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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
HORACE MANN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
231 WEST 246TH STREET

City or town, state or country, and ZIP + 4
BRONX, NY 10471

D Employer identification number
13-1740455

E Telephone number
(718) 432-3416

G Gross receipts $ 99,636,962

F Name and address of principal officer
GEORGE BLEIMANN
231 WEST 246TH STREET
BRONX, NY 10471

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 HORACEMANN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1887

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	606
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,608,641	10,322,236
	9	Program service revenue (Part VIII, line 2g)	63,118,326	65,881,557
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,852,567	3,549,323
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,530	163,910
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,733,064	79,917,026
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,757,005	7,982,177
	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)	42,831,910	44,889,006
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,894,792		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,098,163	20,973,149
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	70,687,078	73,844,332
	19	Revenue less expenses Subtract line 18 from line 12	4,045,986	6,072,694

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	214,870,562	233,065,791
	21	Total liabilities (Part X, line 26)	98,452,111	103,621,444
	22	Net assets or fund balances Subtract line 21 from line 20	116,418,451	129,444,347

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

****** 2012-05-14
Signature of officer Date

GEORGE BLEIMANN CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
FREDERICK H ROTHMAN	FREDERICK H ROTHMAN			

Firm's name ▶ LOEB & TROPER LLP | Firm's EIN ▶

Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017 | Phone no ▶ (212) 867-4000

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

SEE SCHEDULE O

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 $ 65,503,127 including grants of $ 7,982,177) (Revenue $ 65,944,057)

HORACE MANN SCHOOL IS AN EDUCATIONAL INSTITUTION CONDUCTING PROGRAMS AT THE NURSERY, ELEMENTARY,MIDDLE AND HIGH SCHOOL LEVELS THE STUDENT BODY CONSISTS OF 1,782 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** ▶$ 65,503,127

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		
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		No
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	Yes	
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
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	138			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1			
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	606			
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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
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 ▶CJ , EI , NT 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization 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 35			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 35			
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	Yes	
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		No
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▶

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 ▶

GEORGE A BLEIMANN CONTROLLER
231 W 246TH STREET
BRONX, NY 10471
(718) 432-3416

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										
1b Sub-Total . . . . ►										
c Total from continuation sheets to Part VII, Section A . . . . ►										
d Total (add lines 1b and 1c) . . . . ►								3,185,492	0	520,289

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 ►183

			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
FLIK INTERNATIONAL CORP PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICE	2,690,663
LUCADAMO & SONS INC 215 SOUTH 13TH AVE MT VERNON, NY 10550	GENERAL CONTRACTOR	614,922
A&A MAINTENANCE ENTERPRISE 965 MIDLAND AVENUE YONKERS, NY 10704	CLEANING SERVICE	609,857
BOLLINGER INC PO BOX 5000 SHORT HILLS, NJ 07078	INSURANCE	584,770
TIME CONSTRUCTION 906-B ALLERTON AVENUE BRONX, NY 10469	GENERAL CONTRACTOR	503,825

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

				(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	90,870				
	c	Fundraising events 1c	355,810				
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	773,534				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,102,022				
	g	Noncash contributions included in lines 1a-1f $	909,824				
	h	**Total.** Add lines 1a-1f . . . . ▶		10,322,236			
Program Service Revenue			Business Code				
	2a	TUITION	611600	63,521,266	63,521,266		
	b	FACILITY IMPR /OTHER F	611600	1,090,164	1,090,164		
	c	SUMMER & OTHER PROGRAM	611600	819,070	819,070		
	d	OTHER RELATED REVENUE	611600	451,057	451,057		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		65,881,557			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,515,600			1,515,600
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
6a	Gross Rents	15,000					
b	Less rental expenses	11,750					
c	Rental income or (loss)	3,250					
d	Net rental income or (loss) . . . . ▶			3,250			3,250

