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DLN: 93493051002073

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable THE WALDORF SCHOOL OF GARDEN CITY 11-1855654 Address change E Telephone number Doing Business As Name change (516) 742-3434 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 7,715,545 Terminated City or town, state or country, and ZIP + 4 GARDEN CITY, NY 11530 Amended return Application pending Name and address of principal officer Is this a group return for SUSAN BRAUN 225 CAMBRIDGE AVENUE GARDEN CITY, NY 11530 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW WALDORFGARDEN ORG K Form of organization
✓ Corporation
✓ Trust
✓ Association L Year of formation 1947 M State of legal domicile NY Summary Part I Briefly describe the organization's mission or most significant activities CONDUCT, OPERATE & MAINTAIN AN PRESCHOOL, ELEMENTARY & SECONDARY SCHOOL Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . 11 4 5 205 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 129 **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 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 621,202 384,112 7,052,566 6,865,005 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60,365 27,521 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,294 129,571 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7,702,866 7,593,770 13 865,780 1,037,185 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 4.738.518 5,060,853 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 285,137 1,846,119 1,797,662 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,450,417 7,895,700 19 Revenue less expenses Subtract line 18 from line 12 . 252,449 -301,930 t Assets or ind Balances **Beginning of Current End of Year** Year 8,787,210 8,900,920 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) . . 1,814,526 2,261,931 6,972,684 22 Net assets or fund balances Subtract line 21 from line 20 6,638,989 Part II 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. ***** 2013-02-18 Signature of officer Sign Here SUSAN BRAUN ADMINISTRATOR Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's FREDERICK H ROTHMAN (see instructions) P01275277 Paid employed 🕨 🧧

Firm's name (or yours

if self-employed), address, and ZIP + 4

LOEB & TROPER LLP

NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) .

655 THIRD AVENUE 12TH FLOOR

Preparer's

Use Only

EIN 13-1517563

Phone no (212) 867-4000

Form	1990 (2011)					Page 2
Par	t III Statement of P Check if Schedule (shments estion in this Part III		৮
1	Briefly describe the organ	nization's mission				
A C H O F R	NURTURE TOWARDS COM IEVEMENT - THESE ARE ^T RUDOLF STEINER, AND EN ERSTANDING OF THE GR	THE GOALS TO NIRICHED BY THE	WHICH THE WA DIVERSITY O	LDORF SCHOOL OF F OUR COMMUNITY	GARDEN CITY ASPIRES , OUR METHODS OF TEAC	BASED ON THE INSIGHTS CHING REFLECT AN
2	Did the organization under		ant program ser	vices during the year	which were not listed on	
	the prior Form 990 or 990 If "Yes," describe these no		· · · ·			☐ Yes ☑ No
3	Did the organization cease services?	e conducting, or r	nake significant	changes in how it coi	nducts, any program	┌ Yes ┌ No
4	Describe the organization expenses Section 501(c)	's program servic)(3) and 501(c)(4	e accomplishme) organizations	and section 4947(a)(ree largest program service (1) trusts are required to re h program service reported	port the amount of
4a	(Code) (Expenses \$	4,817,415	ıncludıng grants of \$	1,037,185) (Revenue \$	5,591,829)
	FROM NURSERY THROUGH TW IN AN ENVIRONMENT THAT SU PRESCHOOL AFTERNOON PLAY ACTIVITIES - RESULT IN A SCH	VELFTH GRADE AN A JPPORTS HEALTHY, A GROUP, EXTENDED I HOOL DAY BEGINNING ERIENTIALLY ORIENTE	DDITIONAL 118 FAN GE-APPROPRIATE S DAY PROGRAM AND GAT 7 30 AM AND (ED, MET THE NEEDS	MILIES PARTICIPATED ÎN T ENSORY, SOCIAL AND EMO HOMEWORK CLUB, ALONO DETEN EXTENDING BEYONI	E WALDORF SCHOOL OF GARDEN HE PARENT CHILD PROGRAM, WH DITIONAL DEVELOPMENT ADDITIO G WITH A WIDE VARIETY OF AFTE D 6 00 PM THE WALDORF CURR ACH STAGE OF THEIR DEVELOPMI	HICH IMMERSES THE YOUNG CHILD NAL PROGRAMS SUCH AS THE R-SCHOOL SPORTS AND ICULUM, WHICH IS
4b	(Code) (Expenses \$	933,827	ıncludıng grants of \$) (Revenue \$	534,855)
	AND WINTER CAMPS, AS WELL SCHOOLS FROM ACROSS THE HARMONY OF MIND, BODY, AN SWIMMING, CANOEING, AND O OF GARDEN CITY AND 140+ C	L AS A VISITING SCHO UNITED STATES, PAR ND SPIRIT THROUGH CARING FOR ANIMALS CHILDREN FROM OTH	OLS PROGRAM AP TICIPATED IN THE TRADITIONAL ACTIV THE VISITING SC ER PRIVATE AND PU	PROXIMATELY 110 CAMPEI GLEN BROOK 2011 SUMMI /ITIES SUCH AS GAMES AN HOOLS PROGRAM SUPPOR JBLIC SCHOOLS STUDENT	ER CAMP PROGRAM THE TWO THIND SPORTS, ART AND MUSIC, NA	SCHOOLS AND NUMEROUS PUBLIC HREE-WEEK SESSIONS EMPHASIZE FURE STUDY, CAMPING, NTS FROM THE WALDORF SCHOOL ROGRAMS ENHANCED BY GLEN
 4c	(Code) (Expenses \$	142,866	ıncludıng grants of \$) (Revenue \$	300,500)
	"SUMMER AT THE WALDORF S	SCHOOL", A DAY CAMI HIRTEEN, THE CAMP I	LOCATED ON OUR	GARDEN CITY CAMPUS, E LF AND FULL DAY PROGRA	ENROLLED 182 STUDENTS DURING MS, WITH A WIDE VARIETY OF AG	G THE SUMMER OF 2011 SERVING
	(Code) (Expenses \$	764,787	including grants of \$) (Revenue \$	754,953)
4d	Other program services	(Describe in Sch	edule O)			
	(Expenses \$	764,787 inc	luding grants of	\$) (Revenue \$	754,953)
4e	Total program service ex	penses - \$	6,658,895			

