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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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SAINT EDWARD'S SCHOOL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1895 SAINT EDWARDS DRIVE

City or town, state or country, and ZIP + 4
VERO BEACH, FL 32963

D Employer identification number
59-1059214

E Telephone number
(772) 231-6731

G Gross receipts $ 17,956,340

F Name and address of Principal Officer
MICHAEL MERSKY HEAD OF SCHOOL
1895 SAINT EDWARDS DRIVE
VERO BEACH, FL 32963

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ STEDS ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1965

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	339
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	122,755
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-144,873

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,481,154	1,358,240
9	Program service revenue (Part VIII, line 2g)	15,208,853	15,319,317
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,956	294,154
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,685,980	795,857
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,714,943	17,767,568
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,850,215	3,455,711
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,044,399	8,103,413
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 369,694)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	7,452,003	7,047,490
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	18,346,617	18,606,614
19	Revenue less expenses Subtract line 18 from line 12	368,326	-839,046

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	39,742,809	36,224,792
21	Total liabilities (Part X, line 26)	24,527,674	23,458,370
22	Net assets or fund balances Subtract line 21 from line 20	15,215,135	12,766,422

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-04-23
Signature of officer | Date

DAVID S CROOM TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT R HARRIS CPA	Date 2010-05-05	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HARRIS COTHERMAN JONES PRICE & ASSOC 5070 N HIGHWAY A1A STE 250 VERO BEACH, FL 329631216			EIN ▶ Phone no ▶ (772) 234-8484

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 13,135,680 including grants of $ 3,455,711) (Revenue $ 14,745,633)

ST EDWARD'S SCHOOL PROVIDES EDUCATION FOR PRIMARY, INTERMEDIATE AND SECONDARY STUDENTS APPROXIMATELY 820 STUDENTS WERE SERVED

4b (Code) (Expenses $ 472,160 including grants of $) (Revenue $ 476,569)

ST EDWARD'S SCHOOL PROVIDES SEVERAL AUXILIARY SERVICES SUCH AS A SUMMER CAMP PROGRAM, MASTER'S SWIMMING PROGRAM, TUTORIAL CENTER, AND EXTENDED DAY CARE

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 13,607,840 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	102		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	339		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
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,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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 pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	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)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	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 _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

DICK YARBOROUGH
1895 STEDWARDS DR
VERO BEACH, FL 32963
(772) 492-2317

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								742,892		59,966

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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
SODEXHO INC PO BOX 536922 ATLANTA, GA 303536922	MAINTENANCE	785,698
ALADIN FOOD MANAGEMENT SERVICES LLC PO BOX 17506 BALTIMORE, MD 21297	FOOD SERVICE	447,018

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII **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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 309,765 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1,048,475 1f				
	g	Noncash contributions included in lines 1a-1f $ 39,003				
	h	**Total (Add lines 1a-1f)** ▶	1,358,240			
Program Service Revenue		Business Code				
	2a	TUITION AND FEES	14,745,633	14,745,633		
	b	AUXILIARY SERVICES -EXEMPT	377,951	377,951		
	c	AUXILIARY SERVICES -TAXABLE 713,990	122,755		122,755	
	d	OTHER SOURCES	72,978	72,978		
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 15,319,317				
	3	Investment income (including dividends, interest other similar amounts) ▶	318,658			318,658
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: Other 4,550				
	b	Less cost or other basis and sales expenses: Other 29,054				
	c	Gain or (loss): Other -24,504				
	d	Net gain or (loss) ▶	-24,504	-24,504		
Other Revenue	8a	Gross income from fundraising events (not including $ 81,285 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 309,765				
	b	Less direct expenses b 87,304				
	c	Net income or (loss) from fundraising events ▶	-6,019	-6,019		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a 106,534				
	b	Less cost of goods sold b 72,414				
	c	Net income or (loss) from sales of inventory ▶	34,120	34,120		
		Miscellaneous Revenue / Business Code				
	11a	FEMA REIMBURSEMENTS	664,489	664,489		
	b	PARENTS & SPORTS ASSOC	91,910	91,910		
	c	INSURANCE PROCEEDS	11,357	11,357		
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 767,756				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	17,767,568	15,967,915	122,755	318,658