		(i) Securities	(ii) Other	(A)	(B)	(C)	(D)
7a	Gross amount from sales of assets other than inventory	21,383,593					
b	Less cost or other basis and sales expenses	19,349,870					
c	Gain or (loss)	2,033,723					
d	Net gain or (loss) . . . . ▶			2,033,723			2,033,723

			(A)	(B)	(C)	(D)
8a	Gross income from fundraising events (not including $ 355,810 of contributions reported on line 1c) See Part IV, line 18 . . . a	421,801				
b	Less direct expenses . . . b	318,641				
c	Net income or (loss) from fundraising events . . ▶		103,160			103,160
9a	Gross income from gaming activities See Part IV, line 19 . a	34,675				
b	Less direct expenses . . . . b	39,675				
c	Net income or (loss) from gaming activities . . ▶		-5,000			-5,000
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	BAD DEBT RECOVERY	900099	62,500			62,500
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶		62,500			
12	**Total revenue.** See Instructions . . . ▶		79,917,026	65,881,557	0	3,713,233

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	7,982,177	7,982,177		
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	2,935,170	2,138,008	797,162	
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	30,153,396	27,585,198	1,914,139	654,059
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,354,194	6,628,024	559,387	166,783
9	Other employee benefits	2,243,103	2,026,763	162,869	53,471
10	Payroll taxes	2,203,143	1,974,894	179,797	48,452
a	Fees for services (non-employees) Management				
b	Legal	373,284		373,284	
c	Accounting	68,200		68,200	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees	94,994		94,994	
g	Other	314,631	211,553	20,950	82,128
12	Advertising and promotion				
13	Office expenses	3,947,652	2,432,194	1,017,176	498,282
14	Information technology	1,163,627	1,163,627		
15	Royalties . .				
16	Occupancy	4,068,595	3,655,933	375,147	37,515
17	Travel	245,954	242,707	3,206	41
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	438,332	103,934	332,152	2,246
20	Interest	2,105,750	2,105,750		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,236,019	5,230,897	4,268	854
23	Insurance	438,139		438,139	
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	FOOD SERVICE	1,609,389	1,609,389		
b	STUDENT EXPENSES	487,188	412,079	75,109	
c	OTHER FUNDRAISING EXPEN	350,961			350,961
d	BAD DEBT EXPENSE	30,434		30,434	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	73,844,332	65,503,127	6,446,413	1,894,792
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		276,052	1	403,395
	2	Savings and temporary cash investments		21,455,794	2	42,963,668
	3	Pledges and grants receivable, net		2,865,458	3	3,229,385
	4	Accounts receivable, net		785,771	4	673,286
	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			7	
	8	Inventories for sale or use		15,000	8	40,004
	9	Prepaid expenses and deferred charges		181,805	9	1,488,649
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 144,588,481			
	b	Less accumulated depreciation	10b 42,634,938	103,308,270	10c	101,953,543
	11	Investments—publicly traded securities		47,966,889	11	36,442,364
	12	Investments—other securities See Part IV, line 11		37,053,590	12	44,994,927
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		961,933	15	876,570
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		214,870,562	16	233,065,791
Liabilities	17	Accounts payable and accrued expenses		4,677,427	17	5,227,985
	18	Grants payable			18	
	19	Deferred revenue		33,588,593	19	36,687,422
	20	Tax-exempt bond liabilities		43,195,000	20	42,195,000
	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		16,991,091	25	19,511,037
	26	**Total liabilities.** Add lines 17 through 25		98,452,111	26	103,621,444
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		92,922,066	27	102,177,959
	28	Temporarily restricted net assets		4,470,366	28	7,121,055
	29	Permanently restricted net assets		19,026,019	29	20,145,333
		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		116,418,451	33	129,444,347
	34	Total liabilities and net assets/fund balances		214,870,562	34	233,065,791

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	79,917,026
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,844,332
3	Revenue less expenses Subtract line 2 from line 1	3	6,072,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	116,418,451
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,953,202
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	129,444,347

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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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).

