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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

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

C Name of organization THE FENN SCHOOL	D Employer identification number 04-2104064
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) 516 MONUMENT STREET	
Room/suite	
City or town, state or country, and ZIP + 4 CONCORD, MA 01742	

F Name and address of principal officer  
Gerard J. G. Ward  
516 MONUMENT STREET  
CONCORD, MA 01742H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.fenn.org

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1929 M State of legal domicile MA

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

THE FENN SCHOOL IS AN ACCREDITED INDEPENDENT DAY SCHOOL FOR APPROXIMATELY 300 BOYS IN GRADES 4 THROUGH 9. THE MAIN OBJECTIVE OF THE SCHOOL IS TO PROVIDE A SOLID, BALANCED CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL AGE BOYS, WITH EMPHASIS ON ACADEMICS, ARTS, AND ATHLETICS. THROUGH COORDINATED COURSES THAT INTEGRATE ACROSS DISCIPLINES, THE SCHOOL PREPARES STUDENTS FOR RIGOROUS SECONDARY SCHOOL WORK AND ACADEMIC ACHIEVEMENT.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of employees (Part V, line 2a)	5	218
6 Total number of volunteers (estimate if necessary)	6	300
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,608,647	2,430,198
9 Program service revenue (Part VIII, line 2g)	10,720,249	10,543,718
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	974,694	387,005
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,213	103,741
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,442,803	13,464,662

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	946,851	1,011,627
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,944,588	7,850,222
16a Professional fundraising fees (Part IX, column (A), line 11e)	35,470	60,249
b Total fundraising expenses (Part IX, column (D), line 25) ► 739,006		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,039,970	3,857,078
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,966,879	12,779,176
19 Revenue less expenses Subtract line 18 from line 12	1,475,924	685,486

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	34,516,554	38,157,418
21 Total liabilities (Part X, line 26)	8,560,488	9,816,246
22 Net assets or fund balances Subtract line 21 from line 20	25,956,066	28,341,172

## Part II Signature Block

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

Sign Here

Signature of officer  
david a platt director of fin & ops  
Type or print name and title

2011-05-12  
Date

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey Inc 80 City Square Boston, MA 021293742			EIN ►
			Phone no ► (617) 912-9000

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

THE FENN SCHOOL SEEKS TO PREPARE BOYS FOR A LIFETIME OF LEARNING, LEADERSHIP, AND INTEGRITY BY OFFERING A BROAD AND CHALLENGING EDUCATIONAL PROGRAM IN A PERSONAL COMMUNITY THAT HONORS DIVERSITY INSPIRED BY THE IDEALS OF HONESTY, RESPECT, EMPATHY, COURAGE, AND GUIDED BY THE MOTTO, SUA SPONTE, EACH BOY IS CHALLENGED TO ACCEPT RESPONSIBILITY FOR HIMSELF, FOR HIS OWN EDUCATION, AND FOR THE WELL-BEING OF OTHERS

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 4,227,454 including grants of \$ 505,814 ) (Revenue \$ 4,628,314 )

Academic Program - the school is an accredited educational institution for approximately 300 boys, grades 4 through 9 the school provides a solid curriculum in english, science, social studies, mathematics, and languages (latin and spanish) Mathematics and language curricula allow for standard-level as well as advanced-level learning, depending on the student's abilities The entire academic program is an upward progression toward sophisticated cognitive reasoning and intellectual challenges to prepare boys for secondary school education

**4b** (Code ) (Expenses \$ 2,113,727 including grants of \$ 252,906 ) (Revenue \$ 2,314,157 )

athletics program - This program promotes athletic competence, confidence, and enjoyment for students of varying athletic abilities and interests It stresses learning and practicing individual and team skills, and it offers a variety of individual and team activities with various levels of competition at all levels good sportsmanship is emphasized as the primary lesson to be learned from a well organized athletic program Sports options, depending on grade, include soccer, football, cross country, track, basketball, wrestling, ice hockey, tennis, and also allows for sports alternative with parental/school approval