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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		No
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		Νo
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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 $\textcircled{\textbf{5}}$	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		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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 owner? <i>If</i> "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		No
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? <i>If</i> "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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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	35b		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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
L	Enter the number of Forms W. 2C uncluded in line 1s. Enter, 0, if not applicable			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
!a	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			
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)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
ь	,			140
_	If "Yes," enter the name of the foreign country 🕨			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		NI -
4	file Form 8282?	7c		Νο
u	11 Fes, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
£	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			INO
9	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	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			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
h	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
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.

Se	ction 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							
b	Enter the number of voting members included in line 1a, above, who are independent							
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								
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		Νo				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	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				
	vertion B. Policies (This Section B requests information about policies not required by the Internal venue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?			1:				
a	The organization's CEO, Executive Director, or top management official	15a	Yes					
Ь	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure	100						
	CHOIL OF PIDGIODALO							

- 17 List the States with which a copy of this Form 990 is required to be filed►NY
- 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 made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 GUY DIPIETRO
 225 CAMBRIDGE AVENUE

GARDEN CITY, NY 11530 (516) 742-3434

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ai	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	Highest compensated employee Key employee Officer Institutional Trustee or director related organizations schedule Schedule Schedule		Former		MISC)	related organizations				
(1) JAY DORMAN BOARD CHAIR	1 00	Х		Х				0	0	0
(2) JON D KARNOFSKY SECRETARY	1 00	Х		Х				0	0	0
(3) EDWARD MAGEE TREASURER	1 00	х		х				0	0	0
(4) MARILYN CRANIN TRUSTEE	1 00	х						0	0	0
(5) MICHAEL PROCTOR TRUSTEE	1 00	х						О	0	0
(6) JEFFREY KANE TRUSTEE	1 00	х						0	0	0
(7) KRISTIN MILLER TRUSTEE	1 00	х						О	0	0
(8) J BRUCE MURPHY TRUSTEE	1 00	х						0	0	0
(9) BARBARA SCHIOLA TRUSTEE	1 00	х						0	0	0
(10) ALAN REYNOLDS TRUSTEE/ TEACHER	40 00	х						55,941	0	10,633
(11) SCOTT WILLIAMS TRUSTEE	1 00	х						0	0	0
(12) PAMELA CARLSON TRUSTEE/ TEACHER	40 00	Х						58,068	0	8,838
(13) NICOLE LABARBERA TRUSTEE	1 00	Х						0	0	0
(14) LANCE CHENEY TRUSTEE	1 00	х						0	0	0
(15) SUSAN BRAUN SCHOOL ADMINISTRATOR	40 00			х				108,320	0	2,561
(16) GUY DIPIETRO BUSINESS MANAGER	40 00			х				30,645	0	4,453
(17) SABINE KULLY FACULTY CHAIR	40 00			х				87,831	0	9,668

