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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

Tax-exempt status	Jection		
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Breifly describe the organization's mission or most significant activities BRUNSWICK IS AN INDEPENDENT COLLEGE-PREPARATORY DAY SCHOOL FOR BOYS IN GRADES PRE-K THROE 2 Check this box Main in 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)	gar domicie C		
2 Check this box F 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)			
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b Net unrelated business taxable income from Part VIII, column (C), line 12 .			
b Net unrelated business taxable income from Fart VIII, column (C, june 12			
Prior Year Current 8 Contributions and grants (Part VIII, line 1h)	-15,56 -22,07		
Program service revenue (Part VIII, line 1h)	•		
9 Program service revenue (Part VIII, line 2g)	9,686,449		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,183,470		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 35,203,634 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,677,599		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,431		
12)	7 9 9 , 4 3 1		
14 Benefits paid to or for members (Part IX, column (A), line 4)	43,346,949		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	4,223,932		
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	C		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,967,086		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,907,000		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
Revenue less expenses Subtract line 18 from line 12	14,888,393		
Total assets (Part X, line 16)	38,079,411		
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 mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief. Signature of officer Date of the best of mand belief in t	5,267,538		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kind of the best of mand belief, it is true, correct, and complete because the best of mand belief.	162,983,260		
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Preparer's Firm's name (or yours & O'CONNOR DAVIES MUNNS & DOBBINS LLP			
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aduless, and ZIP + 4 ONE STAMFORD LANDING	Phone no (203) 323-2400		
STAMFORD, CT 06902			

Cat No 11282Y

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O

2	Did the organization un the prior Form 990 or 9				which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	e new services on S	chedule O			
3	Did the organization ce services?		_	-	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these	e changes on Sched	ule O			
4	• •	501(c)(4) organiza	tions and section	on 4947(a)(1) trusts a	largest program services by are required to report the am service reported	•
4a	(Code EDUCATION FOR STUDENT) (Expenses \$ 'S IN CLASSES FROM PR	25,643,846 E-KINDERGARTEN	including grants of \$ THROUGH 12TH GRADE	4,223,932) (Revenue \$	28,440,624)
4b	(Code ATHLETIC AND SUMMER PI) (Expenses \$	4,727,326	including grants of \$) (Revenue \$	373,636)
4c	(Code STUDENT SERVICES) (Expenses \$	1,730,568	ıncludıng grants of \$) (Revenue \$	369,210)
4d	Other program service	es (Describe in Sch	nedule O)			
	(Expenses \$	ınc	luding grants of	f \$) (Revenue \$)
4e	Total program service	expenses -\$	32,101,74	0		

Dart TV	Chackli	ct of Do	auirad	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	
b	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	162	
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕒			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

99 Maher Avenue Greenwich, CT 06830 (203) 625-5815

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

Sa	ction A. Governing Body and Management				
36	ction A. Governing Body and Management			Yes	NI-
				res	No
1a	Enter the number of voting members of the governing body 1	a 29			
b	Enter the number of voting members that are independent 1	b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?	ess relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed be supervision of officers, directors or trustees, or key employees to a management comp		3		Νο
4	Did the organization make any significant changes to its organizational documents since	·			
_	filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect on governing body?		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders	, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wh	o cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Νo
	ction B. Policies (This Section B requests information about policies not re- venue Code.)	quired by the Internal			
Ne	venue Coue.)			Yes	No
10-	Describes a supplied to the second se		10a	165	
	Does the organization have local chapters, branches, or affiliates?		IUa		No
b	If "Yes," does the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with those of the organization.	nızatıon?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	body before filing the form?	11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form	1990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually int to conflicts?	erests that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	the policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review	and approval by	14	163	
	independent persons, comparability data, and contemporaneous substantiation of the d			\ \ \	
	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or staxable entity during the year?		16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organi	zation to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken sorganization's exempt status with respect to such arrangements?		16b		
Se	ction C. Disclosure		1		
17	List the States with which a copy of this Form 990 is required to be filed►				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable),	990, and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you make these available Chec Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing on interest policy, and financial statements available to the public. See Additional Data Ta	•			
20	State the name, physical address, and telephone number of the person who possesses		ne orga	ınızatıor	ı) -
	Steven h Dudley		3-		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 27