**4c** (Code ) (Expenses \$ 2,113,726 including grants of \$ 252,906 ) (Revenue \$ 2,314,156 )

Arts Program - Beginning in grade 4, the students are introduced to a six-year sequential curriculum in the Arts beginning with Studio Art, Drama, music and wood shop as the student progresses through each grade other arts program offerings become available, such as ceramics and photography in grades 8 and 9, students may select from a broad array of courses mentioned plus others such as painting, cartooning, theater tech, video production, steel drums, guitar and rhythm ensemble students are required to complete three art requirements for graduation one each in fine arts, dramatic arts and musical arts

**4d** Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 1,028,548 including grants of \$ ) (Revenue \$ 1,287,091 )

**4e** Total program service expenses \$ 9,483,455

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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

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  12A  No

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13	Yes	
14a		No
14b		No
15		No
16		No
17	Yes	
18		No
19		No
20		No

**Part IV 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		No
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	Yes	
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		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	33		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	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		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	36		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 29	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 218	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		
<b>4b</b>	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b> No	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>7a</b> No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> No	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b> No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b> No	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b> No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> No	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> No	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b> No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b> No	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b> No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> No	

**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.

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	24	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	24	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ► MA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 david a platt DIR OF FIN & OPs  
 516 monument street  
 concord, MA 01742  
 (978) 318-3524

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

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

**1a** Complete this table for all persons required to be listed. 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 not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	1,083,269	0	200,144
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**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 **►5**

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<b>4</b> 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	<b>4</b>	Yes	
<b>5</b> 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	<b>5</b>		No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
sodexo inc po box 360170 pittsburgh, PA 152516170	food service	335,575
BROWN BROTHERS HARRIMAN & CO 40 WATER STREET boston, MA 02109	financial	200,000
stantec planning and landscape architect 13980 collections center drive chicago, IL 60693	architect	166,682
menard and sons inc po box 601 burlington, MA 01803	landscaping	106,307
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►4</b>		

**Part VIII Statement 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		
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,430,198				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		4,857				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		2,430,198				
Program Service Revenue	Business Code 611,600 611,710 _____ _____ _____ _____ _____ _____ _____ <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .						
			<b>2a</b> school tuition		9,256,627	9,256,627	
			<b>b</b> summer camp program		1,287,091	1,287,091	
			<b>c</b>				
			<b>d</b>				
			<b>e</b>				
			<b>f</b> All other program service revenue				
			<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		10,543,718		
Other Revenue	Investment income (including dividends, interest and other similar amounts) . . . . . ► 386,455 Income from investment of tax-exempt bond proceeds . . . . . ► _____ _____ _____ <b>5</b> Royalties . . . . . ► _____ <b>6a</b> Gross Rents 26,325 _____ _____ _____ <b>b</b> Less rental expenses _____ <b>c</b> Rental income or (loss) 26,325 _____ <b>d</b> Net rental income or (loss) . . . . . ► 26,325						
			<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ► 386,455				386,455
			<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ► _____				
			<b>5</b> Royalties . . . . . ► _____				
			<b>6a</b> Gross Rents 26,325 _____ _____ _____ <b>b</b> Less rental expenses _____ <b>c</b> Rental income or (loss) 26,325 _____ <b>d</b> Net rental income or (loss) . . . . . ► 26,325				26,325
			<b>7a</b> Gross amount from sales of assets other than inventory 550 _____ <b>b</b> Less cost or other basis and sales expenses _____ <b>c</b> Gain or (loss) 550 _____ <b>d</b> Net gain or (loss) . . . . . ► 550				550
			<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a <b>b</b> Less direct expenses . . . . . b <b>c</b> Net income or (loss) from fundraising events . . . . . ►				
			<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . a <b>b</b> Less direct expenses . . . . . b <b>c</b> Net income or (loss) from gaming activities . . . . . ►				
<b>10a</b> Gross sales of inventory, less returns and allowances . a <b>b</b> Less cost of goods sold . . . . . b <b>c</b> Net income or (loss) from sales of inventory . . . . . ►							
Miscellaneous Revenue		Business Code					
<b>11a</b> extended after care		611,710	28,372		28,372		
<b>b</b> other revenue		900,099	25,695	25,695			
<b>c</b> student uniforms sal		448,000	23,349		23,349		
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		77,416					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		13,464,662	10,569,413	0	465,051		

