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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

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	ır, or tax year beginning 07-01-2009	and ending 06-30-20	LO				
B Ch	eck ıf a	pplicable	Please	C Name of organization ST PAUL'S SCHOOL				D Employer i	dentifica	ition number
☐ Add	tress cl	nange	use IRS label or	Doing Business As				02-02222 E Telephone		
☐ Na	me cha	nge	print or type. See	Doing Business As						
☐ Init	ıal retu	rn	Specific	Number and street (or P O box if mail	ıs not delivered to street addr	ess) Room	/suite	(603) 229		120 551
Г те	mınate	d	Instruc- tions.	325 PLEASANT STREET				G Gross receip	ts \$ 226, ²	128,551
┌ Am	ended	return		City or town, state or country, and ZIP	+ 4					
Гарі	olication	n pending		CONCORD, NH 03301						
			F Nar	ne and address of principal officer		H(a)	Is the	l Is a group retu	ırn for	
			william	r matthews		(")	affilia			- Yes ▼ No
				LEASANT STREET ORD,NH 03301		11/6	A	I -661:-+ :		
				,		1		I affiliates inclu o," attach a lis		Yes No
I Ta	x-exen	npt status	▽ 501(c) (3) ◀ (insert no)		H(c)		ip exemption r		
J W	ebsite	e: ► WW	/W SPS ED	U		(•)				
						1			NA COLO	61 11 1 1
	n of or rt I		mary	tion Trust Association Other		L Yea	ar of fo	rmation 1856	M State	of legal domicile NH
_. ra			-	e organization's mission or most s	anıfıcant activities					
		ST PA	UL'S SCHO	OOL IS A COEDUCATIONAL RES	IDENTIAL BOARDING S		-		•	
				IONAL RESIDENTIAL BOARDING T RIGOROUS EDUCATION WITH						
3		IN CON	NCORD, NE	H, ON A BUCOLIC CAMPUS CON:	SISTING OF WOODLAN					
듄		<u>APPRO</u>	XIMATELY	7 535 STUDENTS AND 100 FACU	LTY MEMBERS					
ē										
Governance										
25	2	Check	this box 🛏	if the organization discontinued i	ts operations or dispose	d of more	than	25% of its ne	t assets	.
Activities	3	Numbe	r of voting i	members of the governing body (Pa	rt VI, line 1a)				3	26
5	4	Numbe	r of ındeper	ndent voting members of the govern	ning body (Part VI, line 1	b)		•	4	25
्र	5	Total n	umber of er	nployees (Part V, line 2a)					5	477
	6			olunteers (estimate if necessary)					6	C
				ted business revenue from Part VI						-194,892
	Ь	Net unr	elated bus	iness taxable income from Form 99	00-T, line 34				7b	C
							Prio	r Year	Cı	urrent Year
<u>a</u>	8			d grants (Part VIII, line 1h)		•		18,780,831		30,152,823
Rayenue	9 10	_		revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3,		•		23,287,410		24,780,357
Ž.	11			me (Part VIII, column (A), lines 5, Part VIII, column (A), lines 5, 6d, 8		'		1,745,115 671,803		15,708,720 744,129
	12			dd lines 8 through 11 (must equal		. —		0/1,003		744,129
								44,485,159		71,386,029
	13	Grants	and simila	ar amounts paid (Part IX, column (A	A), lines 1-3)			6,414,894		7,173,205
	14	Benefi	ts paid to c	or for members (Part IX, column (A), line 4)					0
Ø	15	Saları 10)	es, other co	ompensation, employee benefits (P	art IX, column (A), lines	5 –		22,857,607		22,636,629
Expenses	16a	•	sional fund	Iraising fees (Part IX, column (A), l			6,472		0	
क ≘	ь			penses (Part IX, column (D), line 25) $\blacktriangleright 3,4$				0,472		
Ð	17		= -	enses (Part IX, column (D), line 25) ► 3,11 (Part IX, column (A), lines 11a-11				18,183,268		16,651,549
	18			Add lines 13–17 (must equal Part	·	'		47,462,241		46,461,383
	19			penses Subtract line 18 from line :				-2,977,082		24,924,646
30 Or	 -		035 CA	, III I DE LES LACTORIS DE LA COMPANIO LA COMPANIO LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO D		Ben	innina	of Current		
Net Assets or Fund Balances							-	ear	E	nd of Year
38. B.#.	20	Total	assets (Pa	rt X, line 16)			Į	546,395,360		604,567,069
2 E	21	Total	liabilities (f	Part X, line 26)				53,940,989		57,418,826
	22	Netas	sets or fur	nd balances Subtract line 21 from l	ine 20		4	192,454,371		547,148,243
Pa	rt II	_	ature Bl							
				erjury, I declare that I have examined this correct, and complete Declaration of preparation						
					arer (ether than emeer) is bus				arei nas i	
Sigr		IN					2010-	11-11		
Here	е	Sign	ature of office	er			Date			
			HELLE L CHIC							
		▼ Type	e or print nam	ie and titie						
		Preparer		Johnson	Date	Check if self-		Preparer's ider		ımber
Paid		signatur	e 🖊 Lynne	20,000		empolyed	•	(338 1136 46610	,	
•	arer's		ame (or your	s RSM MCGLADREY INC	·			EIN Þ		
Use (Only		nployed), and ZIP + 4	80 City Square						
				boston, MA 021293742				Phone no 🕨	(617) 91	2-9000
May	the IR	S discus	s this retu	irn with the preparer shown above?	(see instructions)				₽ Y e	es Γ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Believing that education is lifelong and continues beyond the classroom, St. Paul's School invites a diverse group of approximately 535 students and 300 faculty and staff members to create an extended family which respects and nurtures individual talent, personal freedom and responsibility, intellectual curiosity and public service. Students are encouraged to seek the highest standards of scholastic, artistic and physical achievement through an integrated curriculum.