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Chartwells Dining Services 91337 Collections Drive Chicago, IL 60693	Dining Services	1,281,617
Dunning Enterprises Inc 11 BUCKLEY AVENUE Port Chester, NY 10573	CLEANING SERVICE	401,100
Charlie Horton Jr Landscaping Inc PO Box 271 Port Chester, NY 10573	LANDSCAPING	244,810
Richards Conditioning Corp 70 MARBLEDALE ROAD TUCKAHOE, NY 10707	EQUIPMENT MAINTENANCE	174,824
New England Water Utility Services Inc 93 West Main Street Clinton, NJ 06413	Water Utility Services	158,629
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Part V	/	Statement o	t kevenue	<u> </u>				
٠. ها	1a	Fodovotad	paigns 1a		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
뚩		Federated camp						
ᇎ	b	Membership du	es 1b					
ĭfts, g	c	Fundraising eve	ents 1c	710,884				
慧志	d	Related organız	ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants	(contributions) 1e					
고 교	f	All other contributio	ons, gifts, grants, and 1f	8,975,565				
돌	_	similar amounts no	t included above butions included in					
重っ	g	lines 1a-1f \$	10,213					
	h	Total. Add lines	1a-1f	▶	9,686,449			
				Business Code				
∃e	2a	Student Tuition			39,009,450	39,009,450		
, ver	l _			900,099	28,008,450	28,008,450		
Program Serwce Revenue	Ь	SUMMER PROGRAM		611,710	373,636	373,636		
ACE	C	SCHOOL PROGRAM	Sand fe	611,710	369,210	369,210		
38	d	SHARED SERVICE F	REIMBUR	611,710	225,000	225,000		
Ē	e	AFTER SCHOOL PRO	OGRAMS	611,710	183,324	183,324		
E	f	All other progra	m service revenue		23,850	23,850		
£	g	Total Add lines	:2a-2f	<u> </u>	29,183,470			
	3		ome (including dividen		25,105,470			
			aramounts)	. F	1,191,752		-15,565	1,207,317
	4		tment of tax-exempt bond	F				
	5	Royalties		▶				
		. [(ı) Real	(II) Personal				
	6a	Gross Rents	570,690					
	ь	Less rental	406,089					
	c	expenses Rental income	164,601					
	١.	or (loss)			164,601			164,601
	d	Net rental incor	me or (loss)		104,001			104,001
	7a	Gross amount	(ı) Securities 30,826,134	(II) O ther				
	/ a	from sales of	30,020,131					
		assets other than inventory						
	b	Less cost or other basis and	28,340,287					
		sales expenses	2 405 047					
	c	Gain or (loss)	2,485,847	<u> </u>	2 495 947			2 495 947
	d		s)		2,485,847			2,485,847
Other Revenue	8a	Gross income frevents (not incl \$ 710, of contributions See Part IV , lin	uding 884 reported on line 1c)	765 044				
<u>ā</u>	ь	Lass direct avi	penses b	765,811 507,138				
₹	c		loss) from fundraising		258,673			258,673
	9a		rom gamıng actıvıtıes					
	Ь	Lase direct ove	penses b	84,600				
	"		loss) from gaming acti	31,645 vities	52,955			52,955
		Gross sales of i			·			·
		returns and allo	wances .	743,988				
	b		oods sold b	487,162				
	С		loss) from sales of inve		256,826			256,826
		Miscellaneous		Business Code	24.472			34.470
	11a	Insurance Divid	dends	900,099	34,470			34,470
	Ь	Insurance settl	ement	900,099	24,705			24,705
	c	Other revenue		900,099	7,201			7,201
	d	All other revenu	ne					
	e	Total. Add lines	11a-11d		66,376			
			_	•	30,370			
	12	Total revenue.	See Instructions .	•	43,346,949	29,183,470	-15,565	4,492,595 Form 990 (2009)

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,223,932	4,223,932		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,299,167	65,119	1,014,554	219,494
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	13,186,148	11,606,957	1,118,719	460,472
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,346,609	1,105,857	189,264	51,488
9	Other employee benefits	2,066,688	1,835,779	168,475	62,434
10	Payroll taxes	1,068,474	894,326	 	47,477
11	Fees for services (non-employees)	_,,,,,,			,
а	Management				
h	Legal	69,369		69,369	
c	Accounting	72,365		72,365	
d	Lobbying	72,303		72,303	
e	Professional fundraising See Part IV, line 17				
	Investment management fees	29,525		20 525	
f			106.640	29,525	
g 42	Other	107,098	106,640	 	56
12	Advertising and promotion	136,276	224.062	4,223	132,053
13	Office expenses	661,717	321,862	 	55,741
14	Information technology	203,813	166,530		37,283
15	Royalties				
16	Occupancy	927,393	826,802	 	714
17	Travel	209,885	208,421	1,284	180
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,189	61,707	5,746	3,736
20	Interest	2,987,239	2,987,239		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,339,496	4,254,652	47,296	37,548
23	Insurance	94,784	94,123	580	81
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Building Maintenance an	1,678,663	1,666,955	10,269	1,439
ь	Provision for Uncollect	1,190,501			1,190,501
c	catering	1,124,527	1,116,684	6,879	964
d	Professional Developmen	164,259	164,259		
e	Dues, fees & Subscripti	119,894	73,432	44,364	2,098
f	All other expenses	700,400	320,464	 	149,133
25	Total functional expenses. Add lines 1 through 24f	38,079,411	32,101,740	· · ·	2,452,892
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	55,075,711	32,101,740	3,324,113	2, 132,032
	campaign and iditations somettation	I	İ		

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			200	1	200		
	2	Savings and temporary cash investments	23,317,404	2	28,643,655				
	3	Pledges and grants receivable, net	16,489,776	3	11,815,022				
	4	Accounts receivable, net			331,371	4	717,964		
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	ables from current and former officers, directors, trustees, key employees, and toompensated employees. Complete Part II of						
		Schedule L	Schedule L						
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (
		Schedule L				6			
stess	7	Notes and loans receivable, net	tes and loans receivable, net						
SS	8	Inventories for sale or use	nventories for sale or use						
¥	9	Prepaid expenses and deferred charges			303,738	9	271,523		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	145,756,139					
	ь	Less accumulated depreciation	10b	30,532,409	117,996,537	10 c	115,223,730		
	11	Investments—publicly traded securities	34,287,744	11	18,534,158				
	12	Investments—other securities See Part IV, line 11	43,293,600	12	48,380,598				
	13	Investments—program-related See Part IV, line 11		13	_				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	1,792,438	15	1,264,716				
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			238,054,111	16	225,064,088		
	17	Accounts payable and accrued expenses .			4,127,635	17	3,571,067		
	18	Grants payable				18			
	19	Deferred revenue			10,896,709	19	11,186,201		
	20	Tax-exempt bond liabilities			55,520,000	20	40,425,000		
è	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third parties			7,943,000	23	3,028,000		
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities Complete Part X of Schedule D			3,759,879	25	3,870,560		
	26	Total liabilities. Add lines 17 through 25			82,247,223	26	62,080,828		
sə		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	olet e l	lines 27					
ınc	27	Unrestricted net assets			123,917,438	27	138,795,111		
ାଧ	28	Temporarily restricted net assets			16,864,193		5,137,225		
9 P	29	Permanently restricted net assets		15,025,257	29	19,050,924			
Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	nd con	nplete	11,020,201		,		
or F		lines 30 through 34.		pioce					
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
AS	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
Net	33	Total net assets or fund balances			155,806,888	33	162,983,260		
2	34	Total liabilities and net assets/fund balances			238,054,111	34	225,064,088		
. —									

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number

BRUNSWICK SCHOOL INC 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box 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) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		
		instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>						
				1		<u> </u>				
						+				
Total										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data -