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,011,627	1,011,627		
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 . . . . .	732,037	323,618	259,734	148,685
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	5,567,846	3,928,927	1,403,511	235,408
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	311,685	207,496	88,212	15,977
9 Other employee benefits . . . . .	784,256	470,493	248,748	65,015
10 Payroll taxes . . . . .	454,398	317,068	111,177	26,153
11 Fees for services (non-employees)				
a Management . . . . .	13,741		13,741	
b Legal . . . . .	64,064		64,064	
c Accounting . . . . .	49,100	49,100		
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .	60,249			60,249
f Investment management fees . . . . .	51,509		51,509	
g Other . . . . .	128,873	68,605	14,565	45,703
12 Advertising and promotion . . . . .	102,427	102,427		
13 Office expenses . . . . .	755,875	638,154	68,350	49,371
14 Information technology . . . . .	178,140	133,895	40,719	3,526
15 Royalties . . . . .				
16 Occupancy . . . . .	605,995	563,575	30,300	12,120
17 Travel . . . . .	97,210	87,195	9,406	609
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	14,006	7,275	4,742	1,989
20 Interest . . . . .	175,962	161,885	8,798	5,279
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	791,864	730,822	38,151	22,891
23 Insurance . . . . .	53,451	53,451		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a dining/events/reception	447,741	352,715	60,152	34,874
b student activities	119,789	119,789		
c faculty/staff professio	94,364	69,480	19,977	4,907
d parents' association	51,207	51,207		
e memberships/subscriptio	27,174	5,767	20,657	750
f All other expenses	34,586	28,884	202	5,500
25 <b>Total functional expenses.</b> Add lines 1 through 24f	12,779,176	9,483,455	2,556,715	739,006
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
<b>1</b>	Cash—non-interest-bearing . . . . .	1,854,302	<b>1</b> 3,260,851
<b>2</b>	Savings and temporary cash investments . . . . .	141,817	<b>2</b> 130,258
<b>3</b>	Pledges and grants receivable, net . . . . .	1,727,482	<b>3</b> 1,281,520
<b>4</b>	Accounts receivable, net . . . . .	95,799	<b>4</b> 71,884
<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	6	
<b>7</b>	Notes and loans receivable, net . . . . .	7	
<b>8</b>	Inventories for sale or use . . . . .	8	
<b>9</b>	Prepaid expenses and deferred charges . . . . .	333,684	<b>9</b> 347,650
<b>10a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	22,788,832
<b>b</b>	Less accumulated depreciation . . . . .	<b>10b</b>	8,219,449
		15,001,395	<b>10c</b> 14,569,383
<b>11</b>	Investments—publicly traded securities . . . . .	13,982,665	<b>11</b> 15,135,894
<b>12</b>	Investments—other securities See Part IV, line 11 . . . . .	250,000	<b>12</b> 1,373,000
<b>13</b>	Investments—program-related See Part IV, line 11 . . . . .	13	
<b>14</b>	Intangible assets . . . . .	14	
<b>15</b>	Other assets See Part IV, line 11 . . . . .	1,129,410	<b>15</b> 1,986,978
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	34,516,554	<b>16</b> 38,157,418
<b>Liabilities</b>			
<b>17</b>	Accounts payable and accrued expenses . . . . .	1,429,104	<b>17</b> 1,332,582
<b>18</b>	Grants payable . . . . .	18	
<b>19</b>	Deferred revenue . . . . .	2,588,427	<b>19</b> 4,439,760
<b>20</b>	Tax-exempt bond liabilities . . . . .	3,821,528	<b>20</b> 3,821,528
<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	23	
<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .	24	
<b>25</b>	Other liabilities Complete Part X of Schedule D . . . . .	721,429	<b>25</b> 222,376
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,560,488	<b>26</b> 9,816,246
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b>	Unrestricted net assets . . . . .	16,029,100	<b>27</b> 17,353,231
<b>28</b>	Temporarily restricted net assets . . . . .	4,405,690	<b>28</b> 5,449,010
<b>29</b>	Permanently restricted net assets . . . . .	5,521,276	<b>29</b> 5,538,931
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
<b>30</b>	Capital stock or trust principal, or current funds . . . . .	30	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
<b>33</b>	Total net assets or fund balances . . . . .	25,956,066	<b>33</b> 28,341,172
<b>34</b>	Total liabilities and net assets/fund balances . . . . .	34	38,157,418

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 . . . . .

