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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
THE HOTCHKISS SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
RT 41 AND 112 BOX 800

City or town, state or country, and ZIP + 4
LAKEVILLE, CT 060390800

D Employer identification number
06-0647018

E Telephone number
(860)435-2591

G Gross receipts $ 99,740,950

F Name and address of principal officer
JOHN P TUKE
RT 41 AND 112 BOX 800
LAKEVILLE,CT 060390800

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HOTCHKISS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1891 | **M** State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE SCHOOL STRIVES TO DEVELOP IN STUDENTS A LIFELONG LOVE OF LEARNING, RESPONSIBLE CITIZENSHIP AND PERSONAL INTEGRITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	426
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,543,765
b	Net unrelated business taxable income from Form 990-T, line 34	7b	48,783

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,173,414	13,752,488
	9	Program service revenue (Part VIII, line 2g)	24,603,285	25,057,686
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,666,943	23,907,661
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-231,675	6,813,702
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,211,967	69,531,537
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,652,159	8,174,140
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,201,631	26,151,348
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	273,000	217,862
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,734,182		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,261,149	23,593,507
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,387,939	58,136,857
	19	Revenue less expenses Subtract line 18 from line 12	-4,175,972	11,394,680

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	511,270,488	556,822,911
	21	Total liabilities (Part X, line 26)	77,815,897	74,678,507
	22	Net assets or fund balances Subtract line 21 from line 20	433,454,591	482,144,404

Part II Signature Block

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

Sign Here

****** | 2012-05-08
Signature of officer | Date

JOHN P TUKE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
JOHN TOSCANO CPA	JOHN TOSCANO CPA			

Firm's name ▶ JH COHN LLP | Firm's EIN ▶

Firm's address ▶ 180 GLASTONBURY BOULEVARD
GLASTONBURY, CT 06033 | Phone no ▶ (860) 633-3000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE SCHOOL IS COMMITTED TO MASTERY OF LEARNING SKILLS, DEVELOPMENT OF INTELLECTUAL CURIOSITY, EXCELLENCE AND CREATIVITY IN ALL DISCPLINES, AND ENTHUSIASTIC PARTICIPATION IN ATHLETIC AND OTHER SCHOOL ACTIVITIES WE ENCOURAGE OUR STUDENTS TO DEVELOP CLARITY OF THOUGHT, CONFIDENCE AND FACILITY IN EXPRESSING IDEAS AND ARTISTIC AND AESTHETIC SENSITIVITY WE EXPECT ALL MEMBERS OF THE COMMUNITY, IN AND OUT OF THE CLASSROOM, TO SUBJECT THEIR VIEWS AND ACTIONS TO CRITICAL EXAMINATION AND TO ACCEPT RESPONSIBILITY FOR THEM WE HOPE THAT OUR GRADUATES WILL LEAVE WITH A COMMITMENT TO SERVICE TO OTHERS AND TO ENVIRONMENTAL STEWARDSHIP, AND WITH GREATER UNDERSTANDING OF THEMSELVES AND OF THEIR RESPONSIBILITIES IN A GLOBAL SOCIETY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 39,552,292 including grants of $ 8,174,140) (Revenue $ 25,726,353)

THE HOTCHKISS SCHOOL STRIVES TO PREPARE STUDENTS FOR FURTHER EDUCATION AND RESPONSIBLE CITIZENSHIP THE SCHOOL ENCOURAGES STUDENTS TO PURSUE A MASTERY OF LEARNING SKILLS, DEVELOPMENT OF INTELLECTUAL CURIOSITY AND ARTISTIC SENSITIVITY, EXCELLENCE AND CREATIVITY IN ALL DISCIPLINES, ACTIVE INVOLVEMENT IN ATHLETICS AND OTHER SCHOOL ACTIVITIES, AND THE GREATEST POSSIBLE UNDERSTANDING OF ONESELF AND OF ONE'S ROLE IN SOCIETY HOTCHKISS ALSO ECOURAGES STUDENTS TO DEVELOP CLARITY OF THOUGHT, CONFIDENCE AND FACILITY IN EXPRESSING IDEAS, WILLINGNESS TO SUBJECT THEIR VIEWS TO CRITICAL EXAMINATION AND THE CAPACITY TO ASSUME RESPONSIBILITY FOR THEM THE SCHOOL EXPECTS MEMBERS OF THE COMMUNITY TO RESPOND SENSITIVELY TO THE NEEDS OF OTHERS THE ENROLLMENT FOR THE TAX YEAR WAS APPROXIMATELY 595 STUDENTS