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

	(A) Name and Title	Average hours more than one box, compensation from the week (describe describe) Average hours more than one box, compensation from the week an officer and a director/trustee) Average hours more than one box, compensation from the organizations (W- 2/1099-MISC) Average hours position (do not check Reportable compensation from the organization (W- 2/1099-MISC)						(F) Estimated amount of other compensation from the organization and						
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total	<u> </u>		<u> </u>		<u> </u>		<u> </u> ▶		T		1		
С	Total from continuation sheets							 -						
d	Total (add lines 1b and 1c) .						•	-		340,805		0		36,153
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	receive	d more tha	ın			
													Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch									t compens • •	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.													
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													
			comprec	c our	cau	C 3 7 (O	, per			· L	5		No_
Se	ction B. Independent Cont Complete this table for your five		s at a d	nden	ond.	ant c	contra	ctore	that rec	alved mor	o than			
	\$100,000 of compensation from or within the organization's tax y	the organizatio ear												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												\uparrow		
												\pm		
	Fotal number of independent conti \$100,000 of compensation from t			ot lır	nited	l to 1	those	liste	d above)	who recei	ved more than			

Part v		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
\$\$	1a	Federated campaigns 1a					
医黄	b	Membership dues 1b					
% E	С	Fundraising events 1c					
差岩	d	Related organizations 1d					
% ⊟ 100	e	Government grants (contributions) 1e	71,035				
등등	f	All other contributions, gifts, grants, and 1f	313,077		i]
五百		similar amounts not included above					
‡ a t	g	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	384,112			
Ų 16				·			
e =	_		Business Code				
ven	2a	TUITION	611710	5,591,829	5,591,829		
윤	Ь	GLEN BROOK CAMP	611710	534,855	534,855		
10 e	С	STUDENT FEES	611710	322,754	322,754		
že.	d	OTHER PROGRAMS	611710	302,628	302,628		
3	е	SUMMER SCHOOL	611710	300,500	300,500		
Program Serwce Revenue	f	All other program service revenue					
Š		Total Add knos 3s 35		7.050.561			
	g 3	Total. Add lines 2a-2f		7,052,566			
	3	Investment income (including dividend and other similar amounts)	. F	94,687			94,687
	4	Income from investment of tax-exempt bond i	· · ·	- 1, 1			- 1,111
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents	(II) I CISSIIII				
	ь	Less rental					
	_	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
		(i) Securities	(II) Other				
	7a	Gross amount 54,609 from sales of					
		assets other than inventory					
	b	Less cost or 121,775					
		other basis and sales expenses					
	С	Gain or (loss) -67,166					
	d	Net gain or (loss)	*	-67,166			-67,166
4.	8a	Gross income from fundraising					
μe		events (not including \$					
क >		of contributions reported on line 1c)					
æ		See Part IV, line 18					
<u> </u>	L	a l					
Other Revenue	Ь	Less direct expenses b Net income or (loss) from fundraising of	avents b -				
J	c 9a	Gross income from gaming activities	events				
	Ja	See Part IV, line 19					
		, a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA REVENUE	900099	118,738	118,738		
	ь	BOOKSTORE REVENUE	900099	10,833	10,833		
	c	STORES OR REVENUE			-		
	d	All other revenue					
	e e	Total. Add lines 11a-11d					
			▶	129,571			
	12	Total revenue. See Instructions	▶	7,593,770	7,182,137	0	27,521

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)