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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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)
- ☑ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

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	67 00
c	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	1

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 ▶ 12 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

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	31,793,408	29,807,379	34,650,921		
b Contributions	1,346,028	972,078	360,630		
c Investment earnings or losses	2,304,516	2,325,083	-3,947,962		
d Grants or scholarships	5,057,979	642,788	509,903		
e Other expenditures for facilities and programs	7,751,454	668,344	746,307		
f Administrative expenses					
g End of year balance	22,634,519	31,793,408	29,807,379		

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 89 000 %

c Term endowment ▶ 11 000 %

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		6,326,321		6,326,321
b Buildings		123,750,689	34,967,065	88,783,624
c Leasehold improvements				
d Equipment		8,032,756	4,988,999	3,043,757
e Other		6,478,715	2,678,874	3,799,841
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				101,953,543

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) STATE OF ISRAEL BONDS	70,000	F
(B) ALTERNATIVE INVESTMENTS	44,924,927	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	44,994,927	

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	
ACCRUED EMPLOYEE BENEFITS	18,784,820
OTHER LIABILITIES	726,217
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	19,511,037

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	79,917,026
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,844,332
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,072,694
4	Net unrealized gains (losses) on investments	4	6,963,343
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,141
9	Total adjustments (net) Add lines 4 - 8	9	6,953,202
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,025,896

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	78,949,617
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,963,343		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	51,425		
e	Add lines **2a** through **2d**			2e	7,014,768
3	Subtract line **2e** from line **1**			3	71,934,849
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,982,177		
c	Add lines **4a** and **4b**			4c	7,982,177
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	79,917,026

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

1	Total expenses and losses per audited financial statements			1	67,828,101
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	1,965,946		
e	Add lines **2a** through **2d**			2e	1,965,946
3	Subtract line **2e** from line **1**			3	65,862,155
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,982,177		
c	Add lines **4a** and **4b**			4c	7,982,177
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	73,844,332

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
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	THE ORGANIZATION CARRIES THE VALUE ON THE BALANCE SHEET AT THE APPRAISED VALUE AT THE DATE OF GIFT NET OF EASEMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE NET INVESTMENT GENERATED FROM THE INVESTED ENDOWMENT FUNDS IS USED AT THE RATE OF 4 5% PER YEAR TO SUPPORT THE PROGRAMS AND THE FACILITIES OF THE SCHOOL USES INCLUDE FINANCIAL AID TO ENROLLED STUDENTS, SCHOOL LIBRARIES, MAINTENANCE OF FACILITIES AND FACULTY ENRICHMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING JUNE 30, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -10,141
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 11,750 SPECIAL EVENT EXPENSES 39,675
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 7,982,177
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSES 11,750 SPECIAL EVENT EXPENSES 39,675 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 10,141 POSTRETIREMENT BENEFIT ADJUSTMENT 1,904,380
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 7,982,177

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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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	Yes	
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 IN CONJUNCTION WITH ISAAGNY PUBLISHES ITS NON-DISCRIMINATION POLICY IN VARIOUS NEWSPAPERS AND PUBLICATIONS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	SCHOOL RECEIVED NEW YORK STATE AID FOR MANDATED SERVICES

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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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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
Total . . . . ▶						

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

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

		(a) Event #1 PA ANNUAL BENEFIT (event type)	(b) Event #2 BOOK FAIR (event type)	(c) Other Events 9 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	650,908	43,845	82,858	777,611
	2 Less Charitable contributions	355,810			355,810
	3 Gross income (line 1 minus line 2)	295,098	43,845	82,858	421,801
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	99,964			99,964
	8 Entertainment				
	9 Other direct expenses	111,175	40,061	67,441	218,677
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				318,641
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				103,160

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			34,675	34,675
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			39,675	39,675
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 90 000 % 90 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				39,675
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				-5,000

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableNY

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

b If "No," Explain

NOT REQUIRED SINCE NET IS UNDER $25,000

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**	100 000 %
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 ▶ IDA PARKS