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 39,552,292

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	**5**		No
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**	Yes	
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	**11a**	Yes	
b	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.*	**11b**	Yes	
c	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.*	**11c**		No
d	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.*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	**11e**	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	**12a**	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	**12b**		No
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, Parts I and IV*	**14b**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	**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, Parts III and IV*	**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 (see instructions)*	**17**	Yes	
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**		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	**20b**		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 226			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 426			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶UK , CJ , BD , EI , OC See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**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.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT , NY

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

M H MERRIMAN 2ND CONTROLLER
PO BOX 800 11 INTERLAKEN ROAD
LAKEVILLE, CT 060390800
(860) 435-3166

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	1,363,610	0	461,660

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶9

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed 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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO P O BOX 536922POBOX 536 ATLANTA, GA 32353	DINING SERVICES	2,328,305
CAMBRIDGE ASSOCIATES LLC PO BOX 10317 UNIONDALE, NY 115550317	ENDOWMENT MANAGEMENT	828,326
MESSERSMITH MANUFACTURING INC 2612 F ROAD BARK RIVER, MI 49807	HEATING SYSTEMS-BIOMASS	652,800
HONEYWELL INTERNATIONAL BLDG SOLUTIONS 12490 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SYSTEMS MANAGEMENT AND INSTALLATION	561,782
CENTERBROOK 67 MAIN ST POBOX 955 CENTERBROOK, CT 06409	ARCHITECTS	549,871

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶27

Part VIII Statement of Revenue

Section	Line	Description	Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	13,752,488				
	g	Noncash contributions included in lines 1a-1f $	7,065,120				
	h	**Total.** Add lines 1a-1f . . . . ▶		13,752,488			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	611110	25,057,686	25,057,686		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		25,057,686			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,867,642			1,867,642
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
	6a	Gross Rents — (i) Real: ; (ii) Personal:					
	b	Less rental expenses — (i) Real: ; (ii) Personal:					
	c	Rental income or (loss) — (i) Real: ; (ii) Personal:					
	d	Net rental income or (loss) . . . . ▶					
	7a	Gross amount from sales of assets other than inventory — (i) Securities: 45,230,747; (ii) Other: 6,148,909					
	b	Less cost or other basis and sales expenses — (i) Securities: 29,074,720; (ii) Other: 264,917					
	c	Gain or (loss) — (i) Securities: 16,156,027; (ii) Other: 5,883,992					
	d	Net gain or (loss) . . . . ▶		22,040,019		-202,143	22,242,162
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . a					
	b	Less direct expenses . . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	808,920				
	b	Less cost of goods sold . . b	869,776				
	c	Net income or (loss) from sales of inventory . . ▶		-60,856			-60,856
		Miscellaneous Revenue	Business Code				
	11a	INVESTMENTS - LTD P/S	523000	5,615,297		1,631,048	3,984,249
	b	OTHER INCOME	900099	970,141	668,667		301,474
	c	CHILD CARE INCOME	611710	174,260			174,260
	d	All other revenue		114,860		114,860	
	e	**Total.** Add lines 11a–11d . . . . . . ▶		6,874,558			
	12	**Total revenue.** See Instructions . . . ▶		69,531,537	25,726,353	1,543,765	28,508,931

