VA23229 20-8565566 Learning Bridge Foundation 103 North Mooreland Road VA 501(c)(3) 11a Supporting Or Richmond, VA23229 20-8572490

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

Part V Transactions with Related Organiza

Fe	Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No				
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	eity	1a	1	No				
ь	Gift, grant, or capital contribution to other organization(s)		1b	,	No				
c	Gift, grant, or capital contribution from other organization(s)		1c	Ye	s				
d	Loans or loan guarantees to or for other organization(s)								
e	Loans or loan guarantees by other organization(s)		1e	:	No				
f	Sale of assets to other organization(s)		1f		No				
g	Purchase of assets from other organization(s)		19	,	No				
h	Exchange of assets		1h	1	No				
i	Lease of facilities, equipment, or other assets to other organization(s)		11		No				
			_						
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No				
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)	1k	:	No				
- 1	Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing of paid employees		1n	1	No				
0	• Reimbursement paid to other organization for expenses								
P	Reimbursement paid by other organization for expenses		1p	,	No				
q	Other transfer of cash or property to other organization(s)		1q	1	No				
r	O ther transfer of cash or property from other organization(s)		1r	上	No				
	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relationsl	 nips and transaction thresholds						
	(A)	(B)	(C)						
	Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									
(5)									
<i>(E)</i>									
(6)		1							

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	r I	
			Yes	No		Yes	No		Yes	No	
	1	1			1	ı	1				