2	Did the organization undertak			rvices during the year	which were not listed on	
	the prior Form 990 or 990-EZ					┌ Yes ┌ No
	If "Yes," describe these new s					
3	Did the organization cease co services?		significan • • •	t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these chang	ges on Schedule O				
4	Describe the exempt purpose Section $501(c)(3)$ and $501(c)(3)$ allocations to others, the total)(4) organizations a	ınd sectio	on 4947(a)(1) trusts a	ire required to report the am	
4a	(Code) (Ex	openses \$ 39	9,430,460	ıncludıng grants of \$	6,938,054) (Revenue \$	24,622,572)
	St Paul's School's primary program 2009-2010 was 536 The School st as well as promoting individual gro collaboration by the students and fi encourage our motivated students	rives to be an inclusive wth through learning al aculty at St Paul's Scho	equitable, bout the self bol is the ha	and richly diverse commun f and the perspectives and Ilmark of our academic pro	nity, one that is committed to ensuexperiences of others. The concer ogram. Through the School's rigoro	rring equal access to opportunities, ntrated academic work done in
4b	(Code) (Ex	rpenses \$	916,301	including grants of \$	235,151) (Revenue \$	929,141)
	St Paul's School founded the Adva educational opportunities otherwise a half weeks Students are immers Shakespeare to astronomy, which them up for a lifelong understandir through compulsory interactive writ	e unavailable to them I led in a college-level cu thoroughly explore topi ig of the material (see	Each summe rriculum and cs in severa	er, approximately 265 your d challenged to discover no I disciplines In their time a	ng men and women live on the St ew ways of learning ASP offers a at ASP, students become immersed	Paul's School campus for five and wide variety of courses from d in their subject of choice, setting
4c	(Code) (Ex	rpenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program services (De	scribe in Schedule	0)			
	(Expenses \$	ıncludıng		\$) (Revenue \$)
4e	Total program service expen	ses ► \$ 40	,346,76	1		

Dart TV	Checklist	of Deau	irad S	chadulae
	CHECKHSI	. vi keuu	neu si	uneuures

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	ļ	
13	Is the organization a school 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 United States?	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 United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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		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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	990 (2009)			Page
Pai	t 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 193			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
ь	If at least one is reported on line 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 (see instructions)	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		Νo
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		Νo
Ь	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
	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	35		
	Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7 c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
f	benefit contract?	7e 7f		No No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		110
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax, exempt interest received or asserted during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

325 Pleasant Street CONCORD, NH 03301 (603) 229-4737

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	ction A. Governing Body and Management					
30	ction A. Governing body and Hanagement				Yes	No
					163	140
1a	Enter the number of voting members of the governing body	1a	26			
b	Enter the number of voting members that are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness	relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s	-	•			
_	filed?			4		No
5	Did the organization become aware during the year of a material diversion of the orga		on's assets/	5		No
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	idertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v	who c	annot be reached at the	9		NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedu			9		Νo
	ction B. Policies (This Section B requests information about policies not i venue Code.)	requi	red by the Internal			
ICC	venue code.)				Yes	No
10-	Describes a supplied by the least about the supplied as a supplied by the supp			10a	165	
	Does the organization have local chapters, branches, or affiliates?			IUa		No
D	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or	ganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governin	ıg bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 9	90			
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 it to conflicts?	ntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	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	ew an	d approval by	14	165	
	independent persons, comparability data, and contemporaneous substantiation of the		peration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture o taxable entity during the year?			16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	anızat	ion to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶NH					
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. Ch. Own website. Another's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governin interest policy, and financial statements available to the public See Additional Data	-	•			
20	State the name, physical address, and telephone number of the person who possesses			ie orga	ınızatıor	n 🕨
	DEBORAH J BRANN CONTROLLER			-		

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	age Position (check all rs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100.000 in reportable compensation from the organization 14

			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> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 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

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
KALLMANN MCKINNELL & WOOD ARCHITECTS IN 181 NEWBURY STREET BOSton, MA 02116	ARCHITECT	1,448,159
SKIDMORE OWINGS & MERRILL LLP 224 SOUTH MICHIGAN AVENUE CHICAGO, IL 60604	ARCHITECT/PLANNER	314,006
CAMBRIDGE ASSOCIATES LLC 100 SUMMER ST BOSTON, MA 021102112	INVESTMENT CONSULTANT	279,968
simpson gumpertz & heger inc 41 seyon st waltham, MA 02453	enGINEERING CONSULTANT	165,060
MCLANE GRAF RAULERSON & MIDDLETON PA 900 ELM STREET MANCHESTER, NH 03101	LEGAL COUNSEL	138,754
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization >5