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,174,140	8,174,140		
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	735,363	40,555	560,441	134,367
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	17,308,624	13,637,940	1,372,341	2,298,343
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,200,406	1,733,760	174,463	292,183
9	Other employee benefits	4,587,890	3,614,924	363,758	609,208
10	Payroll taxes	1,319,065	1,039,328	104,584	175,153
a	Fees for services (non-employees) Management				
b	Legal	360,308		360,308	
c	Accounting	92,170		92,170	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .	217,862			217,862
f	Investment management fees	1,762,012		1,762,012	
g	Other	1,744,675	1,061,752	593,187	89,736
12	Advertising and promotion	95,169	85,261	9,908	
13	Office expenses	4,784,426	4,009,400	307,645	467,381
14	Information technology	501,194	501,194		
15	Royalties . .				
16	Occupancy	2,440,428	2,440,260		168
17	Travel	624,519	235,505	143,980	245,034
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,536			4,536
20	Interest	1,245,130		1,245,130	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,828,240		5,828,240	
23	Insurance	402,904		402,904	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INSTRUCTIONAL EXPENSES	1,639,501	1,639,501		
b	CONTRIBUTIONS TO COMMUN	510,178	510,178		
c	MISCELLANEOUS	484,860	49,959	398,621	36,280
d	STUDENT ACTIVITIES & SE	443,909	443,909		
e	ENTERTAINMENT & PR	316,972	158,914	40,456	117,602
f	All other expenses	312,376	175,812	90,235	46,329
25	**Total functional expenses.** Add lines 1 through 24f	58,136,857	39,552,292	13,850,383	4,734,182
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	110,238	1	97,913
	2	Savings and temporary cash investments	3,327,361	2	11,784,877
	3	Pledges and grants receivable, net	31,439,990	3	27,521,363
	4	Accounts receivable, net	1,846,533	4	584,490
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net	559,197	7	500,502
	8	Inventories for sale or use	430,099	8	467,633
	9	Prepaid expenses and deferred charges	1,154,184	9	1,130,946
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 207,413,972			
	b	Less accumulated depreciation — 10b: 61,138,656	144,491,605	10c	146,275,316
	11	Investments—publicly traded securities	52,299,609	11	38,751,748
	12	Investments—other securities See Part IV, line 11	275,611,672	12	329,708,123
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	511,270,488	16	556,822,911
Liabilities	17	Accounts payable and accrued expenses	2,460,908	17	2,334,144
	18	Grants payable		18	
	19	Deferred revenue	6,102,053	19	5,929,470
	20	Tax-exempt bond liabilities	34,700,393	20	34,714,928
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	34,552,543	25	31,699,965
	26	**Total liabilities.** Add lines 17 through 25	77,815,897	26	74,678,507
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	255,216,438	27	282,013,663
	28	Temporarily restricted net assets	76,084,862	28	92,663,785
	29	Permanently restricted net assets	102,153,291	29	107,466,956
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	433,454,591	33	482,144,404
	34	Total liabilities and net assets/fund balances	511,270,488	34	556,822,911

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	69,531,537
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,136,857
3	Revenue less expenses Subtract line 2 from line 1	3	11,394,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	433,454,591
5	Other changes in net assets or fund balances (explain in Schedule O)	5	37,295,133
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	482,144,404

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

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SCHEDULE A
(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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 06-0647018
Name: THE HOTCHKISS SCHOOL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
THOMAS C BARRY TRUSTEE	3 00	X						0	0	0
KATHERYN ALLEN BERLANDI TRUSTEE	3 00	X						0	0	0
IAN R DESAI TRUSTEE	3 00	X						0	0	0
THOMAS J EDELMAN TRUSTEE	3 00	X						0	0	0
WILLIAM R ELFERS VICE PRESIDENT	3 00	X		X				0	0	0
JOHN E ELLIS III TRUSTEE	3 00	X						0	0	0
LAWRENCE FLINN JR TRUSTEE	3 00	X						0	0	0
DIANA GOMEZ TRUSTEE	3 00	X						0	0	0
SEAN M GORMAN SECRETARY	3 00	X		X				0	0	0
JOHN P GRUBE TRUSTEE	3 00	X						0	0	0
ELIZABETH GARDNER HINES TRUSTEE	3 00	X						0	0	0
FIROOZEH KASHANI-SABET TRUSTEE	3 00	X						0	0	0
ELEANOR GREEN LONG TRUSTEE	3 00	X						0	0	0
FORREST E MARS JR VICE PRESIDENT	3 00	X		X				0	0	0
CHRISTOPHER H MELEDANDRI TRUSTEE	3 00	X						0	0	0
KENDRA S O'DONNELL TRUSTEE	3 00	X						0	0	0
PHILIP W PILLSBURY JR TRUSTEE	3 00	X						0	0	0
PETER J ROGERS JR TRUSTEE	3 00	X						0	0	0
JEAN WEINBERG ROSE VICE PRESIDENT	3 00	X		X				0	0	0
ROGER K SMITH TRUSTEE	3 00	X						0	0	0
JANE SOMMERS-KELLY TRUSTEE	3 00	X						0	0	0
MARJO TALBOTT TRUSTEE	3 00	X						0	0	0
JOHN L THORNTON PRESIDENT	3 00	X		X				0	0	0
WILLIAM B TYREE TREASURER	3 00	X		X				0	0	0
MALCOLM H MCKENZIE HEAD OF SCHOOL	50 00			X				293,127	0	156,995