Part IX Statement of Functional Expenses

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 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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,455,711	3,455,711		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,851,055	4,304,675		216,910
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	355,004	223,057	120,707	11,240
9 Other employee benefits	404,812	254,353	137,642	12,817
10 Payroll taxes	492,542	309,476	167,472	15,594
11 Fees for services (non-employees)				
a Management				
b Legal	29,212		29,212	
c Accounting	40,425		40,425	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	47,420		47,420	
13 Office expenses	173,140		173,140	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,239		1,239	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	48,618	48,618		
20 Interest	770,440	600,943	169,497	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,431,335	1,057,613	287,985	85,737
23 Insurance	461,629		461,629	
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)				
a SEE ATTACHED STATEMENT	1,593,977	1,053,608	512,973	27,396
b OUTSOURCED MANAGEMENT EXP	1,155,644	1,155,644		
c UTILITIES	533,230	533,230		
d LUNCH PROGRAM - MS US	366,263	366,263		
e COMPUTER LAB-U/S	244,649	244,649		
f All other expenses	150,269		150,269	
25 **Total functional expenses.** Add lines 1 through 24f	18,606,614	13,607,840	4,629,080	369,694
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	4,181	1	2,398
	2	Savings and temporary cash investments	8,515,254	2	7,091,475
	3	Pledges and grants receivable, net	796,056	3	441,202
	4	Accounts receivable, net	52,264	4	89,944
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	308,349	8	302,905
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a: 37,378,993			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 14,738,395	23,668,904	10c	22,640,598
	11	Investments—publicly traded securities	5,925,992	11	5,044,906
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	471,809	15	611,364
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	39,742,809	16	36,224,792
Liabilities	17	Accounts payable and accrued expenses	1,499,578	17	1,220,770
	18	Grants payable		18	
	19	Deferred revenue	5,382,014	19	4,807,581
	20	Tax-exempt bond liabilities	15,800,000	20	15,300,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	1,846,082	25	2,130,019
	26	**Total liabilities.** *Add lines 17 through 25*	24,527,674	26	23,458,370
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,265,124	27	5,043,611
	28	Temporarily restricted net assets	8,571,724	28	6,344,524
	29	Permanently restricted net assets	1,378,287	29	1,378,287
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,215,135	33	12,766,422
	34	Total liabilities and net assets/fund balances	39,742,809	34	36,224,792

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☑ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Public Support

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts 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 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 instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		240,187

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,710,579				
b Contributions	11,495				
c Investment earnings or losses	-711,362				
d Grants or scholarships					
e Other expenditures for facilities and programs	141,467				
f Administrative expenses					
g End of year balance	2,869,245				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		740,256		740,256
b Buildings		26,429,984	8,589,475	17,840,509
c Leasehold improvements		4,649,950	1,581,838	3,068,112
d Equipment		5,558,803	4,567,082	991,721
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				22,640,598

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,130,019

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,767,568
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,606,614
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-839,046
4	Net unrealized gains (losses) on investments	4	-898,656
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-711,011
9	Total adjustments (net) Add lines 4 - 8	9	-1,609,667
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,448,713

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	17,307,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-898,656		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	438,902		
e	Add lines **2a** through **2d**			2e	-459,754
3	Subtract line **2e** from line **1**			3	17,767,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,767,568

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	19,756,527
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	1,149,913		
e	Add lines **2a** through **2d**			2e	1,149,913
3	Subtract line **2e** from line **1**			3	18,606,614
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,606,614

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, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CLASSIFICATION DIFFERENCES 438,902 CLASSIFICATION DIFFERENCES -438,902 MARKET CHANGE SWAP AGREEMENT -711,011
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CLASSIFICATION DIFFERENCES 438,902
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CLASSIFICATION DIFFERENCES 438,902 MARKET CHANGE SWAP AGREEMENT 711,011