Form 9		<u> </u>						Page 9
Part \	<u>/+++1</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats ste	1a	Federated cam	paıgns 1a					
e E	Ь	Membership du	es 1b					
ts,	C	_	ents 1c					
<u>=</u>	d	Related organiz Government grants	zations 1d					
ons sir	e	_	s (contributions) 1e ons, gifts, grants, and 1f	30,152,823				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above ibutions included in	30,132,023				
S E	h	lines 1a-1f \$	s 1a-1f	▶	30,152,823			
				Business Code				
anue Europe	2a	tuition & fees		611,710	24,780,357	24,780,357		
Program Serwce Revenue	ь							
	c							
er F	d							
<u> </u>	e							
200	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		24,780,357			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)		1,037,488			1,037,488
	4 5		stment of tax-exempt bond	· · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	9,100	(11,11111111111111111111111111111111111				
	ь	Less rental expenses						
	c	Rental income or (loss)	9,100					
	d		me or (loss)		9,100			9,100
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	169,572,328	9,104				
	Ь	Less cost or other basis and sales expenses	154,848,596	61,604				
	c	Gain or (loss)	14,723,732	-52,500				
	d 8a		rom fundraising		14,671,232		-194,892	14,866,124
Other Revenue		events (not inc \$	luding s reported on line 1c) ne 18					
듔	b с		penses b (loss) from fundraising	events - 🕨				
•	9a		rom gaming activities ne 19					
	b c		a penses b (loss) from gaming acti	vutue.				
	-	Gross sales of returns and allo	ınventory, less	vicies				
	ь		a oods sold b	164,875 132,322				
	С		(loss) from sales of inv		32,553			32,553
	11a	Miscellaneous		Business Code 624,410	665,369			665,369
	ь	children's learn		900,099	37,107	37,107		000,000
	c	miscenaneous		, -	, '	, 1		
	d	All other reven	ue					
	e	Total. Add lines			702 475			
	12	Total revenue.	See Instructions .	•	702,476 71,386,029	24,817,464	-194,892	16,610,634

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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).									
			(B), (C), and	(D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	7,173,205	7,173,205							
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	635,158	366,713	187,728	80,717					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	31,230	18,426	5,934	6,870					
7	Other salaries and wages	16,128,368	13,558,947	764,601	1,804,820					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,060,452	1,730,566	112,861	217,025					
9	Other employee benefits	2,582,577	2,103,926	169,309	309,342					
10	Payroll taxes	1,198,844	1,010,297	64,506	124,041					
11	Fees for services (non-employees)									
а	Management									
b	Legal	129,906		129,438	468					
c	Accounting	78,600		78,600						
d	Lobbying									
е	Professional fundraising See Part IV, line 17									
f	Investment management fees	403,371		403,371						
g	Other	49,918		23,716	26,202					
12	Advertising and promotion	205,652	181,317	2,997	21,338					
13	Office expenses	446,113	295,220	23,761	127,132					
14	Information technology	530,156	502,865	9,383	17,908					
15	Royalties									
16	Occupancy	4,130,105	4,082,623	23,163	24,319					
17	Travel	476,703	258,929	20,277	197,497					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	35,042	25,099	7,336	2,607					
20	Interest	1,542,535	1,413,425	61,701	67,409					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	4,938,584	4,525,811	197,543	215,230					
23	Insurance	640,492	330,342	294,396	15,754					
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	supplies for programs	1,262,101	1,262,101							
b	EDU SUPPORT for prgms	1,017,561	1,017,561							
c	ENTERTAINMT/SPEC Evts	593,968	382,239	28,338	183,391					
d	DUES/membersh/contrib	123,674	107,149	5,459	11,066					
e	PAYROLL AND HRIS	47,068		47,068						
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	46,461,383	40,346,761	2,661,486	3,453,136					
26	Joint costs. Check here ► ☐ 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									

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing	ı		5,019,824		7,360,854
	2	Savings and temporary cash investments	•			2	
	3	Pledges and grants receivable, net	•		25,846,637	3	37,072,149
	4	Accounts receivable, net			260,425	4	454,192
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
spess	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L				6	
	7	Notes and loans receivable, net			242,822	7	171,726
8	8	Inventories for sale or use			171,240	8	181,054
⋖	9	Prepaid expenses and deferred charges			1,068,693	9	1,188,018
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	201,011,759			
	ь	Less accumulated depreciation	10b	50,434,710	147,829,581	10c	150,577,049
	11	Investments—publicly traded securities			43,238,260	11	56,473,009
	12	Investments—other securities See Part IV, line 11		311,080,684	12	338,226,037	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		11,637,194	15	12,862,981	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			546,395,360	16	604,567,069
	17	Accounts payable and accrued expenses .			4,873,259	17	5,771,368
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		40,000,000	20	40,000,000	
Səj	21	Escrow or custodial account liability Complete Part IV of Schedu			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lia		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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			9,067,730	25	11,647,458
	26	Total liabilities. Add lines 17 through 25			53,940,989	26	57,418,826
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
÷Э		through 29, and lines 33 and 34.					
먑	27	Unrestricted net assets			186,875,043	27	196,885,875
8	28	Temporarily restricted net assets			185,393,996	28	228,261,042
Fund Balance	29	Permanently restricted net assets			120,185,332	29	122,001,326
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	nplet e			
٥.		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other for			32		
Net	33	Total net assets or fund balances			492,454,371	33	547,148,243
	34	Total liabilities and net assets/fund balances			546,395,360	34	604,567,069

Part XI 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		Νo			
b	b Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	Separate basis Consolidated basis Both consolidated and separated basis						
3а	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		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

7 3

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Public Charity Status and Public Support

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

Name of the organization ST PAUL'S SCHOOL

Employer identification number

02-0222227

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II 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) 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

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

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

(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?