DLN: 93493131013411

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

BKU	NSWICK SCHOOL INC		06-0	0646562
Pa	rt I Organizations Maintaining Donor Ad			
	organization answered "Yes" to Form 99	0, 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 advifunds are the organization's property, subject to the		nor advı	sed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5		
Pai	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	n 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of ar Preservation of a	certified	ically importantly land area d historic structure onservation
	easement on the last day of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified his	. ,	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by th	ie organization during
	the taxable year 🛌			
4	Number of states where property subject to conserva	ition easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents di	uring the year ►
7	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easement	s during	g the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia		•
Par	Complete if the organization answered "		or Oth	her Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fuı	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i		•
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan	cial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009										Page 2
Par	Organizations Maintaining Co	llections of Art,	Hist	orical Tre	ası	ires, or C	Othe	r Similaı	r Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	following th	at ar	e a sıgnıfıc	ant ι	use of its co	llectio	n	
а	Public exhibition		d	Loan or	rexc	hange prog	rams	5			
b	Scholarly research		e	C Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	they further	the	organizatioi	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang	·						es" to For	m 99	0,	-
	Part IV, line 9, or reported an an	nount on Form 99	0, Par	t X, line 21	1.						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary f	or contributi	ons	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollowir	ng table		-					
									A mo	unt	
С	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organization	answ	ered "Yes'	" to	Form 990	, Pa	rt IV, line	10.		
		(a)Current Year	(b)	Prior Year	(c)1	wo Years Bac	k (d	I) Three Years	Back (e) Four Y	ears Back
1a	Beginning of year balance	82,736,143		92,784,624			_				
b	Contributions	3,991,889		2,940,211							
С	Investment earnings or losses	5,028,243		-9,334,222							
d	Grants or scholarships	258,814		312,060			_				
e	Other expenditures for facilities and programs	17,065,254		3,306,635							
f	Administrative expenses	29,525		35,775							
g	End of year balance	74,402,682		82,736,143							
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨	73.000 %									
ь	Permanent endowment 🕨 22.000 %										
c	Term endowment ► 6.000 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion th	at are held a	and a	dministere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations						•		3a(i)	+	No
b	(ii) related organizations		•	hadula D2	•		•		3a(ii) 3b	<u>) </u>	No
ь 4	Describe in Part XIV the intended uses of th	•			•		•		30		<u> </u>
	t VI Investments—Land, Buildings	<u>-</u>			0 P	art X line	10				
	Description of investment	, una Equipmen		(a) Cost or oth	her	(b) Cost or o	ther	(c) Accumu		(d) Boo	ok value
				nivesult	-111/			·	.011		
	Land				\dashv	12,40					2,404,990
	Buildings		•		\dashv	112,75	3,844	21,49	7,156	9	1,256,688
	Leasehold improvements		·								
d	Equipment		.			<u> </u>	4,517	,	7,845		2,166,672
						12,652			7,408		9,395,380
rota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colum	n (B),	IIne 10(c).)			•				5,223,730
								Sched	ule D (Form 9	90) 200

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other Alternative Investments	10 300 500		F
Alternative Investments	48,380,598		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	48,380,598		
Part VIII Investments—Program Related. See			
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
	<u> </u>		
			_
	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	fie 15. tion 5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	fie 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.) , line 25. (b) Amount 3,417,253 237,052		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Enrollment deposits Asset retirement obligation	5.) , line 25. (b) Amount 3,417,253 237,052		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,346,949
Total expenses (Form 990, Part IX, column (A), line 25)	2	38,079,411
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	5,267,538
4 Net unrealized gains (losses) on investments	4	1,908,834
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	1,908,834
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,176,372
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	
1 Total revenue, gains, and other support per audited financial statements	1	41,895,577
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	2,802,085
3 Subtract line 2e from line 1	3	39,093,492
4 A mounts 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 29,525		
b Other (Describe in Part XIV) 4b 4,223,932		
c Add lines 4a and 4b	4c	4,253,457
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,346,949
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1 Total expenses and losses per audited financial statements	1	34,719,205
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)	1	
e Add lines 2a through 2d	2e	893,251
3 Subtract line 2e from line 1	3	33,825,954
4 A mounts 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 29,525		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	4,253,457
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,079,411
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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The School's endowment consists of over 50 individual funds established for a variety of purposes including both donor-restricted endowment funds and amounts designated by the Board of Trustees to function as endowment. The School has adopted an investment policy and a spending policy, approved by the School's Board of Trustees. For donor-restricted endowment assets, the policies attempt to provide a predictable stream of funding to donor-restricted programs while seeking to maintain the purchasing power of the related endowment assets. Endowment assets are invested with a moderate level of investment risk in accordance with an asset allocation strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The School targets a diversified asset allocation that places an emphasis on alternative investments to achieve its long-term return objectives within prudent risk constraints. The spending policy calls for annual withdrawals from the donor-restricted funds for donor-restricted purposes calculated as four percent of the average market value of the donor-restricted funds over the most recent three-year period. In addition, there are annual withdrawals from Board-designated funds for the School's long term debt service.
Part X	Description of Uncertain Tax Positions Under FIN 48	The School is exempt from income tax under Section 501(c)(3) of the U S Internal Revenue Code (the Code) and has been determined to be an organization that is not a private foundation Contributions made to the School are qualified for the maximum tax deduction allowable under the Code The School recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Income generated from activities unrelated to the School's purpose is subject to tax under Internal Revenue Code Section 511 The School did not have any material unrelated business income tax liability for the years ended June 30, 2010 and 2009
Part XII, Line 2d - Other Adjustments		Rent Expense 406089 Cost of Goods Sold 487162
Part XII, Line 4b - Other		Financial Aid 4223932
A djustments		.=====
Part XIII, Line 2d - Other Adjustments		Rent Expense 406089 Cost of Goods Sold 487162
Part XIII, Line 4b - Other Adjustments		Financial Aid 4223932

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

BRUNSWICK SCHOOL INC

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	06-0646562			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain IN ALL OPEN HOUSE ADVERTISEMENTS NEWSPAPER, BROADCAST AND OTHER MEDIA	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νο
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	
	990)	1		