Additional Data

Software ID:
Software Version:
EIN: 59-1059214
Name: SAINT EDWARD'S SCHOOL INC

Form 990, Schedule D, Part X, - Other Liabilities

(a) Description of Liability	**(b)** Amount
MARKET VALUE OF SWAP AGRE	1,949,618
STUDENT CLASS TRIP-FRENCH	53,404
RESERVE FOR FOOTBALL	25,000
A/P-PARENT ASSOC DUES	23,888
A/P-TECH STORE	19,566
RESERVE FOR WAXLAX CENTER	17,101
RESERVE FOR LONG RANGE PL	9,076
A/P-U/S DISCRETIONARY FUN	8,468
A/P-L/S DISCRETIONARY FUN	7,850
INTERNET/TELECOMMUNICATIO	5,482
TABLET DEPOSITS	4,800
A/P-M/S DISCRETIONARY FUN	2,694
A/P SPORTS ASSOC DUES	1,024
STUDENT ACTIVITY-CLUB FUN	948
MIT NEST PROGRAM	688
DRAMA CLUB	237
A/P-REFUND INSURANCE TUIT	175
POTENTIAL RESERVE - FEMA AUDITS	

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

			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 ST EDWARD'S NON-DISCRIMINATORY POLICY IS PUBLICIZED WHEN SOLICITING FOR STUDENTS IN THE VERO BEACH PRESS JOURNAL, THE FORT PIERCE TRIBUNE AND RADIO STATION WQCS ST EDWARD'S ALSO ADVERTISES ON AN ANNUAL BASIS IN THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS HANDBOOK AND THE FLORIDA COUNCIL OF INDEPENDENT SCHOOLS HANDBOOK	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	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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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

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

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.

		(a) Event #1 ANNUAL BENEFIT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	391,050			391,050
	2 Less Charitable contributions	309,765			309,765
	3 Gross revenue (line 1 minus line 2)	81,285			81,285
Direct Expenses	4 Cash Prizes	16,000			16,000
	5 Non-cash Prizes				
	6 Rent/Facility costs	1,500			1,500
	7 Other direct expenses	69,804			69,804
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				87,304
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-6,019

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I General Information on Grants and Assistance

1 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 the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☑

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	61	1,050,649			
FINANCIAL AID	252	2,405,062			

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

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHARLES CLARK	(i) (ii)	357,669		156,000	21,665	10,820	546,154	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THESE ITEMS ARE CONTRACTUALLY PROVIDED
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	CHARLES CLARK 67,500 0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	39,003	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE O
(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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT EDWARD'S SCHOOL INC

Employer identification number
59-1059214

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO EDUCATIONAL EXCELLENCE TO EMPOWER EACH CHILD TO REACH HIS OR HER FULL POTENTIAL, THE SCHOOL COMMUNITY PROMOTES AN ENVIRONMENT OF ADVOCACY, CHALLENGES THE WHOLE STUDENT,CULTIVATES MORAL COURAGE AND SPIRITUAL GROWTH, AND INSPIRES A LIFELONG PASSION FOR LEARNING

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PROVIDED TO THE BOARD PRIOR TO BEING FILED

Identifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 11	CHARLES CLARK 300 PEPPERTREE SOUTH VERO BEACH, FL 32963

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	REVIEWED ANNUALLY AND ANY POTENTIAL CONFLICTS ARE ADDRESSED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPARISON WITH COMPATIBILITY DATA OF EQUIVALENT SCHOOLS, PERFORMANCE EVALUATION, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOL (NAIS) AND FLORIDA COUNCIL OF INDEPENDENT SCHOOLS (FCIS)STATISTICS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPARISON WITH COMPATIBILITY DATA OF EQUIVALENT SCHOOLS, PERFORMANCE EVALUATION, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOL (NAIS) AND FLORIDA COUNCIL OF INDEPENDENT SCHOOLS (FCIS)STATISTICS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990 - PART VI - SECTION C - LINE 19 THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE SCHOOL'S WEBSITE FORM 990 - PART VII CHARLES CLARK'S EMPLOYMENT ENDED DURING THE YEAR AND HE RECEIVED 156,000 FOR THE BALANCE OF HIS CONTRACT AND A 90-DAY SEVERANCE PAY OF 67,500