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>		· · ·)	
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,037,185	1,037,185		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	444,090	200,950	237,468	5,672
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	3,509,395	3,071,881	292,023	145,491
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	49,446	41,739	5,137	2,570
9	Other employee benefits	764,825	715,214	36,897	12,714
10	Payroll taxes	293,097	180,067	103,275	9,755
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,325		2,325	
С	Accounting	38,600		38,600	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	27,767		27,767	
g	Other	51,933	49,668	2,215	50
12	Advertising and promotion	144,646	135,582	1,741	7,323
13	Office expenses	670,872	614,573	54,839	1,460
14	Information technology	58,474	58,474	3.7005	2,100
15	Royalties	33,171	33,171		
16	•	90,170	90,170		_
17	Occupancy	55,581	55,581		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,289	2,704	9,585	
19	Conferences, conventions, and meetings	,	,	,	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	272,501	251,873	10,314	10,314
23	Insurance	94,847	79,174	11,755	3,918
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)	,	,	,	<u> </u>
а	MISCELLANEOUS	207,393	74,060	47,963	85,370
ь	BAD DEBT EXPENSE	70,264		69,764	500
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,895,700	6,658,895	951,668	285,137
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	,,	,,		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 653.863 810.361 2 2 3 3 396.485 4 456.972 4 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 30,483 7 37,604 15.516 8.621 8 114,336 9 41.967 9 Prepaid expenses and deferred charges 6,821,473 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,004,109 b Less accumulated depreciation 3,825,922 10c 3,817,364 3,013,503 2,877,956 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 809,471 15 15 777,706 8,787,210 8,900,920 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 718,655 707,893 17 17 Accounts payable and accrued expenses . 18 18 19 995,871 19 1,512,435 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 100,000 24 41,603 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 1,814,526 26 2,261,931 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,861,438 4,703,215 Unrestricted net assets 1,701,699 28 1,516,777 28 Temporarily restricted net assets Fund 29 409,547 29 418,997 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 6.972.684 33 6.638.989 34 Total liabilities and net assets/fund balances 8.787.210 34 8.900.920

Pair	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		7 5	593,770
2	Total expenses (must equal Part IX, column (A), line 25)	2			395,700
3	Revenue less expenses Subtract line 2 from line 1	3			301,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,9	72,684
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-31,765
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		6,6	38,989
Par	TXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O 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 to 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
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?	е	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Employer identification number

THE W	/ALDOR	RF SCHOOL OF GARDEN (CITY						
Do.	T	Danzau fau Du	blic Charity Cto	* / All auga punchi		11-1855654			
	rt I				ons must complete this prough 11, check only one bo		uctions		
1	, gain				section $170(b)(1)(A)(i)$.	,,			
2	, V	•	•						
3	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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	Г	An organization op	erated for the benefi	t of a college or unive	rsity owned or operated by a	a governmental u	 Init described in		
		section 170(b)(1)((A)(iv). (Complete P	art II)					
6	\vdash	A federal, state, or	local government o	r governmental unit de	scribed in section 170(b)(1	.)(A)(v).			
7	Γ	described in	at normally receives (A)(vi) (Complete P	·	ts support from a governme	ntal unit or from	the general public		
8	Г			n 170(b)(1)(A)(vi) (C	omplete Part II)				
9	Ė				% of its support from contril	outions, members	ship fees, and gross		
	·	=	•	• •	ect to certain exceptions, a	•	· · · ·		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
		acquired by the org	ganızatıon after June	30,1975 See sectio	n 509(a)(2). (Complete Par	tIII)			
10	Γ	An organization or	ganızed and operate	d exclusively to test fo	or public safety See section	509(a)(4).			
11	Г _	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a							
е	Γ				ntrolled directly or indirectl publicly supported organizat				
f			received a written d	etermination from the	IRS that it is a Type I, Type	e II or Type III s	supporting organization,		
g		check this box Since August 17, 2 following persons?	· ·	ızatıon accepted any ç	jift or contribution from any	of the	l		
		(i) a person who di	rectly or indirectly o	ontrols, either alone o	r together with persons des	crıbed ın (ıı)	Yes No		
		and (III) below, the	governing body of th	ne the supported orgar	nization?		11g(i)		
		(ii) a family membe	er of a person descri	bed ın (ı) above?			11g(ii)		
		(iii) a 35% control	lled entity of a perso	n described in (i) or (i) above?		11g(iii)		
h		Provide the following	ng information about	the supported organiz	zation(s)				
	(i)	,	(iii) Type of organization	(iv) Is the	(v) Did you notify the	(vi) Is the	()		