(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)			
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/					
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual									
_	grants ") Tax revenues levied for the									
2	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 lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the									
	amount shown on line 11, column									
_	(f) Dublic Support Subtract line F from									
6	Public Support. Subtract line 5 from line 4									
S	ection B. Total Support	1		-						
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
9	sources Net income from unrelated									
9	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income (Explain in Part									
	IV) Do not include gain or loss									
	from the sale of capital assets									
11	Total support (Add lines 7									
4.5	through 10)	/5								
12	Gross receipts from related activities	,	•			12				
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□			
	check this box and stop here						-1			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2009			11 column (f))		14				
15	Public Support Percentage for 2008	15								
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox			
	= = =	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □			
ь	and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2008. 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	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14									
	ıs 10% or more, and ıf the organizat									
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp				
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□			
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_								
	Explain in Part IV how the organizat						clv			
	supported organization						▶ ┌			
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•			

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 02-0222227

Name: ST PAUL'S SCHOOL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Dr Laurel D Abbruzzese trustee	3 00	X						0	0	0	
Mrs Emily L Bogle trustee	3 00	x						0	0	0	
The Rev Peter G Cheney trustee	3 00	Х						0	0	0	
Mr Hyun-Joon Cho trustee	3 00	X						0	0	0	
Mr James A Diamond trustee	3 00	X						0	0	0	
Mr Mark D Eıchorn trustee	3 00	Х						0	0	0	
MR SCOTT G FOSSEL TRUSTee	3 00	x						0	0	0	
Mr James M Frates TrUstee	3 00	X						0	0	0	
Ms Sabrina Wing-Yee fung, TRUSTee	3 00	X						0	0	0	
Mr Christopher D Heinz TRUstee	3 00	X						0	0	0	
Mr James DeK Houghton TRUstee	3 00	X						0	0	0	
Mr Eric T Jacobsen TRUstee	3 00	X						0	0	0	
Mr William T Kennedy TRUstee	3 00	X						0	0	0	
Mr Philip L Laird TRUstee	3 00	X						0	0	0	
MR JOHN A LECHNER TRUSTee	3 00	X						0	0	0	
Mr Robert D Lindsay treasurer	3 00	X		Х				0	0	0	
Mr P Andrews McLane TRUstee	3 00	X						0	0	0	
Mrs Sarah Bankson Newton, TRUstee	3 00	X						0	0	0	
Dr O lufunmılayo I O lopade, TRUstee	3 00	X						0	0	0	
Mrs Hilary Bedford Parkhurst, TRUstee	3 00	X						0	0	0	
Mr Douglas Schloss president	3 00	X		Х				0	0	0	
Mr Robert B Stockman TRUstee	3 00	X						0	0	0	
Mr James M Waterbury jr , clerk	3 00	X						0	0	0	
MR REEVE B WAUD TRUSTEE	3 00	X						0	0	0	
Mr Victor C Young TRUstee	3 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

- Compensated Employees/ and											
(A) Name and Title	(B) A verage hours	verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Mr WillIam R Matthews rector	60 00	Х		×				300,154	0	124,112	
Ms Michelle L Chicoine asst treasurer/cfo	50 00			Х				230,278	0	61,043	
Mr Michael Hirschfeld VR for Ext Affairs	50 00					X		175,588	0	61,180	
mr william l kissick chief development office	50 00					Х		168,958	0	67,564	
ms candice] dale vice rector for faculty	50 00					X		135,135	0	34,761	
mr william f mitchell dir of capital giving	50 00					X		145,601	0	27,137	
DR JOHN C BASSI MEDICAL DIRECTOR	50 00					X		166,841	0	59,332	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
supplies for programs	1,262,101	1,262,101		
EDU SUPPORT for prgms	1,017,561	1,017,561		
ENTERTAINMT/SPEC Evts	593,968	382,239	28,338	183,391
DUES/membersh/contrib	123,674	107,149	5,459	11,066
PAYROLL AND HRIS	47,068		47,068	

DLN: 93493316035000

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

f th ►Se ►Se	ction 527 organizations Complete Part I-A only e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete I e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	A Donot Part⊪B D	comple onotco	te Part II-B omplete Part	: II-A
	ction 501(c)(4), (5), or (6) organizations Complete Part III				
	me of the organization PAUL'S SCHOOL	nployerio	lentific	ation numbe	er
٠.		2-02222	27		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction 5	27 or	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	:V			
2	Political expenditures	F	\$		
3	Volunteer hours		· <u> </u>		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955		· \$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	· \$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	Г No
4a	Was a correction made?			☐ Yes	∏ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except so	ection 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$ _		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52	.7			
	exempt funtion activities	•	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	ъ 🕨	\$		
4	Did the filing organization file Form 1120-POL for this year?		. –	☐ Yes	Г№
5	State the names, addresses and employer identification number (EIN) of all section 527 political of were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Also ente	rthe a	mount of po	litical