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
COMPUTER LAB EQUIP LEASE	$ 125,122	$ 125,122	$	$
MERCHANT SVS/BANK CHARGES	99,316		99,316	
HEAD OF SCHOOL SEARCH COS	85,226		85,226	
BUS REPAIR AND MAINTENANC	69,089	69,089		
BUS EXPENSE-GAS/OIL/TOLLS	63,604	63,604		
CLASS TRIP - MS	59,418	59,418		
SUPPLIES	50,378	50,378		
ATHLETIC-FOOTBALL	46,843	46,843		
HONEYWELL ENERGY PROJECT	45,849		45,849	
PROFESSIONAL DEVELOPMENT	42,364		42,364	
SCHOOL DUES/MEMBERSHIPS	37,574		37,574	
YEARBOOK EXPENSE-U/S	34,528	34,528		
LIFE INSURANCE EXPENSE	32,627		32,627	
FACULTY RECRUITING COSTS	29,748		29,748	
TEXTBOOK EXPENSE-L/S	27,322	27,322		
GENERAL AUXILIARY DIVISIO	26,662	26,662		
CONTRACTS/SECURITY	21,666		21,666	
LIBRARY-U/S	20,221	20,221		
SUMMER CAMP MISCELLANEOUS	19,723	19,723		
DRAMA PRODUCTIONS	19,665	19,665		
ATHLETIC-SOCCER	19,166	19,166		
ATHLETIC-LACROSSE GIRLS U	16,949	16,949		
FACULTY EXPENSE	15,645		15,645	
ATHLETIC-TENNIS U/S	15,127	15,127		
ATHLETIC-BASKETBALL	14,906	14,906		
GRADUATION EXPENSE	14,634	14,634		
ATHLETIC-SOCCER GIRLS U/S	14,150	14,150		
ATHLETIC-VOLLEYBALL U/S	13,750	13,750		
COLLEGE GUIDANCE EXPENSE	13,626	13,626		
ATHLETIC-BASEBALL	13,320	13,320		
ATHLETIC-SWIMMING M/S & U	12,987	12,987		
ATHLETIC-BASKETBALL GIRLS	12,953	12,953		
ATHLETIC - LACROSSE	12,726	12,726		
MUSIC-U/S	11,971	11,971		
TESTING SERVICE	11,958	11,958		
ATHLETIC-BASKETBALL M/S	11,833	11,833		
UTILITIES/CLEANING LADYBU	11,787		11,787	

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
ATHLETIC-LACROSSE M/S	$ 11,349	$ 11,349	$	$
ELECTRONIC MKT/PUB WEB DE	11,150		11,150	
ATHLETIC-MISCELLANEOUS	11,132	11,132		
AHTLETIC-CHEERLEADING U/S	10,914	10,914		
COUNSEL AND CONTRACTED SE	9,766			9,766
ATHLETIC-CROSS COUNTY U/S	9,726	9,726		
ACADEMIC SUPPORT MATERIAL	9,426		9,426	
ATHLETIC-MISCELLANEOUS M/	9,252	9,252		
ST. EDWARD'S AQUATICS	9,076	9,076		
CELLULAR PHONES/PAGERS	8,981	8,981		
SPECIAL EVENTS	8,928		8,928	
ENTERTAINMENT	8,856		8,856	
ANNUAL FUND EXPENSE	8,250			8,250
WAXLAX FACILITY SUPPLIES	8,201		8,201	
ATHLETIC-FOOTBALL M/S	8,186	8,186		
TRAVEL AND ENTERTAINMENT-	8,087			8,087
ALUMNI EXPENSE	8,032		8,032	
ATHLETIC-CREW U/S	7,720	7,720		
LIBRARY BOOKS/BENEFIT PAD	7,267	7,267		
ATHLETIC-GOLF BOYS U/S	7,174	7,174		
MATH COMPETITIONS - U.S.	6,809	6,809		
STUDENT CLUB FUNDS	6,750	6,750		
ATHLETIC-VOLLEYBALL M/S	6,269	6,269		
ADMISSIONS EXPENSE US	6,209		6,209	
LIBRARY-L/S	6,143	6,143		
MISCELLANEOUS EXPENSES	5,941		5,941	
LEARNING RESOURCE PROGRAM	5,879	5,879		
CLASSROOM EQUIPMENT	5,777	5,777		
STUDENT PROGRAMS	5,478	5,478		
SCIENCE US-BIOLOGY	5,370	5,370		
ATHLETIC-WEIGHTLIFTING U/	5,125	5,125		
PUBLIC RELATIONS CONSULTI	5,029		5,029	
HISTORY U/S COMPETITIONS	5,015	5,015		
FOUR YEAR OLD LEASE AND B	4,740	4,740		
STUDENT PROGRAMS - M/S	4,249	4,249		
THEATRE COMPETITION	4,232	4,232		
ATHLETIC TRAINING U/S	4,199	4,199		