**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

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**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 . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
THE FENN SCHOOL

Employer identification number

04-2104064

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

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

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

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

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

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

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

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

9  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

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

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

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

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

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

(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?

h  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 instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support?
			Yes	No			
<b>Total</b>							

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

**Section A. Public Support**

Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> 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

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2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

THE FENN SCHOOL

**Employer identification number**

04-2104064

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

	<b>Amount</b>
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	13,234,816	15,118,735			
b Contributions . . . . .	17,655	193,610			
c Investment earnings or losses . . . . .	1,972,478	-1,561,429			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	685,000	516,100			
f Administrative expenses . . . . .					
g End of year balance . . . . .	14,539,949	13,234,816			

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

a Board designated or quasi-endowment ► **39.720 %**

b Permanent endowment ► **38.100 %**

c Term endowment ► **22.180 %**

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

	<b>Yes</b>	<b>No</b>
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,624,281			2,624,281
b Buildings . . . . .		11,737,747	3,065,178		8,672,569
c Leasehold improvements . . . . .		4,913,784	2,218,317		2,695,467
d Equipment . . . . .		2,082,639	1,633,711		448,928
e Other . . . . .		1,430,381	1,302,243		128,138
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					14,569,383

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

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

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total:** (Column (b) should equal Form 990, Part X, col (B), line 15)

**Part X Other Liabilities** See Form 990 Part X line 25

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 25) **222,376**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,464,662
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,779,176
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	685,486
4	Net unrealized gains (losses) on investments	4	1,855,057
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-155,437
9	Total adjustments (net) Add lines 4 - 8	9	1,699,620
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,385,106

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	14,152,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,855,057
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-1,167,064
e	Add lines 2a through 2d . . . . .	2e	687,993
3	Subtract line 2e from line 1 . . . . .	3	13,464,662
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	13,464,662

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

1	Total expenses and losses per audited financial statements . . . . .	1	11,767,549
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	11,767,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	1,011,627
c	Add lines 4a and 4b . . . . .	4c	1,011,627
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	12,779,176

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The intended uses of the school's endowment funds are for faculty salaries and merit increases, faculty enrichment, faculty/staff travel grants, financial aid, scholarships, philanthropy fund, founders fund for education innovation, mulvany center, support for faculty/staff children attending the fenn school
Part XI, Line 8 - Other Adjustments		loss on interest rate swap agreement -44833 loss on pledge activity -110604
Part XII, Line 2d - Other Adjustments		FINANCIAL AID NETTED AGAINST TUITION INCOME ON FINANCIAL STATEMENTS -1011627 loss on interest rate swap agreement -44833 loss on pledge activity -110604
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID NETTED AGAINST TUITION INCOME ON FINANCIAL STATEMENTS 1011627

2009

Open to Public  
Inspection**SCHEDULE E**  
(Form 990 or 990-EZ)**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.

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
THE FENN SCHOOL**Employer identification number**

04-2104064

**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?

**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?

**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

**ADVERTISEMENTS IN COMMUNITY NEWSPAPERS AND CATALOGUES**

**4** Does the organization maintain the following?

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

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

**a** Students' rights or privileges?

**b** Admissions policies?

**c** Employment of faculty or administrative staff?

**d** Scholarships or other financial assistance?

**e** Educational policies?

**f** Use of facilities?

**g** Athletic programs?

**h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)

**6a** Does the organization receive any financial aid or assistance from a governmental agency?

**b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)

**7** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)

	YES	NO
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>	Yes	
<b>4d</b>	Yes	
<b>5a</b>		No
<b>5b</b>		No
<b>5c</b>		No
<b>5d</b>		No
<b>5e</b>		No
<b>5f</b>		No
<b>5g</b>		No
<b>5h</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	

# Supplemental Information Regarding Fundraising or Gaming Activities

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization  
THE FENN SCHOOL

Employer identification number

04-2104064

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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

<p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and e-mail solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p>	<p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p>
--	--

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes  No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
marts & lundy	data analysis and consultation		No	0	60,249	0
<b>Total . . . . .</b>		►		0	60,249	0

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

MA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				

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

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

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

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

**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**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE FENN SCHOOL**

**Employer identification number**

04-2104064

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule T-1 (Form 990) if additional space is needed.