Address ▶ 231 WEST 246TH STREET
BRONX, NY 10471

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 ▶ JANET GOLEMBO

Gaming manager compensation ▶ $ 500

Description of services provided ▶ DEPOSIT RAFFLE RECEIPTS AND BOOKKEEPING

☐ 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the 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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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) FINANCIAL AID FOR QUALIFIED STUDENTS	335	7,982,177			

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 HORACE MANN SCHOOL MAKES EVERY EFFORT TO ENSURE THAT EVERY STUDENT WHO WISHES TO ENROLL AND OR CURRENTLY ATTENDS HAS THE FINANCIAL ABILITY TO DO SO THE FINANCIAL AID COMMITTEE DETERMINES AWARDS ON THE BASIS OF DEMONSTRATED FINANCIAL NEED GRANTS CONSIST OF FINANCIAL AID AWARDED TO APPROXIMATELY 340 STUDENTS IN AMOUNTS REPRESENTING PORTIONS OF ANNUAL TUITION AS DETERMINED BY THE ADMINISTRATION OF THE SCHOOL THE RECIPIENTS HAVE NO RELATIONSHIP TO THE SCHOOL OTHER THAN THEIR STATUS AS STUDENTS THE AMOUNTS ARE BASED ON THE SCHOOL'S INTERNAL CALCULATIONS AND ADJUSTMENTS OF THE NAIS SCHOOL AND STUDENT SERVICE (SSS) METHODOLOGY

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
HORACE MANN SCHOOL

Employer identification number
13-1740455

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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) THOMAS KELLY	(i)	442,147	0	0	24,140	13,470	479,757	0
	(ii)	0	0	0	0	0	0	0
(2) EDWARD L SINCLAIR JR	(i)	304,483	0	233	24,140	11,309	340,165	0
	(ii)	0	0	0	0	0	0	0
(3) GLENN SHERRATT	(i)	208,228	0	233	15,058	7,937	231,456	0
	(ii)	0	0	0	0	0	0	0
(4) BARBARA TISCHLER	(i)	202,937	0	233	21,361	11,165	235,696	0
	(ii)	0	0	0	0	0	0	0
(5) JOHN YEAGER	(i)	198,920	0	95	17,347	11,109	227,471	0
	(ii)	0	0	0	0	0	0	0
(6) DAVID SCHILLER	(i)	189,765	0	599	18,958	11,115	220,437	0
	(ii)	0	0	0	0	0	0	0
(7) ROBIN INGRAM	(i)	181,729	0	95	18,457	15,880	216,161	0
	(ii)	0	0	0	0	0	0	0
(8) ROBERT ANNUNZIATA	(i)	174,477	0	0	17,806	27,502	219,785	0
	(ii)	0	0	0	0	0	0	0
(9) WENDY STEINTHAL	(i)	180,844	0	0	17,464	1,276	199,584	0
	(ii)	0	0	0	0	0	0	0
(10) LISA MOREIRA	(i)	155,242	0	0	16,050	39,461	210,753	0
	(ii)	0	0	0	0	0	0	0
(11) GEORGE BLEIMANN	(i)	156,307	0	0	15,832	10,922	183,061	0
	(ii)	0	0	0	0	0	0	0
(12) MITCHELL FRANCIS	(i)	194,105	0	0	19,259	27,561	240,925	0
	(ii)	0	0	0	0	0	0	0
(13) SUSAN DELANTY	(i)	148,242	0	0	15,195	8,082	171,519	0
	(ii)	0	0	0	0	0	0	0
(14) ROBERT FORCELLI	(i)	152,147	0	95	14,998	8,082	175,322	0
	(ii)	0	0	0	0	0	0	0
(15) TOM KATZENBACH	(i)	142,740	0	0	13,170	15,637	171,547	0
	(ii)	0	0	0	0	0	0	0
(16) DARREN LEWIS	(i)	151,596	0	0	14,926	15,620	182,142	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE HOUSING ALLOWANCE IS PROVIDED TO THOMAS KELLEY, HEAD OF SCHOOL AND LISA MOREIRA, DIRECTOR AF ADMISSIONS HOUSING IS PROVIDED ON CAMPUS AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER PURSUANT TO CONTRACTUAL PROVISION AND IS NONTAXABLE SOCIAL CLUB DUES ARE NON-TAXABLE BY VIRTUE OF BEING A WORKING CONDITION FRINGE UNDER IRC SECTION 132