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
ATHLETIC-SOCCER M/S	$ 4,087	$ 4,087	$	$
ATHLETIC-CHEERLEADING M/S	3,990	3,990		
OUTSIDE STORAGE - THEATRE	3,981	3,981		
ART-U/S	3,937	3,937		
SCIENCE US-PHYSICS	3,843	3,843		
ATHLETIC-GOLF GIRLS U/S	3,796	3,796		
LANGUAGE ARTS (FOREIGN)-U	3,679	3,679		
SUBSCRIPTIONS	3,571		3,571	
COMMUNITY RELATION ADVERT	3,456		3,456	
SCIENCE-L/S	3,385	3,385		
BOARD OF TRUSTEES EXPENSE	3,193		3,193	
7TH GRADE TEAM	3,150	3,150		
POOL MISCELLANEOUS	3,072	3,072		
ATHLETIC-GOLF M/S	2,940	2,940		
PROFESSIONAL DEVELOPMENT-	2,677		2,677	
HEALTH EDUCATION MS	2,674	2,674		
API PROGRAM	2,628	2,628		
SAFETY	2,579	2,579		
ART-M/S	2,493	2,493		
ART-L/S	2,366	2,366		
FITNESS ROOM US	2,286	2,286		
EDUCATION SUPPLIES-L/S	2,169	2,169		
SCIENCE US-CHEMISTRY	2,051	2,051		
PHYSICAL EDUCATION-L/S	1,954	1,954		
ATHLETIC-SWIMMING M/S	1,898	1,898		
8TH GRADE TEAM	1,885	1,885		
PRIMARY DEPT-L/S	1,866	1,866		
6TH GRADE TEAM	1,862	1,862		
THEATRE CLASS EXPENSE	1,822	1,822		
PHYSICAL EDUCATION-U/S	1,800	1,800		
BUILDING/GROUNDS	1,774		1,774	
EXCEL EXPENSES	1,717	1,717		
HISTORY-U/S	1,628	1,628		
PHOTOGRAPHY	1,620		1,620	
ENRICHMENT CLASSES M/S	1,620	1,620		
MUSIC-L/S	1,607	1,607		
SCIENCE-U/S	1,562	1,562		

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OPERATING CONTINGENCY	$ 1,550	$	$ 1,550	$
PHYSICAL EDUCATION-M/S	1,472	1,472		
EXTENDED DAY CARE-L/S	1,349	1,349		
MATH-U/S	1,324	1,324		
ATHLETIC-BASEBALL M/S	1,267	1,267		
HEADMASTER DISCRETIONARY	1,246		1,246	
UNIFORMS	1,185	1,185		
NATIONAL HONOR SOCIETY-US	1,152	1,152		
STUDENT GUIDANCE - LS	1,150	1,150		
COMPUTER LAB-L/S	1,104	1,104		
STUDENT HEALTH SERVICES -	1,104	1,104		
SPORTS SUMMER CAMPS EXPEN	1,092	1,092		
MUSIC-M/S	1,043	1,043		
PRE-KINDERGARTEN-L/S	1,037	1,037		
PK-(FOUR YEAR OLD) PROGRA	1,022	1,022		
VEHICLES INSURANCE/REG.	1,013	1,013		
ENGLISH-U/S	976	976		
LATE DAY CARE - L/S	957	957		
DRAMA MS	956	956		
HEALTH EDUCATION LS	946	946		
EDUCATION SUPPLIES-U/S	892	892		
BAND ACTIVITIES	864	864		
COMMUNICATIONS AND PROMOT	834			834
STUDENT GUIDANCE M/S	760	760		
DEV PROMOTIONAL MATERIALS	676		676	
MATH-L/S	636	636		
STUDENT HEALTH SERVICES-M	600	600		
CUM LAUDE SOCIETY	584	584		
LANGUAGE ARTS (ENGLISH)-L	576	576		
ADMISSIONS EXPENSE	553		553	
STUDENT GUIDANCE	537	537		
PHYSICALS	520	520		
STUDENT HEALTH SERVICES	500	500		
SUPPLIES AND EQUIPMENT-FU	459			459
RELIGION	442	442		
HISTORY-L/S	420	420		
LITTLE LEAGUE LACROSSE TE	370	370		