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

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493051002073

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
	me of the organi			Employer identific	ation numb	er
ιHl	E WALDORF SCHOOL	OF GARDEN CITY		11-1855654		
Pa			dvised Funds or Other Similar Fo		s. Comple	te ıf the
	organiz	zation answered "Yes" to Form 99		(1) 5		
1	Total number a	t and of year	(a) Donor advised funds	(b) Funds and	otner accou	Ints
2		tributions to (during year)				
2 3		nts from (during year)				
4	33 3 3	e at end of year				
5	Did the organiz	zation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	┌ No
6	used only for c conferring impe	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other purpose	┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part I	V, line 7.	
1 2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	on or pleasure) 🔽 Preservation of an	historically importai certified historic stru of a conservation	· ·	a
	easement on th	re last day of the tax year	1	Held at th	e End of the	Year
а	Total number o	of conservation easements		2a		1
b	Total acreage i	restricted by conservation easements		2b		40 00
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		1
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3	the taxable yea	ar 📭	erred, released, extinguished, or terminate	ed by the organization	n during	
4		es where property subject to conserva				
5		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, hand ?	dling of violations, an	√ Yes	┌ No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<u> 1 0</u>	00
7	A mount of expe ► \$		ng, and enforcing conservation easements	s during the year		
8		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	✓ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Pai			rns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd nancial statements that describes these it	ch in furtherance of p		e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii s			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incl	luded in Form 990, Part X		► \$		
2	If the organizat	·	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or financial gain, prov	ride the	
а	Revenues incli	uded in Form 990. Part VIII. line 1		▶ \$		

b Assets included in Form 990, Part X

Part	itti Organizations Maintaining Co	nections of Art,	шз	LUII	cai II	easu	ies, or o	ше	Sillillai ASS	ets (cc	nunuea)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing t	hat ar	e a sıgnıfıca	nt u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y furthe	r the d	organization'	's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	□ No
Part		ements. Comple	te ıf	the	organı	zatioi			, <u>'</u>		1 140
	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other asso	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	/ıng t	able				Δ		
_	D							1-	Am	ount	
C C	Beginning balance						_	1c			
d	Additions during the year						<u> </u>	1d -			
e	Distributions during the year						—	1e			
T	Ending balance						L	1f	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Par	EV Endowment Funds. Complete	f the organization (a)Current Year		wer Prior			Form 990, o Years Back			(a)Eour V	ears Back
1a	Beginning of year balance	1,673,354	(0)		,446,293	(C)1%	1,391,446	_	811,673	(e)roui i	ears back
	Contributions	14,825			9,001		14,548	-	889,432		
	Investment earnings or losses	16,636			290,806		104,104	_	-294,724		
	Grants or scholarships	,			72,746		•		,		
e	Other expenditures for facilities	58,229			,		63,805	5	14,935		
f	Administrative expenses										
g	End of year balance	1,646,586		1	,673,354		1,446,293		1,391,446		
2	، Provide the estimated percentage of the yea	r end balance held a	s						<u>'</u>		
	Board designated or quasi-endowment	71 570 %									
	Permanent endowment - 25 450 %										
	ermanent endowment p										
	Term endowment ► 2 980 % Are there endowment funds not in the posse:	scion of the organiza	tion	that	ara hald	and a	dministorod	for	tho		
	organization by	ssion of the organiza	LIOII	LIIaL	are neru	anu a	idilililistered	101	cire	Yes	No
	(i) unrelated organizations								3a(i)	No
	(ii) related organızatıons								3a(ii)	No
	If "Yes" to 3a(II), are the related organizatio								3b		
	Describe in Part XIV the intended uses of th					_					
Part	VI Land, Buildings, and Equipme	ent. See Form 990), Pa	irt X	, line 1	0.				I	
	Description of property) Cost or is (invest		(b) Cost or ot basis (othe		(c) Accumulated depreciation	(d) Bo	ok value
1 a L	and						540,	000			540,000
b B	uildings						3,684,	107	1,733,906		1,950,201
c L	easehold improvements										
d E	quipment						149,	181	110,594		38,587
e 0	ther						2,448,	185	1,159,609		1,288,576
Total.	Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	n (B)), line	10(c).)				🕨		3,817,364