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
tuition financial aid	42		613,275	fair market value	reduction in tuition charged
tuition remission	9		274,825	fair market value	reduction in tuition charged
student fees financial aid	51		123,527	fair market value	reduction in fees charged

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U.S.	Part I, Line 2	Schedule I, Part I, Line 2 grants for financial aid are need-based and awarded by the financial aid committee as determined by financial disclosure information provided by the family of the recipient

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.**

**Name of the organization**

THE FENN SCHOOL

**Employer identification number**

04-2104064

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	THE SCHOOL ENTERED INTO A THREE-YEAR EMPLOYMENT CONTRACT WITH AN OFFICER. THIS AGREEMENT AUTHORIZED THE ESTABLISHMENT OF A NON-QUALIFIED 457(F) DEFERRED COMPENSATION PLAN (THE "PLAN") FOR THE BENEFIT OF THE OFFICER. IN OCTOBER, A DISTRIBUTION OF \$351,232 WAS MADE TO THE OFFICER AND THE PLAN WAS CLOSED. EFFECTIVE JULY 1, 2009, THE SCHOOL ENTERED INTO A NEW THREE-YEAR EMPLOYMENT CONTRACT WITH AN OFFICER. UNDER THE TERMS OF THE PLAN, THE FUNDS WILL NOT VEST UNTIL JUNE 30, 2012.

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Name of the organization

THE FENN SCHOOL

Employer identification number

04-2104064

## Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
massachusetts development A finance agency	04-3431814		09-25-2008	3,821,528	campus improvements		X		X

## Part II Proceeds

1	Total proceeds of issue	A		B		C		D		E	
		12,000,000									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows		2,600,272								
4	Other unspent proceeds										
5	Issuance costs from proceeds		140,614								
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds		9,259,114								
8	Year of substantial completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?		X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X								

## Part III Private Business Use

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
		Yes	No								
			X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %							
6 Total of lines 4 and 5			0 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider	brown brothers harriman & co									
c Term of hedge	10 000000000000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104064  
**Name:** THE FENN SCHOOL

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493132016631**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

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

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

04-2104064

**Name of the organization** THE FENN SCHOOL

**Identifier** **Return Reference** **Explanation**

Form 990, Part VI,  
Section A, line 8b

EACH COMMITTEE CONTEMPORaneously DOCUMENTS THE MEETINGS HELD OR WRITTEN ACTIONS  
UNDERTAKEN DURING THE YEAR. HOWEVER, NONE OF THE COMMITTEES HAVE AUTHORITY TO ACT  
ON BEHALF OF THE GOVERNING BODY

**Identifier** **Return Reference** **Explanation**

Form 990, Part VI,  
Section B, line 11

prior to its submission to the IRS, The Form 990 is reviewed by a committee which consists of members  
of the audit committee, as well as the chair, vice-chair, and treasurer of the board. In addition, the Form  
990 is provided to the full board of trustees

**Identifier** **Return Reference** **Explanation**

Form 990,  
Part VI,  
Section B,  
line 12c

All trustees shall complete a conflict of interest form annually. No Trustee, committee member, officer or employee  
shall engage in any action or activity, acting on behalf of the Corporation, which also results in a gain or  
advantage to that individual or to a member of his or her immediate family or a business organization in which such  
person has a significant interest such that such individual may be deemed to have an "interest" in the transaction  
(hereinafter, an "interested person"), without compliance with such appropriate requirements with respect to  
disclosure as the Board of Trustees of the Corporation may establish from time to time. In addition, no person who  
may be deemed interested in any matter based on his or her capacity as Trustee, committee member, officer or  
employee shall vote or use his or her personal influence on the matter, and he or she should not be counted in  
determining the quorum for the applicable meeting, even where permitted by law. The minutes of the meeting shall  
reflect the abstention by such interested person(s) from voting, the quorum count, and that a disclosure of such  
potential conflict of interest was made at the meeting of the Board of Trustees

**Identifier** **Return Reference** **Explanation**

Form 990, Part  
VI, Section B,  
line 15a

The Headmaster's three year contract is reviewed by the officers of the Board - Chair, Vice Chair,  
Secretary and Treasurer. This group also reviews compensation annually. On a regular basis (last time,  
four years ago) we benchmark the headmaster's compensation (cash and benefits) against other  
equivalent headmasters. For this review we use an outside consultant