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DLN: 93493131013411

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

	ne of the organization JNSWICK SCHOOL INC						Employer identification number									
							06-0646562									
Pā	Form 990-EZ file					to Form	990, Part IV	', line 17.								
1	Indicate whether the orga	nızatıon raısed fund:	s through any of the	follov	ving activities Ch	eck all tha	it apply									
а	Mail solicitations		e	Γ	Solicitation of no	n-governn	nent grants									
Ь	☐ Internet and e-mail so	Internet and e-mail solicitations			Internet and e-mail solicitations			ail solicitations	f	Γ	Solicitation of go	vernment	grants			
c	Phone solicitations		g													
d	In-person solicitation	s														
2a	Did the organization have or key employees listed in							Γ,	_{Yes} 「	– _{No}						
ь	If "Yes," list the ten higher to be compensated at leas	•	•		_											
	(i) Name of Individual		(iii) Dıd fundraıser have custody or	(iv)	Gross receipts	1	ount paid to	(vi) A m	ount pa	ıd to						

otal										
		Tes	140							
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
		fundrais			(v) A mount paid to					

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

Pai	rt I	Fundraising Events. Com more than \$15,000 on Form					repor	ted			
			(a) Event #1	(b) Event #2 Bookfair	(c) O ther Events	(Add col	tal Eve (a) th				
			(event type)	(event type)	(total number)) (C))				
Revenue	1	Gross receipts	1,253,796	65,384	157,515		1,47	6,695			
Rev	2	Less Charitable contributions	669,235	0	41,649		71	0,884			
	3	Gross income (line 1 minus line 2)	584,561	65,384	115,866		76	5,811			
	4	Cash prizes									
ses	5	Non-cash prizes									
Direct Expenses	7	Rent/facility costs Food and beverages									
ш Б	8	Entertainment									
Ā	9	Other direct expenses .	355,550	54,079	97,509		507,138				
	10 Direct expense summary Add lines 4 through 9 in column (d)										
	11 Net income summary Combine lines 3, column d, and line 10										
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re thai	1			
Revenue								ning irough			
ž	1	Gross revenue			84,600		8	4,600			
	2	Cash prizes			2.1,000			.,			
Expenses	3	Non-cash prizes									
	4	Rent/facility costs									
Direct	5	Other direct expenses			31,645		3	1,645			
	6	Volunteer labor			Yes 100 000 %	1					
			l No	ΓNο	Гио						
	7	Direct expense summary Add line	s 2 through 5 in column (d)				1,645			
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7			1	2,955 L			
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	tivities CT			Yes	No			
а		the organization licensed to operate	, -		 .	. 9a	Yes				
b	If"	'No," Explain									
10a		re any of the organization's gaming	licancas ravokad suspar	adad or tarminated during	the tax year?						
b		'Yes," Explain	ncenses revoked, susper	ided of terminated during	the tax year.	_ 10a		No			
	_										
11 12	Is	es the organization operate gaming the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		No.			
	for	med to administer charitable gaming	J [?]		Schedule G (Form 9	12 190 or 990	 -EZ) 20	N o 009			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name Steven H Dudley As Overseer		
	Steven in Dudley As Overseer		
	Address Schools Business Office 99 Maher Av		
	Greenwich, CT 06830		
L5a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	a	Νo
Ь	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the		
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name •		
	Address ►		
16	Gaming manager information		
	Canning manager miorination		
	Name 📂 Steven H Dudley		
	Name P Covern in Budgey		
	Gaming manager compensation 🕨 \$0		
	Description of services provided 🟲 Overall Supervision of Gaming Raffle		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?		, .
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	a	No
	in the organization's own exempt activities during the tax year > \$		1

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DLN: 93493131013411 OMB No 1545-0047

Schedule I (Form 990)

BRUNSWICK SCHOOL INC

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

Open to Public Inspect ion

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

06-0646562

the selection criteria us Describe in Part IV the Part II Grants and O Form 990, Part	naintain records to sed to award the grand organization's procesther Assistance: IV, line 21 for ar	ubstantiate the amount of the standard of the	of grant funds in the distribution of the dist	United States the United States Check this box if r		anızatıon answered " ved more than \$5,00	0. Use
Part IV and Sc (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
		government organizations					

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

(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
155		4,223,932		Student's Tuition bill is reduced by the amount of the financial aid awarded
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	, and the second	Schedule I, Part I, Line 2 THE SCHOOL GRANTS FINANCIAL AID AWARDS TO STUDENTS WHO DEMONSTRATE FINANCIAL NEED STUDENTS SEEKING AID ARE REQUIRED TO COMPLETE THE SCHOOL AND STUDENT SERVICES FOR FINANCIAL AID (SSS) APPLICATION THE SCHOOL USES THE ANALYSIS OF SSS IN DETERMINING THE AMOUNT OF EACH STUDENT'S FINANCIAL AID AWARD The awards are used as an offset to the student's tuition bill

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DLN: 93493131013411

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization BRUNSWICK SCHOOL INC

Employer identification number

06-0646562

Pa	rt I Questions Regarding Compensation		•				
		_			Yes	Νo	
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	<u> - </u>	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org			1b	Yes		
2	Did the organization require substantiation prior to re						
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the						
	Compensation committee		Written employment contract				
	☑ Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	aymen	t?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νο	
	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, pa						
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9			