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PUBLICATIONS-MAGAZINE	$ 342	$	$ 342	$
CHINA TRIP - AUGUST	317	317		
ACADEMIC COUNSELING	292	292		
KINDERGARTEN-L/S	223	223		
STUDENT PROGRAMS -L/S	186	186		
LEARNING RESOURCES PROGRA	115	115		
CHAPEL EXPENSE	33	33		
AWARDS AND CLOSING EXERCI	20	20		
SPANISH - L/S	16	16		
ADMISSIONS EXPENSE LS	-1,259		-1,259	
EXTERNAL STUDIES- SAILING	-1,505	-1,505		
3 4 YEAR OLD SUMMER CAMP	-3,709	-3,709		
TOTAL	$ 1,593,977	$ 1,053,608	$ 512,973	$ 27,396

Saint Edward's School

Depreciation Summary Report

6/30/09

Class	No. of Assets	Acquisition Value	Disposal Price	Depr. Basis	Total Depr.	Book Value
Air Conditioners	95	$1,985,580 90	$193,332 20	$1,985,580 90	$254,769 69	$1,730,811 21
Athletic Equipment	230	$754,370 96	$214,936 15	$754,370 96	$50,474 25	$703,896 71
Audio Visual Equipment	127	$396,579 57	$77,951 05	$396,579 57	$9,456 59	$387,122 98
Building & Building Improvement	172	$3,931,968 34	$88,841 15	$3,931,968 34	$106,175 80	$3,825,792 54
Building- Residence	5	$742,320 94	$0 00	$742,320 94	$19,721 32	$722,599 62
Buildings & Buildings Improvemen	323	$8,224,088 56	$1,918,837 35	$8,224,088 56	$208,232 71	$8,015,855 85
Cafeteria Equipment	26	$266,399 20	$18,205 77	$266,399 20	$620 42	$265,778 78
Classroom Furniture & Equip	526	$1,805,480 90	$272,461 21	$1,805,480 90	$32,913 93	$1,772,566 97
Computer Equipment and Soft	897	$2,112,653 72	$727,421 53	$2,112,653 72	$130,063 79	$1,982,589 93
Custodial and Maint Eq	137	$323,817 79	$124,606 24	$323,817 79	$17,545 40	$306,272 39
Fine Arts Bldg & Bldg Improvemen	2	$2,797,301 00	$0 00	$2,797,301 00	$73,694 32	$2,723,606 68
Landscaping	55	$505,784 72	$112,957 74	$505,784 72	$16,726 45	$489,058 27
Library Books	13	$222,877 80	$222,877 80	$222,877 80	$0 00	$222,877 80
Library Furniture & Equipment	33	$143,334 61	$34,331 83	$143,334 61	$13,900 05	$129,434 56
Lower School Improvements	62	$1,635,120 70	$53,380 37	$1,635,120 70	$55,631 67	$1,579,489 03
Middle School Bldg & Bldg Imp	6	$4,106,581 53	$0 00	$4,106,581 53	$104,309 74	$4,002,271 79
Middle School Gym	6	$3,598,036 73	$0 00	$3,598,036 73	$93,343 30	$3,504,693 43
Office Furniture, Fixtures, & Equi	160	$395,141 48	$120,101 28	$395,141 48	$7,313 69	$387,827 79
Oglethorpe Hall-Administration	6	$1,823,010 51	$185,875 33	$1,823,010 51	$41,977 82	$1,781,032 69
Swimming Pool	81	$1,037,050 28	$91,044 41	$1,037,050 28	$36,646 32	$1,000,403 96
Vehicles	111	$1,277,340 18	$307,793 57	$1,277,340 18	$62,074 33	$1,215,265 85
Waxlax Performing Arts	13	$7,820,771 56	$4,401,087 65	$7,820,771 56	$95,743 86	$7,725,027 70
GRAND TOTALS.	3086	$45,905,611.98	$9,166,042 63	$45,905,611.98	$1,431,335 45	$44,474,276.53
22 class(es) listed						