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-of	- year market value
(2)Closely-held equity interests Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-of	r-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, lii	ne 15.		
(a) Descrip	otion		(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHER	S		777,706
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	.5.)		777,706
Part X Other Liabilities. See Form 990, Part X			. , , , , 00
1 (a) Description of Liability	(b) A mount		
	(b) Amount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
			

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Frior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Prior period adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	7,895,700 -301,930 -31,765 -31,765 -333,695 6,528,818
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -31,765 -333,695
5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -333,695
6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -333,695
7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -333,695
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -333,695
9 Total adjustments (net) Add lines 4 - 8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-31,765 -333,695
7 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-333,695
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	<u></u>
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	6,528,818
T I	6,528,818
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	0
3 Subtract line 2e from line 1	6,528,818
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 27,767	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	1,064,952
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	7,593,770
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur	
1 Total expenses and losses per audited financial statements	6,830,748
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	0
3 Subtract line 2e from line 1	6,830,748
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 27,767	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	1,064,952
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	7,895,700

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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	IN 1999, THE SCHOOL RECEIVED DONATED LAND FOR THEIR CAMP GLENBROOK IN MARLBOROUGH, NEW HAMPSHIRE INCLUDED AS PART OF THE DONATED LAND WAS 40 ACRES OF LAND WITH CONSERVATION EASEMENT THE DONATED LAND EASEMENT IS VALUED AT \$1 AND IS INCLUDED IN THE SCHOOL'S FIXED ASSETS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE WALDORF SCHOOL MAINTAINS A NUMBER OF PERMANENTLY RESTRICTED SCHOLARSHIP AND ENDOWMENT FUNDS DESIGNATED TO SUPPORT SPECIFIC EDUCATIONAL PROGRAMS OR DEFINED STUDENT SCHOLARSHIPS ADDITIONALLY, BOARD-DESIGNATED QUASI-ENDOWMENT FUNDS ARE USED TO PROVIDE SUPPORT TO GENERAL SCHOOL COSTS OF OPERATION
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, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF ASSETS HELD BY OTHERS -31,765
PART XII, LINE 4B - OTHER ADJUSTMENTS		TUITION ASSISTANCE SCHOLARSHIP 1,037,185
PART XIII, LINE 4B - OTHER ADJUSTMENTS		TUITION ASSISTANCE SCHOLARSHIP 1,037,185

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DLN: 93493051002073

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ 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.

Schools

Employer identification number Name of the organization THE WALDORF SCHOOL OF GARDEN CITY 11-1855654 Part I YES NO 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 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 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 Νo 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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

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)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL REGULARLY PUBLISHES ITS NONDISCRIMINATION POLICY IN PRINT ADVERTISING AND IN ALL EMPLOYMENT AND ADMISSIONS-RELATED PUBLICATIONS AND MATERIAL PRODUCED AND DISTRIBUTED BY THE SCHOOL
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GRANTS FROM THE STATE AID OFFICE AT THE NEW YORK STATE EDUCATION DEPARTMENT

Schedule E (Form 990 or 990-EZ) 2011

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Schedule I (Form 990)

Department of the Treasury

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

2011

DLN: 93493051002073

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE WALDORF SCHOOL OF GARDEN CITY 11-1855654 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS AND TUITION ASSISTANCE	171	1,037,185			

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	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAJORITY OF GRANTS PROVIDED BY THE SCHOOL REPRESENT NEED-BASED
MONITORING GRANTS		FINANCIAL ASSISTANCE, FOR WHICH FAMILIES MUST APPLY ANNUALLY EACH APPLICATION FOR FINANCIAL
IN THE U S		ASSISTANCE INCLUDE A REVIEW OF THE FAMILYS FINANCIAL INFORMATION BY AN INDEPENDENT
		ORGANIZATION, SUBMISSION OF PRIOR AND CURRENT YEAR TAX RETURNS, AND FINAL REVIEW AND AWARD
		DETERMINATION BY THE SCHOOL'S TUITION ASSISTANCE COMMITTEE THE SCHOOL ALSO PROVIDES A
		LIMITED NUMBER OF SCHOLARSHIPS TO STUDENTS WHO MEET SPECIFIC PROGRAMMATIC CRITERIA THESE
		SCHOLARSHIPS OFTEN AUGMENT NEED-BASED ASSISTANCE OR RELATE TO SPECIFIC TALENTS OR ABILITIES OF
		THE STUDENT