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MrTHOMAS W PHILIP	(I) (II)	304,136 0	0 0	0 81,175 106,850 0 0 0		163,806 0	655,967 0		
Mr Steven H Dudley	(I) (II)	224,063 0	0	92,232 0	85,030 0	8,164 0	409,489 0		
Mr Thomas Murray	(I) (II)	163,561 0	0	15,208 0	8,500 0	11,771 0	199,040		
MR SUNIL GUPTA	(1) (11)	134,394 0	0	15,280 0	12,911 0	510 0	163,095 0		
MR DOUGLAS BURDETT	(ı) (ıı)	130,289	0	15,080 0	31,019 0	56,521 0	232,909		
MR ANDREW HALL	(ı) (ıı)	128,320 0	0	10,780 0	16,701 0	4 8,568 0	204,369		
MR TIMOTHY F OSTRYE	(I) (II)	130,743	0	516 0	17,377 0	13,414	162,050		
Mr Stephen Duennebier	(I) (II)	118,319 0	0 0	11,116 0	16,281 0	26,897 0	172,613 0		
	+								
	_								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	housing is provided to the Headmaster as he is required to live on campus the housing benefit is non-taxable compensation
		NONQUALIFIED RETIREMENT PLAN - THE SCHOOL MAINTAINS A 457(F) DEFERRED COMPENSATION PLAN IN WHICH CERTAIN SENIOR EXECUTIVES PARTICIPATE FUNDED AMOUNTS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE Payments included in 2009 w-2 were as follows Thomas W Philip \$75,093 Steven H Dudley \$44,630
Supplemental Information		SCHEDULE J, PART II COLUMN B (III) - OTHER REPORTABLE COMPENSATION INCLUDES HOUSING BENEFITS FOR EMPLOYEES LIVING ON CAMPUS AND PAYMENTS FROM THE NONQUALIFIED RETIREMENT PLAN FOR CERTAIN SENIOR EXECUTIVES DESCRIBED IN SUPPLEMENTAL INFORMATION 1 SCHEDULE J, PART II COLUMN C - DEFERRED COMPENSATION INCLUDES CONTRIBUTIONS TO QUALIFIED RETIREMENT PLANS FOR ALL EMPLOYEES AND CONTRIBUTIONS TO THE NONQUALIFIED RETIREMENT PLAN FOR CERTAIN SENIOR EXECUTIVES DESCRIBED IN SUPPLEMENTAL INFORMATION 1 SCHEDULE J, PART II COLUMN D - NONTAXABLE BENEFITS INCLUDE CONTRIBUTIONS TO EMPLOYEE HEALTH AND OTHER BENEFIT PLANS FOR ALL EMPLOYEES, TUITION BENEFITS FOR EMPLOYEES WITH CHILDREN ATTENDING PRE-K THROUGH TWELFTH GRADE AND HOUSING BENEFITS FOR EMPLOYEES REQUIRED TO LIVE ON CAMPUS

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Schedule K

(Form 990)

BRUNSWICK SCHOOL INC

DLN: 93493131013411

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ 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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 06-0646562

Pa	rt I Bond Issues																	
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of uer				
											Yes	No	Yes	No				
A	State of CT health and Educational Facilities Author	06-0806186	20774lzv0	04-01-	2003	17,5	17,500,000		Construction of New Campus			х		х				
Pa	TEN Proceeds					_							<u> </u>					
				Α			В		С		D		E					
1	Total proceeds of issue			1	7,500,000	0						\perp						
2																		
3	Proceeds in refunding or defeasan																	
4	Other unspent proceeds																	
5	Issuance costs from proceeds			727,837														
6	Working capital expenditures from proceeds																	
7	Capital expenditures from proceeds			1	7,500,000	0												
8	Year of substantial completion			20	05													
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No				
9	Were the bonds issued as part of a	a current refunding is	sue?		х													
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х													
11	Has the final allocation of proceed	ds been made?		Х														
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	Х														
Par	t IIII Private Business Use																	
					<u> </u>	В			C I	D			E					
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	<u>s</u>	No				
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		Х													
2	Are there any lease arrangements which may result in private busine		financed property		х													
For F	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Inst	ructions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09				

Pai	t IIII Private Business Use (Continued)										
			Α	В			C		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3с	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?	х									
Pa	rt IV Arbitrage										
		A		В		С		D		E	

			A		3		С		D		E
		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?	х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	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?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
4											

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DLN: 93493131013411

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization		
BRUNSWICK SCHOOL INC		

Employer identification number

Complete if the organizat (a) Name of disq			22 311 3111 330	, , c					. a.c v , 11			rected?
1 (a) Name of disqu	uaimed	person			(b) Desci	rıptı	on of transa	action		_ <u> </u>	Yes	No
2 Enter the amount of tax impos	ed on th	ie organ	ızatıon managers	ord				ear unde	r			
section 4958	• • •					_			* \$			
3 Enter the amount of tax, If any	, on line	2, abov	e, reimbursed by	tne	organization .	•		•	* \$			
Part II Loans to and/or I	rom 1	Intere	sted Persons.									
Complete if the organiz					Part IV, line 26,	orl	orm 990-E	Z, Part V	, line 38	a		
	(b) Lo	an to						(f)				
(a) Name of interested person and	or fro	m the	(c)O rıgınal		(d)Balance due		(e) In efault?	Approved by board or		(g)Written		
purpose	organız	ation?	principal amour	nt	(u)Dalalice due	uciaaic	ciduit.	commit		agic	Cilicin	•
	То	From				Υe	s No	Yes	No	Yes	5	No
Steven H Dudley See Schedule O												
		Х	200,0	00	40,000		No	Yes		Yes	3	
										_		
								+		+		
			<u> </u> ► ≤	<u>_</u>	40,000			+		+		
Part III Grants or Assistar				_	·							
Complete if the orga						. lın	e 27.					
)Relationship bet									
(a) Name of Interested pers	on		and the	orga	anızatıon .		(c)Am	ount of g	rant or ty	pe or a	assista ————	ance
Down IV Business Transport	ione T		ne Totavacta	4 D.								
Part IV Business Transact Complete if the orga						lın	e 28a 28	h or 28	r			
Complete it the orga	mzado		Relationship	T 011	in 550, Fait IV	, 111	e 20a, 20	b, 01 20	С.	10	e) Sha	arıng of
			een interested		(c) A mount of		, n 5			١٥		ation's
(a) Name of interested person	n		rson and the		transaction		(d) Descr	ription of	transacti	ion L	reven	
		0	rganızatıon							,	Yes	No
Lone Pine Capital LLC		1	Robert Dahl,		105,59		Investment	t Manage	ment (Se	e		Νo
		Trustee	•				Sch O)					
										-+		
		1										
				<u> </u>								

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization BRUNSWICK SCHOOL INC

Employer identification number

06-0646562

Pā	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art	аррпсавіс		19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	61	610,213	FMV at time of dona	tion		
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received	L by the ora	l anization during the tay ve:	r for contributions				
23	for which the organization compl				29		ا برا	
30-	During the year, did the organiza	tion rocaly	a by contribution any propo	erty reported in Part I. lines	1 - 28 that it		Yes	No
30a	must hold for at least three year							
	•			on, and which is not required	a to be used			No
	for exempt purposes for the entire					30a		No_
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	tacceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e thırd part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II				•			

Part II

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

Ident if ier	Ret urn Reference	Explanation
Third Party Use	,	the School has an account at UBS to handle all gifts of publicly traded securities. The School's instructions to UBS is to sell all securities immediately and transfer the proceeds as directed by management.