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN P TUKE CHIEF FINANCIAL OFFICER	50 00			X				242,416	0	94,037
CHRISTOPHER R FRENCH DIRECTOR OF DEVELOPMENT	50 00					X		205,045	0	53,951
JOHN C VIRDEN III ASSISTANT HEAD OF SCHOOL	50 00					X		179,366	0	28,206
JARED ZELLMAN DIRECTOR OF HEALTH SERVICE	50 00					X		153,837	0	36,338
JON P OSTENDORF DIRECTOR OF TECHNOLOGY	50 00					X		151,597	0	66,976
JEFFERY NAVIN SENIOR FINANCIAL ANALYST	50 00					X		138,222	0	25,157

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

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

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	260 00
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

4 Number of states where property subject to conservation easement is located ▶ 1

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	328,573,994	320,900,125	418,765,878		
b	Contributions	11,507,329	7,765,529	6,388,206		
c	Investment earnings or losses	61,798,572	26,563,271	-85,637,012		
d	Grants or scholarships	4,972,386	4,202,108	5,475,175		
e	Other expenditures for facilities and programs	17,667,321	21,048,325	11,398,520		
f	Administrative expenses	1,762,012	1,404,498	1,743,252		
g	End of year balance	377,478,176	328,573,994	320,900,125		

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

a Board designated or quasi-endowment ▶ 54 060 %

b Permanent endowment ▶ 45 940 %

c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,011,286		3,011,286
b Buildings		173,175,818	44,879,267	128,296,551
c Leasehold improvements				
d Equipment		24,411,044	15,207,583	9,203,461
e Other		6,815,824	1,051,806	5,764,018
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				146,275,316

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) INVESTMENTS IN LIMITED PARTNERSHIPS	329,708,123	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	329,708,123	

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

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

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

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

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

1 **(a)** Description of Liability	**(b)** Amount
Federal Income Taxes	
CAPITAL LEASE OBLIGATION	665,581
INTEREST RATE SWAP	5,756,245
POST RETIREMENT HEALTH BENEFITS	20,705,475
DEPOSITS - PREPAID STUDENT EXPENSES	1,764,353
OTHER	2,808,311
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	31,699,965

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,531,537
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,136,857
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,394,680
4	Net unrealized gains (losses) on investments	4	43,837,145
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,542,012
9	Total adjustments (net) Add lines 4 - 8	9	37,295,133
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,689,813

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

1	Total revenue, gains, and other support per audited financial statements			1	97,808,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	43,837,145		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,922,601		
e	Add lines **2a** through **2d**			2e	49,759,746
3	Subtract line **2e** from line **1**			3	48,048,322
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,762,012		
b	Other (Describe in Part XIV)	4b	19,721,203		
c	Add lines **4a** and **4b**			4c	21,483,215
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	69,531,537

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

1	Total expenses and losses per audited financial statements			1	49,118,255
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	917,550		
e	Add lines **2a** through **2d**			2e	917,550
3	Subtract line **2e** from line **1**			3	48,200,705
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,762,012		
b	Other (Describe in Part XIV)	4b	8,174,140		
c	Add lines **4a** and **4b**			4c	9,936,152
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	58,136,857