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Name of the organization
THE WALDORF SCHOOL OF GARDEN CITY

Employer identification number

11-1855654

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SCOTT WILLIAMS AND SUSAN BRAUN HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 6	FACULTY ARE DEEMED MEMBERS OF THE SCHOOL CORPORATION AND ELECT 2 VOTING MEMBERS OF THE BOARD
	FORM 990, PART VI, SECTION A, LINE 7A	FACULTY ARE DEEMED MEMBERS OF THE SCHOOL CORPORATION AND ELECT 2 VOTING MEMBERS OF THE BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS MEET ANNUALLY TO ELECT TWO FACULTY REPRESENTATIVES TO THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PRESENTED FOR REVIEW AND COMMENT TO THE AUDIT COMMITTEE BY THE SCHOOL'S INDEPENDENT ACCOUNTANTS AFTER THE 990 IS PRESENTED TO THE AUDIT COMMITTEE IT IS THEN DISTRIBUTED TO THE BOARD FOR FINAL REVIEW AND COMMENT THE AUDIT COMMITTEE CHAIR AND THE SCHOOL ADMINISTRATOR REVIEW THE DOCUMENT WITH THE BOARD AT A SCHEDULED BOARD MEETING ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE INITIAL MEETING OF THE BOARD OF TRUSTEES EACH YEAR, MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, PROVIDING INFORMATION REGARDING EMPLOY MENT OR SERVICE RELATIONSHIPS, ALONG WITH OTHER AREAS OF FINANCIAL INTEREST WHICH MAY CREATE A CONFLICT COMPLETED FORMS ARE RETURNED TO THE SCHOOL ADMINISTRATOR WHO INFORMS THE BOARD CHAIR OF POTENTIAL CONFLICTS WHICH MAY ARISE DURING THE COURSE OF THE YEAR'S BOARD WORK THIS PROCESS IS UPDATED ANNUALLY IF A CONFLICT EXISTS THE MEMBER IS REQUIRED TO RECUSE HIMSELF OR HERSELF FROM ANY VOTE INVOLVING HIS OR HER CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	ANNUAL SALARY INCREASES FOR SENIOR ADMINISTRATIVE EMPLOYEES ARE CONSISTENT WITH THE PERCENTAGE INCREASE APPLIED TO ALL OTHER ADMINISTRATION AND STAFF EMPLOYEES. THE ANNUAL INCREASE IS REVIEWED AND APPROVED BY THE FULL BOARD, BASED UPON THE RECOMMENDATION OF THE BOARD FINANCE COMMITTEE. THE BOARD EXECUTIVE COMMITTEE (WHOSE RESPONSIBILITIES INCLUDE COMPENSATION OVERSIGHT) PROVIDE FINAL APPROVAL FOR ALL ADMINISTRATIVE SALARY INCREASES THIS PROCESS WAS PERFORMED IN 2011. WHEN SENIOR ADMINISTRATIVE EMPLOYEES ARE HIRED, INITIAL COMPENSATION IS ESTABLISHED BY THE BOARD EXECUTIVE COMMITTEE, COMPRISED OF THE BOARD CHAIR AND SEVERAL OTHER LONG-STANDING BOARD MEMBERS WHO ARE INDEPENDENT OF THE INDIVIDUAL BEING HIRED. IN DETERMINING THIS COMPENSATION, THE COMMITTEE REVIEWS THE INDIVIDUAL'S PROFESSIONAL EXPERIENCE AND PRIOR SALARY HISTORY, AND REFERS TO CURRENT NY AIS, OR SIMILAR SALARY INFORMATION, AS A BENCHMARK FOR COMPENSATION FOR SIMILAR POSITIONS
	FORM 990, PART VI, SECTION C, LINE 19	INDIVIDUALS WHO WISH TO REVIEW THE SCHOOL'S ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS MAY REQUEST THIS INFORMATION IN WRITING TO THE SCHOOL'S BUSINESS OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN VALUE OF ASSETS HELD BY OTHERS -31,765 TOTAL TO FORM 990, PART XI, LINE 5 -31,765
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID: Software Version:

EIN: 11-1855654

Name: THE WALDORF SCHOOL OF GARDEN CITY

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 764,787 including grants of \$) (Revenue \$ 754,953)