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 06-0646562

Name: BRUNSWICK SCHOOL INC

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SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493131013411

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$

Name of the organization BRUNSWICK SCHOOL INC

Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number

06-0646562

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A,		THE FOLLOWING ARE THE OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES THAT HAVE A FAMILY RELATIONSHIP OR A BUSINESS RELATIONSHIP WITH ANOTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY
line 2		EMPLOYEE BUSINESS RELATIONSHIP MR SANJEEV K MEHRA MR TRACY R WOLSTENCROFT FAMILY & BUSINESS RELATIONSHIP MR IAN C MURRAY MR SHEPHERD MURRAY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE TREASURER OF THE BOARD OF TRUSTEES WILL REVIEW THE ANNUAL FORM 990 RETURN prior to filing THIS REVIEW WILL BE NOTED AS AN AGENDA ITEM AT BOTH AN AUDIT/FINANCE COMMITTEE MEETING AND A BOARD OF TRUSTEE MEETING AND WILL BE DULY NOTED IN THE MINUTES THE COMPLETED FORM 990 WILL BE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		EACH NEW PERSON SERVING AS A TRUSTEE, OFFICER OR KEY EMPLOYEE OF BRUNSWICK SCHOOL IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO EACH PERSON SERVING AS A TRUSTEE, OFFICER OR KEY EMPLOYEE OF BRUNSWICK SCHOOL SHALL ANNUALLY COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM, IDENTIFY ING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE PERSON AND/OR HIS OR HER IMMEDIATE FAMILY IS INVOLVED THAT HE OR SHE BELIEVES COULD GIVE RISE TO A CONFLICT OF INTEREST THE CHAIR OF THE BOARD OF TRUSTEES AND THE HEADMASTER SHALL REVIEW EACH DISCLOSURE FORM AND DETERMINE IF A CONFLICT EXISTS IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST IT SHALL BE DISCLOSED TO THE BOARD OF TRUSTEES, OR ITS AUDIT AND FINANCE COMMITTEE, AND MADE A MATTER OF RECORD THROUGH AN APPROVED PROCEDURE THE PRIOR APPROVAL OF THE BOARD OF TRUSTEES OR AUDIT AND FINANCE COMMITTEE SHALL BE REQUIRED FOR ANY BUSINESS ARRANGEMENT OR TRANSACTION INVOLVING A TRUSTEE OR KEY EMPLOYEE WHICH MAY CONSTITUTE A CONFLICT OF INTEREST APPROVAL SHALL BE GRANTED ONLY IF THE ARRANGEMENT OR TRANSACTION IS FULLY DISCLOSED AND IS DETERMINED TO BE ON TERMS WHICH ARE FAIR TO AND IN THE BEST INTERESTS OF BRUNSWICK SCHOOL ANY TRUSTEE HAVING A CONFLICT OF INTEREST SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE BOARD OR COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (COMPRISED OF TRUSTEES WITH NO CONFLICT OF INTEREST WITH REGARD TO INDIVIDUALS UNDER REVIEW) HIRES A CONSULTANT EVERY OTHER YEAR TO REVIEW COMPARABLE PACKAGES FOR THE HEADMASTER AND ASSISTANT HEADMASTER/DIRECTOR OF FINANCE THE CONSULTANT PRESENTS DATA FOR COMPARABLE POSITIONS BOTH LOCALLY AND NATIONALLY AND THE COMPENSATION COMMITTEE MAKES THE FINAL DECISION FOR THE SALARY PACKAGE OVER THE 2-YEAR TIME FRAME, ASSUMING CONTINUATION OF EMPLOYMENT THE HEADMASTER DETERMINES THE COMPENSATION OF KEY EMPLOYEES BASED ON EXPERIENCE, CURRENT PERFORMANCE AND COMPARABLE LOCAL AND NATIONAL POSITIONS USING FAIRCHESTER AND NAIS STATISTICS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ALSO, THE FEDERAL FORM 990 WHICH INCLUDES FINANCIAL AND OTHER DISCLOSURES IS AVAILABLE ON GUIDESTAR