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1740455
Name: HORACE MANN SCHOOL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS KELLY	(i)	442,147	0	0	24,140	13,470	479,757	0
	(ii)	0	0	0	0	0	0	0
EDWARD L SINCLAIR JR	(i)	304,483	0	233	24,140	11,309	340,165	0
	(ii)	0	0	0	0	0	0	0
GLENN SHERRATT	(i)	208,228	0	233	15,058	7,937	231,456	0
	(ii)	0	0	0	0	0	0	0
BARBARA TISCHLER	(i)	202,937	0	233	21,361	11,165	235,696	0
	(ii)	0	0	0	0	0	0	0
JOHN YEAGER	(i)	198,920	0	95	17,347	11,109	227,471	0
	(ii)	0	0	0	0	0	0	0
DAVID SCHILLER	(i)	189,765	0	599	18,958	11,115	220,437	0
	(ii)	0	0	0	0	0	0	0
ROBIN INGRAM	(i)	181,729	0	95	18,457	15,880	216,161	0
	(ii)	0	0	0	0	0	0	0
ROBERT ANNUNZIATA	(i)	174,477	0	0	17,806	27,502	219,785	0
	(ii)	0	0	0	0	0	0	0
WENDY STEINTHAL	(i)	180,844	0	0	17,464	1,276	199,584	0
	(ii)	0	0	0	0	0	0	0
LISA MOREIRA	(i)	155,242	0	0	16,050	39,461	210,753	0
	(ii)	0	0	0	0	0	0	0
GEORGE BLEIMANN	(i)	156,307	0	0	15,832	10,922	183,061	0
	(ii)	0	0	0	0	0	0	0
MITCHELL FRANCIS	(i)	194,105	0	0	19,259	27,561	240,925	0
	(ii)	0	0	0	0	0	0	0
SUSAN DELANTY	(i)	148,242	0	0	15,195	8,082	171,519	0
	(ii)	0	0	0	0	0	0	0
ROBERT FORCELLI	(i)	152,147	0	95	14,998	8,082	175,322	0
	(ii)	0	0	0	0	0	0	0
TOM KATZENBACH	(i)	142,740	0	0	13,170	15,637	171,547	0
	(ii)	0	0	0	0	0	0	0
DARREN LEWIS	(i)	151,596	0	0	14,926	15,620	182,142	0
	(ii)	0	0	0	0	0	0	0

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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
HORACE MANN SCHOOL

Employer identification number
13-1740455

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	42	692,799	SELLING PRICE
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 ▶ (AUCTION ITEMS)	X	170		
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		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR STOCK DONATIONS AND THE NUMBER OF CONTRIBUTORS FOR AUCTION ITEMS
NON REPORTING OF REVENUE	PART I, LINE 33	THE AUCTION ITEMS ARE REPORTED AT A ZERO DOLLAR AMOUNT BECAUSE THEY ARE NOT INLCUDED IN THE FINANCIAL STATEMENTS

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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
HORACE MANN SCHOOL