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	c Total lobbying expenditures (add lines 1a and 1b)								
d	d Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		13,531	
j	Total lines 1c through 1i			13,531	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	St Paul's School is a member of a number of associations such as the NATIONAL Association of Independent Schools, Council of Advancement and Support of Education and the National Association of College & University Food Services, WHICH may use a portion of membership dues to lobby on behalf of its members St Paul's SCHOOL also paid Rath, Young and Pignatelli for legal services regarding legislative issues as part of a group of New Hampshire Independent Schools Total dues and fees paid to these types of organizations in fiscal year 2010 was \$13,531 The portion of dues and fees allocated to lobbying activities is not determinable

1

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As Filed Data -

DLN: 93493316035000

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Market Attach to Form 990. See separate instructions.

Open to Public

	me of the organization PAUL'S SCHOOL	om your decidenate instructions.	Employer identification number
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization anonorous ros to rorm so	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1
2	Aggregate contributions to (during year)		100,000
3	Aggregate grants from (during year)		248,728
4	Aggregate value at end of year		4,430,291
5	Did the organization inform all donors and donor advi	-	noradvised Yes V No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	n historically importantly land area certified historic structure n of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3 4	Number of conservation easements modified, transfethe taxable year - Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	-	- · · · -
7	A mount of expenses incurred in monitoring, inspecti		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports contained and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia nents	l statements that describes
Par	TIII Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
1a	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 fin	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	· · · · · · · · · · · · · · · · · · ·
	(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, histofollowing amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	· -
а	Revenues included in Form 990, Part VIII, line 1		▶ -\$

b Assets included in Form 990, Part X

3	Using the organization's accession and other		•								niciriueu <u>)</u>
	ıtems (check all that apply) —		_	_							
а	Public exhibition		d	ı	Loan or	exchange pr	ogram	ıs			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v the	y further t	the organizat	:ion's e	exempt pu	rpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							mılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						ered "	Yes" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for c	ontributio	ons or other	assets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able				A mo	unt	
c	Beginning balance						1c		71110		
d	Additions during the year						1d				
e	Distributions during the year						1e	+			
f	Ending balance						1f				
' 2a	Did the organization include an amount on F	orm 000 Bort V Ive	. 212							Yes	
	-		21,						,	res) NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		. anc	WOR	ad "Vac"	to Form 99	20 Da	art IV lin	o 10		
- (4)	Endowment i unus. Complete	(a)Current Year)Prior		(c)Two Years				(e) Four Y	ears Back
1a	Beginning of year balance	356,818,621		456	6,689,737			-			
b	Contributions	2,390,489		-	7,043,370						
c	Investment earnings or losses	45,986,761		-87	7,906,057						
d	Grants or scholarships	2,919,625		:	2,646,161						
e	Other expenditures for facilities and programs	13,853,902		1!	5,999,213						
f	Administrative expenses	399,500			363,055						
g	End of year balance	388,022,844		356	6,818,621						
2	Provide the estimated percentage of the yea	r end balance held a	is		'		· · · · · · · · · · · · · · · · · · ·				
а	Board designated or quasi-endowment	25 000 % %									
ь	Permanent endowment ► 75 000 % %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	are held a	nd administe	ered fo	r the			
	organization by									Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations		•	•					3a(ii) Yes	<u> </u>
ь	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S		ule R?				. 3b		
4	Describe in Part XIV the intended uses of the) David V Iv	10				
4				ee F	orm 990						
4	Describe in Part XIV the intended uses of the			ee F		er (b) Cost o	r other			(d) Bo	ok value
4 Par	Describe in Part XIV the intended uses of the VI Investments—Land, Building			ee F	orm 990 Cost or oth	er (b)Cost o	r other	(c) Accur deprec			ok value 4,697,489
4 Par	Describe in Part XIV the intended uses of the triangle of triangle			ee F	orm 990 Cost or oth	er (b)Cost of basis (c)	or other other)	(c) Accur deprec		. ,	
Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Building Description of investment Land			ee F	orm 990 Cost or oth	er (b)Cost of basis (c)	or other other) 697,489	(c) Accur deprec	iation	. ,	4,697,489
Par la c	Describe in Part XIV the intended uses of the VI Investments—Land, Building Description of investment Land			ee F	orm 990 Cost or oth	(b)Cost c basis (c 4,	or other other) 697,489	(c) Accur deprec	iation	12	4,697,489
1a b c d e	Describe in Part XIV the intended uses of the tVI Investments—Land, Building Description of investment Land	s, and Equipme	nt. S	ee F (a) basis	Corm 990 Cost or oth G (Investme	(b)Cost c basis (c 4, 165, 18, 12,	or other other) 697,489 082,793	(c) Accur deprec	,303,326	12	4,697,489 8,779,466