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 1	School's Mission	BRUNSWICK SCHOOL, INC (THE SCHOOL) IS A NOT FOR PROFIT DAY SCHOOL, FOUNDED IN 1902, FOR BOYS IN PRE KINDERGARTEN THROUGH TWELFTH GRADE THE SCHOOL, WHICH IS LOCATED IN GREENWICH, CONNECTICUT, IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE THE PURPOSE OF THE SCHOOL IS TO EDUCATE THE "WHOLE BOY" IT WILL DO SO BY HELPING BOY'S AND YOUNG MEN - WITHOUT REGARD TO CULTURE, ETHNICITY OR RELIGION - ACQUIRE THE PERSONAL, INTELLECTUAL AND PHY SICAL TRAINING THAT WILL BEST ENABLE THEM TO GROW INTO RESPONSIBLE ADULTS WHO CAN MAKE SIGNIFICANT AND LASTING CONTRIBUTIONS TO SOCIETY SINCE 1902, BRUNSWICK SCHOOL HAS BEEN, IN THE WORDS OF GEORGE CARMICHAEL, ITS FOUNDER, "ABLY AND GENEROUSLY PREPARING BOY'S FOR LIFE" THROUGH A RICH AND RIGOROUS COLLEGE PREPARATORY CURRICULUM, THE SCHOOL STRIVES FOR THE FULLEST INTELLECTUAL DEVELOPMENT OF EVERY YOUNG MAN THE SCHOOL'S ACADEMIC PROGRAMS SEEK TO INSTILL IN EACH STUDENT A DESIRE TO LEARN, TO CHALLENGE EACH BOY TO FULFILL HIS OWN UNIQUE POTENTIAL, TO FOSTER CRITICAL THINKING SKILLS AND TO DEVELOP THE CREATIVE AND INDEPENDENT QUALITIES OF MIND NECESSARY TO INTELLECTUAL MATURITY AND INCREASED SELF-CONFIDENCE THE SCHOOL ALSO BELIEVES THAT A COMPLETE EDUCATION MUST INCLUDE LESSONS THAT TAKE PLACE OUTSIDE THE CLASSROOM THROUGH ATHLETICS, ARTS AND SERVICE TO THE COMMUNITY, EVERY STUDENT IS ENCOURAGED TO DEVELOP HIS TALENTS TO THE FULLEST, TO UNDERSTAND THE OBLIGATION TO SHARE THEM GENEROUSLY, TO TAKE RISKS TO ENSURE GROWTH AND TO REFUSE TO ACCEPT NARROW DEFINITION OF HIMSELF AND AS ITS YOUNG MEN GROW IN AN ATMOSPHERE OF TRUST, CARE AND MUTUAL RESPECT, THE SCHOOL ACCEPTS THAT ITS OVERRIDING OBJECTIVE IS TO FOSTER THE DEVELOPMENT OF STRONG CHARACTER THE SCHOOL STRIVES TO INSTILL IN ITS STUDENTS THE VALUES OF HONESTY, INTEGRITY, COMPASSION AND TOLERANCE AND TO DEVELOP IN EACH STUDENT A SENSE OF RESPONSIBILITY TO HIMSELF, TO THOSE AROUND HIM, TO THE SCHOOL COMMUNITY AND TO THE GREATER SOCIETY THE DEPTH OF HIS SPIRIT THAT DETERMINE AND DEFINE ALL GENUINE AND LAST

ldentifier	Return Reference	Explanation
SCHEDULE G, PART III, LINE 9A - GAMING		THE SCHOOL'S PARENT ASSOCIATION, AN ALL VOLUNTEER ORGANIZATION WITHIN THE SCHOOL, HELD A RAFFLE AT A SPECIAL EVENT FOR WHICH THE SCHOOL RECEIVED A PERMIT FROM THE STATE OF CONNECTICUT FOR THIS ONE GAMING EVENT THE SCHOOL DID NOT HOLD ANY OTHER GAMING EVENT DURING THE YEAR AND DOES NOT HOLD A GAMING LICENSE THE PARENT'S ASSOCIATION MAINTAINED THE BOOKS AND RECORDS FOR THE RAFFLE AND FILED THE REQUIRED STATE REPORT AT ITS CONCLUSION STEVEN H DUDLEY, THE SCHOOL'S ASSISTANT HEADMASTER AND DIRECTOR OF FINANCE, OVERSEES THE PARENT ASSOCIATION

ldentifier	Return Reference	Explanation
SCHEDULE L, PART II & IV	Description of Interested Persons	FROM TIME TO TIME, MEMBERS OF THE SCHOOL'S BOARD OF TRUSTEES ENTER INTO VARIOUS TRANSACTIONS WITH THE SCHOOL THESE TRANSACTIONS INCLUDE ASSET MANAGEMENT SERVICES BY ORGANIZATIONS AFFILIATED WITH INDIVIDUAL BOARD MEMBERS THE SCHOOL BELIEVES THAT ALL SUCH TRANSACTIONS ARE INITIATED ON AN ARM'S LENGTH BASIS DURING 2010 AND 2009, LONE PINE CAPITAL, LLC (LPC), AN INVESTMENT COMPANY THAT MANAGES A PORTION OF THE SCHOOL'S INVESTMENT PORTFOLIO TOTALING \$6,989,111 AND \$7,669,437, RESPECTIVELY, IS AFFILIATED WITH A MEMBER OF THE SCHOOL'S BOARD OF TRUSTEES, MRS W ROBERT DAHL MRS W ROBERT DAHL SERVES AS THE MANAGING DIRECTOR OF LPC LPC RECEIVED MANAGEMENT FEES OF \$105,593 AND \$90,831 DURING 2010 AND 2009, RESPECTIVELY MR JEFFREY R HOLZSCHUH, A BRUNSWICK SCHOOL TRUSTEE, IS VICE CHAIRMAN OF MORGAN STANLEY AND BRUNSWICK SCHOOL OPENED A BROKERAGE ACCOUNT AT MORGAN STANLEY IN JUNE 2009 IN WHICH APPROX \$5MM OF BRUNSWICK SCHOOL'S ASSETS WERE INVESTED THE INVESTMENT DECISION WAS INITIATED AND APPROVED BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS NO FEES WERE PAID TO MORGAN STANLEY DURING THE YEAR-ENDED JUNE 30, 2010 AS PART OF A LONG TERM COMPENSATION AND RETENTION PROGRAM, THE SCHOOL ISSUED A LOAN IN THE ORIGINAL PRINCIPAL SUM OF \$200,000 TO A HIGHLY VALUED AND LONG STANDING SENIOR OFFICE AND EMPLOYEE OF THE SCHOOL THE LOAN IS SECURED BY A MORTGAGE ON A RESIDENCE THE ANNUAL AMOUNT FORGIVEN IS INCLUDED AS COMPENSATION EXPENSE EACH YEAR THE TOTAL AMOUNT OF THE LOAN OUTSTANDING WAS \$40,000 AND \$60,000 AT JUNE 30, 2010 AND 2009, RESPECTIVELY, AND IS INCLUDED IN OTHER RECEIVABLES IN THE ORGANIZATIONS'S FINANCIAL STATEMENTS