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF EASEMENTS ENFORCEMENT POLICIES	PART II, LINE 5	THE EASEMENT IS PART OF A PARCEL OF LAND PURCHASED BY THE SCHOOL IN 2004 IT HAD BEEN CREATED IN THE 1980'S BY THE OWNER OF THE LAND AT THAT POINT IN TIME AND THE LOSS OF ECONOMIC VALUE OF THE EASEMENT HAD BEEN REFLECTED IN THE APPRAISED VALUE OF THE PARCEL THIS APPRAISAL SERVED AS THE BASIS OF THE PURCHASE PRICE THE LAND IS REPORTED ON THE SCHOOL'S STATEMENT OF FINANCIAL POSITION AT PURCHASED COST
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INCOME FROM ENDOWMENT FUNDS IS DRAWN IN ACCORDANCE WITH THE SCHOOL'S SPENDING POLICY AND USED IN ACCORDANCE WITH DONOR-IMPOSED STIPULATIONS OR, IN THE ABSENCE THEREOF, TO SUPPORT THE SCHOOL'S GENERAL OPERATING EXPENSES, INCLUDING SALARIES, FINANCIAL AID AND FACILITIES MAINTENANCE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL ACCOUNTS FOR UNCERTAIN INCOME TAX PROVISIONS INCLUDED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740 ASC 740 PRESCRIBES DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD TO BE RECOGNIZED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS AT JUNE 30,2010 AND 2011 THE SCHOOL'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL 2008 ARE NO LONGER SUBJECT TO AUDIT
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SWAP AGREEMENT 1,694,220 CHANGE IN VALUE OF POST RETIREMENT BENEFIT OBLIGATION 3,310,831 PARTNERSHIP BOOK VS TAX DIFFERENCE -11,547,063
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 869,776 LOSS ON DISPOSAL OF ASSETS 47,774 CHANGE IN VALUE OF SWAP 1,694,220 CHANGE IN VALUE OF POST RETIREMENT BENEFIT OBLIGATION 3,310,831
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL ASSISTANCE 8,174,140 PARTNERSHIP BOOK VS TAX DIFFERENCE 11,547,063
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 869,776 LOSS ON DISPOSAL OF ASSETS 47,774
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL ASSISTANCE 8,174,140

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

Part I

			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 If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL PUBLICIZES THE POLICY ALONG WITH OTHER AREA SCHOOLS IN THE LOCAL NEWSPAPER

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		30,649,000
3a	Sub-total	0	0			30,649,000
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			30,649,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . ▶ ____________

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☑ No

Additional Data

Software ID:
Software Version:
EIN: 06-0647018
Name: THE HOTCHKISS SCHOOL

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

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

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

- a ☑ Mail solicitations
- b ☑ Internet and e-mail solicitations
- c ☑ Phone solicitations
- d ☑ In-person solicitations
- e ☑ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
GENERATION 55 WASHINGTON STREET NO 802 BROOKLYN, NY 11201	FUTURE CAMPAIGN CONSULTING		No	0	55,224	-55,224
GRENZEBACH GLIER & ASSOC PO BOX 88277 DEPT A CHICAGO, IL 60680	FUTURE CAMPAIGN CONSULTING		No	0	110,138	-110,138
KIMBERLY MORGAN BLANK 124 BROOKSIDE DRIVE GREENWICH, CT 06831	FUTURE CAMPAIGN CONSULTING		No	0	52,500	-52,500
Total . . . . ▶					217,862	-217,862

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

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

9 Enter the state(s) in which the organization operates gaming activities ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ____________

11 Does the organization operate gaming activities with nonmembers? . . . . Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility **13a**

b An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FUTURE CAMPAIGN CONSULTING

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ ____

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) SCHOLARSHIPS	220		7,961,840	FAIR VALUE	FINANCIAL ASSISTANCE
(2) SUMMER SCHOOL SCHOLARSHIPS	66		212,300	FAIR VALUE	FINANCIAL ASSISTANCE

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

Identifier	**Return Reference**	**Explanation**
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE HOTCHKISS SCHOOL HAS DEDICATED AN INDIVIDUAL IN THE ADMISSIONS OFFICE TO WORK SOLELY WITH FINANCIAL AID FINANCIAL AID AWARDS ARE ALSO TRACKED ON AN INDIVIDUAL BASIS IN THE BUSINESS OFFICE FOR BILLING PURPOSES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MALCOLM H MCKENZIE	(i)	293,127	0	0	44,190	112,805	450,122	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN P TUKE	(i)	242,416	0	0	43,388	50,649	336,453	0
	(ii)	0	0	0	0	0	0	0
(3) CHRISTOPHER R FRENCH	(i)	205,045	0	0	39,964	13,987	258,996	0
	(ii)	0	0	0	0	0	0	0
(4) JOHN C VIRDEN III	(i)	179,366	0	0	20,057	8,149	207,572	0
	(ii)	0	0	0	0	0	0	0
(5) JARED ZELLMAN	(i)	153,837	0	0	22,988	13,350	190,175	0
	(ii)	0	0	0	0	0	0	0
(6) JON P OSTENDORF	(i)	151,597	0	0	22,026	44,950	218,573	0
	(ii)	0	0	0	0	0	0	0
(7) JEFFERY NAVIN	(i)	138,222	0	0	11,170	13,987	163,379	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FOR THE BENEFIT AND CONVENIENCE OF THE SCHOOL IN HAVING THE FUNCTIONS OF THE OFFICE OF THE HEAD EFFICIENTLY DISCHARGED AND AS A CONDITION OF HIS EMPLOYMENT AS HEAD OF SCHOOL, MR MCKENZIE RESIDES IN AN ON-CAMPUS RESIDENCE PROVIDED FOR AT THE SCHOOL'S EXPENSE FOR THE CONVENIENCE OF THE SCHOOL, THE HEAD'S RESIDENCE IS READILY AVAILABLE AND USED FOR SCHOOL-RELATED BUSINESS AND ENTERTAINMENT FUNCTIONS ON A REGULAR AND CONTINUING BASIS AS STIPULATED IN HIS EMPLOYMENT CONTRACT, CERTAIN TRAVEL AND ADVISORY EXPENSES ARE BORNE BY THE SCHOOL AND APPROPRIATELY REPORTED AS TAXABLE COMPENSATION TO THE HEAD OF SCHOOL