(a) Description of security or category	Form 990, Part X, line 12 (b) Book value	(c) Metho	od of valuation
(including name of security) Financial derivatives	(B)Book value	Cost or end-o	f-year market value
Closely-held equity interests			
O ther us equity	16,383,594		F
international equity	50,032,353		F
marketable alternatives	160,359,651		F
non-marketable alternatives	53,152,909		F
ınflatıon hedgıng	39,704,422		F
fixed income	18,593,108		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	338,226,037		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		od of valuation f-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, lin			(h) Paak value
(a) Descrip	LION		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	2.062.002		
ADVANCE DEPOSITS LIABILITIES UNDER SPLIT INTEREST AGREEMENTS	2,063,082 3,180,036		
INTEREST RATE SWAP AGREEMENT	6,228,937		
payables for securities purchased	175,403		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11,647,458		
, , , , , , , , , , , , , , , , , , ,	11,077,430		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	71,386,029
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,461,383
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,924,646
4	Net unrealized gains (losses) on investments	4	30,557,322
5	Donated services and use of facilities	5	
6	Investment expenses	6	403,371
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,191,467
9	Total adjustments (net) Add lines 4 - 8	9	29,769,226
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	54,693,872
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	112,227,802
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	41,374,820
3	Subtract line 2e from line 1	3	70,852,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	533,047
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	71,386,029
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	57,533,930
2	Amounts 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	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	19,314,492
3	Subtract line 2e from line 1	3	38,219,438
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 403,371		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	8,241,945
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	46,461,383
Par	t XIV Supplemental Information		

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		Part I, line 5 $\&$ 6 the school has no donor advised funds Part V, line 4 the school's endowed funds are used in perpetuity to fund
		the sps programs the principal is invested for long-term growth to serve present and future generations of students Part Xi, line
		8 - other adjustments unrealized loss on interest rate swap - 2,159,915 actuarial adjustment 968,448 total -1,191,467
		part xII, line 2d - other adjustments financial aid -7,173,205 spending policy 17,022,255 actuarial adjustment 968,448
		total 10,817,498 part xII, line 4b - other adjustments cost of goods sold -132,322 children's learning center revenue
		665,369 total 533,047 part xIII, line 2d - other adjustments
		spending policy 17,022,255 interest rate swap loss 2,159,915 Cost of goods sold 132,322 total 19,314,492 part
		xiii, line 4b - other adjustments children's learning center expenses 665,369 financial aid 7,173,205 total 7,838,574

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ST PAUL'S SCHOOL

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	02-022227			
			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 see schedule o	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	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
е	Educational policies?	5e		Νo
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, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Day, Dress 75, 50, 1075, 3, 6 B, 587, asymptotically repulse to 2. If "No." explain on Schedule O (Form			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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DLN: 93493316035000

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Totals.

SCHEDULE F (Form 990)

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization					Employer ide	ntification number		
51	PAUL'S SCHOOL					02-022222	7		
P		ormation on Ac		de the United States	s. Complete	e if the organ	nization answered		
For grantmakers. Does the organizat assistance, the grantees' eligibility for			ration maintain records to substantiate the amount of the grants or for the grants or assistance, and the selection criteria used to award						
2	For grant makers. Desc United States	rıbe ın Part IV the	organization's pr	rocedures for monitoring th	ne use of gran	nt funds outsıd	e the		
3	Activites per Region (Use Schedule F-1	(Form 990) ıf adı	ditional space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region		
eas	t asıa and the pacıfic			fundraising	n/a		28,841		
eur	ope			fundraising	n/a		9,892		
	tral america & the ibbean			program services	program ser part ıv)	vices (see	15,855		
eas	t asıa and the pacıfic			program services	program ser part ıv)	vices (see	10,764		
eur	ope			program services	program ser part ıv)	vices (see	23,826		
sou	th america			program services	program ser part ıv)	vices (see	5 5		
sub	-saharan afrıca			program services	program ser part ıv)	vices (see	8,474		
eur	ope			investments					
sub	-saharan afrıca			investments					
eas	t asıa and the pacıfic			investments					
	tral america & the ibbean			investments					

97,707

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ured in Part I, line 2, and any additional information. Explanation
Schedule F, Part IV	O ther Information	PART I, LINE 3, COLUMN (E) REGIONS CENTRAL AMERICA AND THE CARIBBEAN, EAST ASIA AND THE PACIFIC, EUROPE, SOUTH AMERICA AND SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION PROGRAM SERVICE ACTIVITIES INCLUDE ADMISSIONS TRAVEL, ALUMNI RELATIONS TRAVEL, FACULTY PROFESSIONAL DEVELOPMENT, AND OFF-CAMPUS PROGRAM STUDENT TRIPS

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DLN: 93493316035000 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Open to Public

internal Nevenue Service							
Name of the organization						Employer identifica	ation number
ST PAUL'S SCHOOL	02-0222227						
Part I General Infor	mation on Grants	and Assistance					
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?				•	F Yes ☐ ſ
Form 990, Part	IV, line 21 for any r	o Governments and recipient that receive (0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

financial aid assistance to attend st paul's school recipients cash grant non-cash assistance (book, FMV, appraisal, other) financial aid assistance to attend st paul's school financial aid assistance awarded to attend st paul's school					
paul's school 189 7,173,205 fair market value attend st paul's school	(a)Type of grant or assistance	• •	 1	(book,	(f)Description of non-cash assistance
		189	7,173,205	Itair market value	
See Additional Data Table	See Additional Data Table				