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DLN: 93493131013411

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
BRUNSWICK SCHOOL INC

06-0646562

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)								
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
BRUNSWICK SCHOOL HOLDINGS LLC 100 Maher Avenue Greenwich, CT 068305618 06-0646562	FAC HOUSING	СТ	12,360	1,860,171	Brunswick School Inc			
BRUNSWICK SCHOOL HOLDINGS I LLC 100 Maher Avenue Greenwich, CT 068305618 06-0646562	ATHLETIC FAC	СТ	121,247	3,102,989	Brunswick School Inc			
BRUNSWICK SCHOOL HOLDINGS II LLC 100 Maher Avenue Greenwich, CT 068305618 06-0646562	FAC HOUSING	СТ	49,680	5,848,357	Brunswick School Inc			
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t		ne organization and	swered "Yes" on	Form 990, Part IV	, line 34 because it had one			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity			
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 50135		-	Schedule R (Form 990) 2009			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

Pa	art V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)			
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1.0	ouring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>			
а	Receij	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		
ь	Gıft, g	rant, or capital contribution to other organization(s)		1b		
c	Gıft, g	rant, or capital contribution from other organization(s)		1c		
d	Loans	or loan guarantees to or for other organization(s)		1d		
e	Loans	or loan guarantees by other organization(s)		1e		
f	Sale o	fassets to other organization(s)		1f		
g	Purch	ase of assets from other organization(s)		1 g		
h	Excha	inge of assets		1h		
i	Lease	of facilities, equipment, or other assets to other organization(s)		1 i		
j	Lease	of facilities, equipment, or other assets from other organization(s)		1j		
k		mance of services or membership or fundraising solicitations for other organization(s)		1k		
ı		mance of services or membership or fundraising solicitations by other organization(s)		11		
n		g of facilities, equipment, mailing lists, or other assets		1m		
n	Sharır	ng of paid employees		1n		
o	Reimb	oursement paid to other organization for expenses		10		
p		ursement paid by other organization for expenses		1р		
q	Other	transfer of cash or property to other organization(s)		1q		
		transfer of cash or property from other organization(s)		1r		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships		lds		
		(a) Name of other organization	(b) Transaction type(a-r)	Amouni	(c) t involv	ed
(1) (2)						
(-)						
(3)	_					
(4)			-			
						
(5)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign partners end-of-year country) country) section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	te (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		h) eral d lagin tner?		
			Yes	No		Yes	No		Yes	N
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Software ID: Software Version:

EIN: 06-0646562

Name: BRUNSWICK SCHOOL INC

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	che)		1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Mr William A Durkin III Chairman	6 00	Х		х				0	0	0		
Mrs W Robert Dahl Treasurer	6 00	×		x				0	0	0		
Mr B Cort Delany Secretary	4 00	х		х				0	0	0		
Mr Richard A Baker Trustee	4 00	Х						0	0	0		
Mr W Preston Baldwin III Trustee	2 00	Х						0	0	0		
Mrs James Better Trustee	2 00	Х						0	0	0		
Mr Michael P Castine Trustee	2 00	Х						0	0	0		
Mr Matthew DeSalvo Trustee	2 00	Х						0	0	0		
Mrs William Farrell Trustee	4 00	Х						0	0	0		
Mr Richard M Fuscone Trustee	2 00	Х						0	0	0		
Mr John R Harvey Trustee	2 00	Х						0	0	0		
Mr Jeffrey R Holzschuh Trustee	2 00	Х						0	0	0		
Mr Andrew Jacobson Trustee	2 00	Х						0	0	0		
Mr David B MacFarlane Trustee	4 00	Х						0	0	0		
Mrs Gary S Matthews Trustee	4 00	Х						0	0	0		
Mr Ian McKinnon Trustee	2 00	Х						0	0	0		
Mr Sanjeev K Mehra Trustee	4 00	Х						0	0	0		
Mr Ian C Murray Trustee	2 00	Х						0	0	0		
Mr Shepherd Murray Trustee	2 00	Х						0	0	0		
Mr Michael J Odrich Trustee	2 00	Х						0	0	0		
Mr Thos D O'Malley Jr Trustee	4 00	Х						0	0	0		
Mr Charles Paternina Trustee	2 00	Х						0	0	0		
Mrs Andrew P Peisch Trustee	2 00	Х						0	0	0		
Mr Clifton S Robbins Trustee	6 00	Х						0	0	0		
Mr William A Schneider Trustee	2 00	Х						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	l .	(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mrs Mark Stitzer Trustee	2 00	х						0	0	0
Mr J Edward Vırtue Trustee	2 00	х						0	0	0
Mr Simon J Williams Trustee	4 00	Х						0	0	0
Mr Tracy R Wolstencroft Trustee	4 00	х						0	0	0
Mr THO MAS W PHILIP Headmaster	40 00			х				385,311	0	270,656
Mr Steven H Dudley Ass't Head/Director Finance	40 00			х				316,295	0	93,194
Mr Thomas Murray Director of Development	40 00				х			178,769	0	20,271
MR SUNIL GUPTA Director of Technology	40 00					х		149,674	0	13,421
MR DOUGLAS BURDETT Director of College Guidance	40 00					х		145,369	0	87,540
MR ANDREW HALL Chair of Visual & Performing Arts	40 00					х		139,100	0	65,269
MR TIMOTHY F O STRYE Director of Athletics	40 00					х		131,259	0	30,791
Mr Stephen Duennebier Ass't Head US Dir Student Services	40 00					х		129,435	0	43,178

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

-					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Student Tuition	900,099	28,008,450	28,008,450		
SUMMER PROGRAM	611,710	373,636	373,636		
SCHOOL PROGRAMS and fe	611,710	369,210	369,210		
SHARED SERVICE REIMBUR	611,710	225,000	225,000		
AFTER SCHOOL PROGRAMS	611,710	183,324	183,324		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Building Maintenance an	1,678,663	1,666,955	10,269	1,439
Provision for Uncollect	1,190,501			1,190,501
catering	1,124,527	1,116,684	6,879	964
Professional Developmen	164,259	164,259		
Dues, fees & Subscripti	119,894	73,432	44,364	2,098