Employer identification number
13-1740455

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	THE HORACE MANN SCHOOL SEEKS TO EDUCATE AND NURTURE ITS STUDENTS AND HELPS THEM FULFILL THEIR POTENTIAL THE SCHOOL PROVIDES A CHALLENGING AND RIGOROUS SET OF ACADEMIC AND EXTRACURICCULAR PROGRAMS WITHIN A CARING AND SUPPORTIVE ENVIRONMENT STUDENTS ARE ENCOURAGED TO TEST AND LEARN ABOUT THEMSELVES, TO DEVELOP A CONCERN FOR OTHERS, AND TO GROW INTELLECTUALLY, PHYSICALLY, SOCIALLY AND EMOTIONALLY THE SCHOOL SEEKS TO FOSTER A CAPACITY IN EACH INDIVIDUAL FOR CLEAR AND CREATIVE THOUGHT THE SCHOOL ENCOURAGES STUDENTS TO UNDERSTAND THAT LEARNING IS A LIFELONG ENDEAVOR VALUABLE IN ITSELF THE HORACE MANN SCHOOL SEEKS A DIVERSE STUDENT BODY AND FOSTERS A RESPECT FOR INDIVIDUAL AND CULTURAL DIFFERENCES AS A COLLEGE PREPARATORY SCHOOL, HORACE MANN EMPHASIZES LIBERAL ARTS AND PREPARES ITS STUDENTS FOR LEADERSHIP IN A VARIETY OF FIELDS AND ENDEAVORS TO ACCOMPLISH THIS TASK, THE SCHOOL OFFERS PROGRAMS AND ACTIVITIES WHICH ENCOURAGE EXCELLENCE AND ALSO MAINTAINS AN OUTSTANDING FACULTY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		STEVEN FRIEDMAN AND RICHARD FRIEDMAN HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ENTIRE FORM 990 WAS REVIEWED BY THE CONTROLLER AND CFO THE FORM 990 WITH THE EXCEPTION OF SCHEDULE B (SCHEDULE OF CONTRIBUTIONS)WAS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ASSISTANT TO THE CFO, IN CONJUNCTION WITH THE AUDIT COMMITTEE, ANNUALLY OBTAINS COPIES ALL OF THE SIGNED CONFLICT OF INTEREST POLICIES IN ADDITION TO THE VOTING BOARD MEMBERS, CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENTS ARE ALSO ANNUALLY SIGNED BY MEMBERS OF THE ADMIN COUNCIL WHO ARE KEY EMPLOYEES IF AT ANY TIME DURING HIS OR HER TERM OF SERVICE A TRUSTEE OR AN OFFICER HAS ANY INTEREST WHICH MAY POSE A CONFLICT OF INTEREST AT ANY TIME DURING THAT TRUSTEE'S OR OFFICER'S SERVICE, HE OR SHE SHALL PROMPTLY DISCLOSE THE MATERIAL FACTS OF THAT INTEREST IN WRITING TO THE CHAIR OF THE BOARD AND CHAIR OF THE AUDIT COMMITTEE OF THE BOARD WHEN ANY MATTER IN WHICH A TRUSTEE OR AN OFFICER HAS AN INTEREST COMES BEFORE THE BOARD OR ANY COMMITTEE OF THE BOARD FOR DECISION OR APPROVAL, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD OR THE COMMITTEE BY THAT TRUSTEE OR OFFICER, AND THE TRUSTEE OR OFFICER SHALL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION AND/OR VOTE RELATING THERETO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	DURING THE ANNUAL BUDGET PROCESS, THE EXECUTIVE COMMITTEE ACTING AS THE COMPENSATION COMMITTEE, REVIEWS RELEVANT COMPARABLE COMPENSATION DATA AND FORMALLY MEETS AND APPROVES RECOMMENDED COMPENSATION FOR OFFICERS AND KEY EMPLOYEES THEY DOCUMENT THIS REVIEW CONTEMPORANEOUSLY THIS PROCESS WAS LAST PERFORMED IN MAY 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS PUBLIC OTHER THAN TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,963,343 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -10,141 TOTAL TO FORM 990, PART XI, LINE 5 6,953,202