Ident if ier	Return Reference	Explanation				
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 any student or applicant requesting financial aid from st paul's school must complete the personal financial statement (pfs) offered by the school and student services - nais as well as provide copies of recent tax information by a specified deadline the school's director of financial aid evaluates all applicants using the pfs formula and determines the financial need of each applicant students that are determined to have a financial need are awarded grant funds to meet 100% of their determined need				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493316035000

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** ST PAUL'S SCHOOL 02-0222227 Part I Questions Pegarding Compensation

	Questions Regarding compensation			l	
				Yes	N o
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide	any relevant information regarding these items			
		ousing allowance or residence for personal use			
	•	ayments for business use of personal residence			
		ealth or social club dues or initiation fees			
	Discretionary spending account	ersonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abov		1b	Yes	
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director,	· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the			
	·	ritten employment contract			
		ompensation survey or study			
	Form 990 of other organizations	pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization	ection A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νο
b	Participate in, or receive payment from, a supplemental nonqu	alıfıed retırement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based comp	ensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete	te lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the revenues of	d the organization pay or accrue any			
а	The organization?		5a		Νo
ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the net earnings of	d the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, depayments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs sec in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958\text{-}6(c)$?	e presumption procedure described in Regulations	9		

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Mr WıllIam R Matthews	(I) (II)	282,772 0	0	17,382 0	85,5 4 5 0	38,567 0	424,266 0		
Ms Michelle L Chicoine	(I) (II)	230,020 0	0	258 0	27,602 0	33,441 0	291,321 0		
Mr Mıchael Hırschfeld	(I) (II)	169,468 0	0	6,120 0	21,048	40,132 0	236,768		
mr william l kissick	(I) (II)	168,700 0	0	258 0	18,359 0	49,205 0	236,522 0		
ms candice j dale	(I) (II)	131,125 0	0	4,010	15,735 0	19,026 0	169,896 0		
mr william f mitchell	(I) (II)	145,421 0	0	180	15,818 0	11,319 0	172,738 0		
DR JOHN C BASSI	(I) (II)	166,805 0	0	36 0	19,200 0	40,132 0	226,173 0		

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	,	travel for companions - nontaxable travel expenses under the accountable plan incurred for bona fide business purposes on behalf of a family member of william r matthews were paid by the school housing allowance - st paul's school is a fully residential boarding school as a requirement of employment, all faculty members must live on campus and are provided nontaxable housing by the school listed employees who received school housing are as follows - mr william r matthews - \$28,800 - ms michelle chicoine - \$28,800 - mr michael g hirschfeld - \$28,800 - dr john c bassi - 28,800 - ms candice j dale - \$14,400 (1/2 year housing due to off-campus sabbatical january to june 2009)
	,	Mr William R Matthews participates in the School's nonqualified retirement plan and accrued benefits of \$40,000 during the fiscal year 2009-2010 Payment of accrued benefits will be made subsequent to reaching a vesting date of June 30, 2011

Schedule J (Form 990) 2009

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DLN: 93493316035000

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization ST PAUL'S SCHOOL

Employer identification number

02-0222227

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under		
	section 4958	\$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	· ¢	
•	Enter the amount of tax, if any, on the 2, above, remibursed by the organization.	Ψ	

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(b) Loan to or from the (a) Name of interested person and organization? purpose

(c)Original principal amount

(d)Balance due

(e) In default?

Nο

Yes

Approved by board or committee?

(g)Written agreement?

Yes No

From

Grants or Assistance Benefitting Interested Persons.

Τo

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No see schedule o 31,320 see sch o marcia matthews Νo united educators see schedule o 217,817 see sch o Νo

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DLN: 93493316035000

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization ST PAUL'S SCHOOL

Employer identification number

					02-022227			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	ning	
1	Art—Works of art	<u> </u>		,				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	108	1,429,086	market value			
10	Securities—Closely held stock .							
	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 .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	atheltic							
25	Other ► (<u>equipment</u>)	Х	2	2,900	market value			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received							
	for which the organization compl	eted Form 8	8283, Part IV, Donee Ackn	owledgement	29			1
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь 33	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Return Reference	Explanation			
Third Party Use	l '	all stock gifts are received, processed and sold by the school's custodial bank			

Schedule M (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization ST PAUL'S SCHOOL