**Identifier** **Return Reference** **Explanation**

Form 990, Part VI,  
Section C, line 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990,  
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FORM 990  
IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

**Identifier** **Return Reference** **Explanation**

Form 990, part I,  
line 6

estimation of  
volunteers

The Estimate includes parent and alumni volunteers for library, drama program, grade level activities,  
volunteers for parent association committees, and alumni volunteers for alumni events and reunions

**Identifier** **Return Reference** **Explanation**

Form 990, Schedule K, Part II, Line 8

As of year end, June 30, 2011, the project was not substantially complete

**Identifier** **Return Reference** **Explanation**

Form 990, part  
vii, column (b)

average hours  
per week

Mr Adams is Chair of the Buildings & Grounds subcommittee of the Board of Trustees. The school currently  
has three major facility construction projects in various stages moving toward completion: new Meeting &  
Performance Hall, new Artificial Turf Athletic Field and new Library. The number provided is merely an  
estimate relative to how frequently he is on campus in support of these projects

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104064  
**Name:** THE FENN SCHOOL

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code	(Expenses \$	1,028,548	including grants of \$	) (Revenue \$	1,287,091 )
summer fenn day camp for boys and girls (age 5-15)					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
GERALD JG WARD Headmaster/coo/trustee	60 00	X		X				629,724	0 115,838
KEVIN R PARKE CHAIRMAN	5 00	X		X				0	0 0
MICHAEL J MARCHESE VICE CHAIRMAN	5 00	X		X				0	0 0
RAYMOND J JOUMAS TREASURER	5 00	X		X				0	0 0
NANCY IBEAULIEU CLERK	5 00	X		X				0	0 0
JEFFREY ADAMS TRUSTEE	10 00	X						0	0 0
KENNETH ANDERSON TRUSTEE (EX-OFFICIO)	5 00	X						0	0 0
ASH ASHUTOSH TRUSTEE	5 00	X						0	0 0
MARCI J BERKLEY TRUSTEE	5 00	X						0	0 0
PAMELA T BOLL TRUSTEE	5 00	X						0	0 0
RICHARD F CONNOLLY JR TRUSTEE	5 00	X						0	0 0
TIM CONWAY TRUSTEE	5 00	X						0	0 0
CHARLES E CROWLEY TRUSTEE	5 00	X						0	0 0
JACOB A DRESDEN TRUSTEE	5 00	X						0	0 0
ROBERT EWING TRUSTEE	5 00	X						0	0 0
PAMELA LOOS GILDEHAUS TRUSTEE (EX-OFFICIO)	5 00	X						0	0 0
STEVEN M KAYE TRUSTEE	5 00	X						0	0 0
JULIA KRAPF TRUSTEE	5 00	X						0	0 0
R VINCENT LYNCH TRUSTEE	5 00	X						0	0 0
CLIFFORD E MOSKOW TRUSTEE	5 00	X						0	0 0
SARAH B NEWTON TRUSTEE	5 00	X						0	0 0
PETER M NICHOLAS JR TRUSTEE	5 00	X						0	0 0
LAURA REYNOLDS TRUSTEE	5 00	X						0	0 0
STEVEN L STONE TRUSTEE	5 00	X						0	0 0
MARKE THOMAS TRUSTEE	5 00	X						0	0 0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
MARY WREN VANDEWILDEN TRUSTEE	5 00	X					0	0	0
STEPHEN M WILKINS TRUSTEE	5 00	X					0	0	0
WALTER W BIRGE III HONORARY TRUSTEE	5 00	X					0	0	0
MORGAN K SMITH JR HONORARY TRUSTEE	5 00	X					0	0	0
david a platt DIR OF finance & ops	40 00			X			125,501	0	29,168
thomas j hudner iii dir of advancement	40 00				X		116,379	0	14,289
derek r boonisar assistant headmaster	40 00				X		111,118	0	20,372
stephen a farley dir of academic affairs	40 00				X		100,547	0	20,477

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

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
dining/events/reception	447,741	352,715	60,152	34,874
student activities	119,789	119,789		
faculty/staff professio	94,364	69,480	19,977	4,907
parents' association	51,207	51,207		
memberships/subscriptio	27,174	5,767	20,657	750