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 13-1740455
Name: HORACE MANN 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)						(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			
STEVEN M FRIEDMAN CHAIR	5 00	X		X				0	0	0
DEBORAH S COGUT VICE-CHAIR	5 00	X		X				0	0	0
CAROLYN OKIN VICE-CHAIR	5 00	X		X				0	0	0
LAWRENCE A SHELLEY TREASURER	5 00	X		X				0	0	0
ROBERT P HEIDENBERG SECRETARY	5 00	X		X				0	0	0
GLENN AUGUST TRUSTEE	3 00	X						0	0	0
STEVEN C BUSSEY TRUSTEE	3 00	X						0	0	0
MICHAEL COLACINO TRUSTEE	3 00	X						0	0	0
ELLEN DAVIS TRUSTEE	3 00	X						0	0	0
RONALD DICKERMAN TRUSTEE	3 00	X						0	0	0
JAMSHID EHSANI TRUSTEE	3 00	X						0	0	0
RICHARD A FRIEDMAN TRUSTEE	3 00	X						0	0	0
CATHERINE GOODSTEIN WALLANCE TRUSTEE	3 00	X						0	0	0
LAURENCE S GRAFSTEIN TRUSTEE	3 00	X						0	0	0
LAWRENCE OTIS GRAHAM TRUSTEE	3 00	X						0	0	0
ELLEN HEFTER TRUSTEE	3 00	X						0	0	0
MICHAEL HELLER TRUSTEE	3 00	X						0	0	0
MINDY B HEYER TRUSTEE	3 00	X						0	0	0
ELLIOT N KONOPKO TRUSTEE	3 00	X						0	0	0
JUSTIN D LERER TRUSTEE	3 00	X						0	0	0
EDWARD LEVY TRUSTEE	3 00	X						0	0	0
HOWARD W LUTNICK TRUSTEE	3 00	X						0	0	0
MATTHEW MARK TRUSTEE	3 00	X						0	0	0
JONATHAN M MELTZER TRUSTEE	3 00	X						0	0	0
ERIC MINDICH TRUSTEE	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MONTGOMERY TRUSTEE	3 00	X						0	0	0
MICHAEL A PRUZAN TRUSTEE	3 00	X						0	0	0
JOSEPH B ROSE TRUSTEE	3 00	X						0	0	0
RICHARD RUBEN TRUSTEE	3 00	X						0	0	0
USHA SAXENA TRUSTEE	3 00	X						0	0	0
REGINA KULIK SCULLY TRUSTEE	3 00	X						0	0	0
BETH KOBLINER SHAW TRUSTEE	3 00	X						0	0	0
DANIEL SHUCHMAN TRUSTEE	3 00	X						0	0	0
THOMAS D STERN TRUSTEE	3 00	X						0	0	0
SAMONA TAIT TRUSTEE	3 00	X						0	0	0
THOMAS KELLY HEAD OF SCHOOL	60 00			X				442,147	0	37,610
EDWARD L SINCLAIR JR CFO	50 00			X				304,716	0	35,449
GLENN SHERRATT DIRECTOR JOHN DORR NATURE	40 00				X			208,461	0	22,995
BARBARA TISCHLER DIRECTOR OF ACADEMIC AFFAI	40 00				X			203,170	0	32,526
JOHN YEAGER DIRECTOR OF MAINTENANCE	40 00				X			199,015	0	28,456
DAVID SCHILLER HEAD OF UPPER DIVISION	40 00				X			190,364	0	30,073
ROBIN INGRAM HEAD OF MIDDLE DIVISION	40 00				X			181,824	0	34,337
ROBERT ANNUNZIATA DIRECTOR OF ATHLETICS	40 00				X			174,477	0	45,308
WENDY STEINTHAL HEAD OF LOWER DIVISION	40 00				X			180,844	0	18,740
LISA MOREIRA DIR OF ADMISSIONS	40 00				X			155,242	0	55,511
GEORGE BLEIMANN CONTROLLER	40 00				X			156,307	0	26,754
MITCHELL FRANCIS REGISTRAR	40 00					X		194,105	0	46,820
SUSAN DELANTY DEAN OF STUDENTS	40 00					X		148,242	0	23,277
ROBERT FORCELLI DIR OF TRANSPORTATION	40 00					X		152,242	0	23,080
TOM KATZENBACH DIR COLLEGE PLACE	40 00					X		142,740	0	28,807

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			
DARREN LEWIS DIRECTOR OF MUSIC DEPT	40 00					X		151,596	0	30,546