Employer identification number

02-0222227

ldentifier	Return Reference	Explanation
Form 990, Part V, line 3b		st paul's has filed form 8868, application for extension of time to file an exempt organization return, to request an extension for form 990-T for the tax year ending June 30, 2010
Form 990, Part VI, Section A, line 6		the school's governing body consisted of trustees who have the right to participate in the school's governance All trustees have the same voting rights the full board of trustees must vote on the removal of trustees or the hiring or firing of the rector or dissolution of the school the full board approves significant decisions of the governing body
Form 990, Part VI, Section A, line 7a		Certain designees of the Alumni and Parents Associations serve as members of the Board of Trustees of St Paul's School and have the same authority as other elected members
Form 990, Part VI, Section B, line 11		The Form 990 was prepared by the School's Controller and reviewed by the Chief Financial Officer as well as the School's outside tax firm prior to being presented to the Audit Committee. An Audit Committee meeting was held, prior to the filing of the Form 990. At this time, the Form 990 was reviewed in detail and approved for submission to the Internal Revenue Service. Prior to the final form being electronically submitted to the Internal Revenue. Service a copy was provided to all the members of the Board of Trustees.
Form 990, Part VI, Section B, line 12c		St Paul's School maintains a written conflict of interest policy that is included in the School's Policies and Procedures manual which is updated and disseminated to all employees and trustees annually. At the start of each fiscal year, the Chief Financial Officer of the School requires that each individual completes a Conflict of Interest Disclosure Form any conflicts identified by the conflict of interest disclosure form are summarized in a report to the president of the board of trustees and the chair of the trustees & governance committee the board of trustees is notified of any conflicts and action, if necessary, is taken by the trustees. At the conclusion of the fiscal year, prior to the submission of the Form 990, a Governing Body Member Annual Questionnaire is provided to each Trustee, officer and/or key employee. This questionnaire requires the disclosure of any conflicts of interest that may have existed during the prior fiscal year.
Form 990, Part VI, Section B, Iine 15		The Compensation Committee, consisting solely of outside directors, is responsible for administering the compensation of the Rector and any other officers. The committee meets approximately three times a year to 1 Set goals for the Rector. 2 Determine what, if any, outside resources are necessary to set appropriate compensation in that year. 3 Hire any necessary outside consultants. 4 Review and set compensation by a review of comparable outside data including 990 and peer school information. 5 Review the rector's performance. 6 Amend, if necessary, the Rector's employment contract. 7 Set compensation for Rector and other officers. 8 Review and approve the minutes of the previous compensation committee meeting. The Compensation committee reports on its meetings to the full Board of Trustees and the actions of the compensation committee are ratified at the next meeting of the full Board of Trustees.
Form 990, Part VI, Section C, line 19		St Paul's School makes available to the public via its website the following governing documents - By-laws - Internal Revenue Service Tax Determination letter - Filed Form 990 for the three most recent fiscal years - Board of Trustee Committee Charters in addition, St Paul's School makes our audited financial statements available to the School community (employees, parents and alumni) via our secured password protected website
form 990, part xı, line 2c		The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed from prior year

ldentifier	Return Reference	Explanation
schedule I,	BUSINESS	(A) NAME OF PERSON MARCIA MATTHEWS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND
part ıv	TRANSACTIONS	ORGANIZATION FAMILY MEMBER OF WILLIAM R MATTHEWS, TRUSTEE AND RECTOR (C) AMOUNT OF
	WITH INTERESTED	TRANSACTION \$31,320 (D) DESCRIPTION OF TRANSACTION COMPENSATION PAID BY ORGANIZATION
	PERSONS	(E) SHARING OF ORGANIZATION REVENUES?= NO (A) NAME OF PERSON UNITED EDUCATORS (B)
		RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION OFFICER, MICHELLE L CHICOINE,
		SERVES AS A DIRECTOR (C) AMOUNT OF TRANSACTION \$217,817 (D) DESCRIPTION OF TRANSACTION
		INSURANCE PREMIUMS PAID BY ORGANIZATION (E) SHARING OF ORGANIZATION REVENUES?= NO

SCHEDULE R-1, PART V TRANSACTIONS WITH RELATED ORGANIZATION THE SCHOOL DOES NOT HAVE ANY RELATED ORGANIZATIONS schedule e, line 3 our policy is published annually in a regional newspaper, included in all prospective student literature and distributed to students in our student handbook the policy is also noted on our website, and is included with all employment advertisements included in newspaper or other publications For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

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DLN: 93493316035000

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37, ► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization **Employer identification number** ST PAUL'S SCHOOL 02-0222227

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity (b) (c)

Legal domicile (state Primary activity or foreign country)

(d) Total income

(e) End-of-year assets

Direct controlling entity

st paul's school - e burke ross ir new jersey financial aid fund llc 172 south ocean blvd palm beach, FL 33480 16-1673430

financial aid fund

NJ

587,056

4,430,291 N/A

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

(e) Public charity status (if section 501(c)(3))

Direct controlling

Yes

No

Yes

No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(i) Code V—UBI (h) (j) (c) (d) Direct controlling **(f)** Share of total income Disproprtionate (a) Name, address, and EIN of (b) Legal General or (g) Predominant income Primary activity Share of end-of-year allocations? amount in box 20 of managing domicile (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CHARITABLE REMAINDER TRUST 325 PLEASANT STREET CONCORD, NH03301	CHARITABLE TRUST	NH	N/A	Т		3,079,674	100 000 %
CHARITABLE REMAINDER TRUST 325 PLEASANT STREET CONCORD, NH03301	CHARITABLE TRUST	NH	N/A	Т		222,317	100 000 %
CHARITABLE REMAINDER TRUST 325 PLEASANT STREET CONCORD, NH03301	CHARITABLE TRUST	NH	N/A	Т		82,236	100 000 %
CHARITABLE REMAINDER TRUST 325 PLEASANT STREET CONCORD, NH03301	CHARITABLE TRUST	NH	N/A	Т		208,065	100 000 %
CHARITABLE REMAINDER TRUST 325 PLEASANT STREET CONCORD, NH03301	CHARITABLE TRUST	NH	N/A	Т		75,574	100 000 %

(4)

(5)

(6)

Cile	dule k (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions 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 entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction Autype(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(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?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No