Additional Data

Software ID:
Software Version:
EIN: 59-1059214
Name: SAINT EDWARD'S SCHOOL INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES C LINUS , CHAIRMAN	8	X		X				0	0	0
RONALD L EDWARDS , TREASURER	8	X		X				0	0	0
GEORGE A KAHLE III , SECRETARY	8	X		X				0	0	0
LINDSAY G CANDLER , TRUSTEE	2	X						0	0	0
DAVID S CROOM , VICE CHAIRMA	8	X		X				0	0	0
NANCY S BECKWITH , TRUSTEE	2	X						0	0	0
RONALD H DUNBAR , TRUSTEE	2	X						0	0	0
MATT J GASTON , TRUSTEE	2	X						0	0	0
MISTY MINTON , TRUSTEE	2	X						0	0	0
RT REV JOHN W HOWE , TRUSTEE	2	X						0	0	0
PHILIP A LAMBERT , TRUSTEE	2	X						0	0	0
RICHARD G MCDERMOTT JR , TRUSTEE	2	X						0	0	0
JAMES L PRICE , TRUSTEE	2	X						0	0	0
LAURENCE A REISMAN , TRUSTEE	2	X						0	0	0
JOHN WALSH , TRUSTEE	2	X						0	0	0
LORNE WAXLAX , TRUSTEE	2	X						0	0	0
JAMES B YOUNG , TRUSTEE	2	X						0	0	0
SUSAN E ZIMMER , TRUSTEE	2	X						0	0	0
KATE GAIER , TRUSTEE	2	X						0	0	0
DAN SIMMONS , TRUSTEE	2	X						0	0	0
CHARLES CLARK , HEAD OF SCHO	40				X			513,669	0	32,485
NANCY GREENE , CFO	40					X		118,837	0	15,832
BRUCE WACHTER , HEAD OF UPPE	40					X		110,386	0	11,649

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

SAINT EDWARD'S SCHOOL, FOUNDED UPON THE INDEPENDENT EPISCOPAL SCHOOL TRADITION, IS A CO-EDUCATIONAL, PRE-KINDERGARTEN THROUGH GRADE TWELVE, COLLEGE PREPARATORY SCHOOL COMMITTED (CON'T ON SCHEDULE "O") TO EDUCATIONAL EXCELLENCE. TO EMPOWER EACH CHILD TO REACH HIS OR HER FULL POTENTIAL, THE SCHOOL COMMUNITY PROMOTES AN ENVIRONMENT OF ADVOCACY, CHALLENGES THE WHOLE STUDENT,CULTIVATES MORAL COURAGE AND SPIRITUAL GROWTH, AND INSPIRES A LIFELONG PASSION FOR LEARNING.

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

SAINT EDWARD'S SCHOOL, FOUNDED UPON THE INDEPENDENT EPISCOPAL SCHOOL TRADITION, IS A CO-EDUCATIONAL, PRE-KINDERGARTEN THROUGH GRADE TWELVE, COLLEGE PREPARATORY SCHOOL COMMITTED (CON'T ON SCHEDULE "O") TO EDUCATIONAL EXCELLENCE. TO EMPOWER EACH CHILD TO REACH HIS OR HER FULL POTENTIAL, THE SCHOOL COMMUNITY PROMOTES AN ENVIRONMENT OF ADVOCACY, CHALLENGES THE WHOLE STUDENT,CULTIVATES MORAL COURAGE AND SPIRITUAL GROWTH, AND INSPIRES A LIFELONG PASSION FOR LEARNING.