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
THE HOTCHKISS SCHOOL	06-0647018

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	112	7,065,120	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (__________)				
26 Other ▶(__________)				
27 Other ▶(__________)				
28 Other ▶ (__________)				

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

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

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOTCHKISS SCHOOL

Employer identification number
06-0647018

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AUTHORITY TO APPROVE THE 990 IS DELEGATED TO THE AUDIT COMMITTEE BY THE BOARD THE AUDIT COMMITTEE REVIEWS IN DETAIL WITH SCHOOL MANAGEMENT AND ITS AUDITORS COPIES OF THE 990 ARE THEN MADE AVAILABLE TO ALL TRUSTEES PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CFO COLLECTS AND REVIEWS ALL COMPLETED FORMS, AND THEN PASSES THEM ON TO THE PRESIDENT AND SECRETARY OF THE BOARD AND TO THE HEAD OF SCHOOL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE HEAD OF SCHOOL AND THE BOARD'S COMMITTEE FOR ORGANIZATIONAL REVIEW AND NOMINATING REVIEW MARKET DATA FROM COMPARABLE INSTITUTIONS FOR THE TOP 20 PAID EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT ITS ADMINISTRATIVE OFFICES IN LAKEVILLE, CT

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 43,837,145 CHANGE IN VALUE OF SWAP AGREEMENT 1,694,220 CHANGE IN VALUE OF POST RETIREMENT BENEFIT OBLIGATION 3,310,831 PARTNERSHIP BOOK VS TAX DIFFERENCE -11,547,063 TOTAL TO FORM 990, PART XI, LINE 5 37,295,133

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE SCHOOL HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESSES DURING THE TAX YEAR

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 05/10/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 08/17/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $5447. TOTAL TO FORM 8621, LINE 11B = $5447.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 03/25/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 04/06/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $179. TOTAL TO FORM 8621, LINE 11B = $179.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 08/09/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 12/09/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $4087. TOTAL TO FORM 8621, LINE 11B = $4087.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 01/29/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 08/26/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $25624. TOTAL TO FORM 8621, LINE 11B = $25624.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 02/12/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 04/26/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $1290. TOTAL TO FORM 8621, LINE 11B = $1290.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 03/25/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 04/09/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $853. TOTAL TO FORM 8621, LINE 11B = $853.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 05/21/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 06/25/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $43. TOTAL TO FORM 8621, LINE 11B = $43.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 06/10/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 06/21/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $790. TOTAL TO FORM 8621, LINE 11B = $790.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 05/28/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 06/09/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $232. TOTAL TO FORM 8621, LINE 11B = $232.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 12/08/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 12/08/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $306. TOTAL TO FORM 8621, LINE 11B = $306.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 06/10/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 06/17/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $166. TOTAL TO FORM 8621, LINE 11B = $166.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 03/22/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 04/23/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $68. TOTAL TO FORM 8621, LINE 11B = $68.

TY 2010 Taxation of Excess Distribution Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

Statement: DATE STOCK ACQUIRED = 12/08/2010 DATE STOCK DISPOSED OR DISTRIBUTED = 12/08/2010 TOTAL ALLOCABLE TO CURRENT YEAR AND PRE-PFIC TAX YEARS = $55. TOTAL TO FORM 8621, LINE 11B = $55.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: THE HOTCHKISS SCHOOL

EIN: 06-0647018

QBU Id	Country of Operation	Functional Currency
USD		0.00000