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DLN: 93493123004143

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

ilemai r			<u> </u>	•	·	• .	Inspec	etion
			lendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-20	12	D Employe	er identification nu	ımber
_	ck if ap ess ch	pplicable ange	THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRG	INIA		54-050		
_		_	Doing Business As				ne number	
_	e char		EPISCOPAL HIGH SCHOOL			(703)9	33-3000	
_	al retur		Number and street (or P O box if mail is not delivere 1200 N QUAKER LANE	ed to street address) Room/s	suite		eıpts \$ 37,091,159	
_	nınated		•					
_	nded r		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 223023004					
Appl	ıcatıon	pending			_			
			F Name and address of principal officer F ROBERTSON HERSHEY			this a group r		<u></u>
			1200 N QUAKER LANE		aff	iliates?	☐ Yes	No No
			ALEXANDRIA, VA 223023004		H(b) Are	e all affiliates in	cluded?	Yes No
Tax	ovom	pt status	✓ 501(c)(3)	4047/-\/1\			list (see instruc	tions)
		<u> </u>		4947(a)(1) or 527	H(c) G	roup exemptio	n number 🟲	
We	bsite	:: ► WW	W EPISCOPALHIGHSCHOOL ORG					
(Form	of org	janization	✓ Corporation Trust Association Other ►		L Year of	f formation 1839	M State of legal	domicile V
Par	tΙ	Sumi	mary					
			escribe the organization's mission or most sign					
,	Ţ	THE INS	TITUTION'S PRIMARY EXEMPT PURPOSE I	IS TO PROVIDE EDUC.	ATION TO I	HIGH SCHOO	L STUDENTS	
Acumines a soverimente	-							
	-							
-	2	Check th	ıs box ▶─ ıf the organızatıon dıscontınued ıts	operations or disposed	of more that	n 25% of its n	et assets	
5			of voting members of the governing body (Part				з	24
;			of independent voting members of the governi			. 🗀	4	2
			nber of individuals employed in calendar year		•		5	25
			mber of volunteers (estimate if necessary) .				6	2
:			related business revenue from Part VIII, colui				7a	12,09
			lated business taxable income from Form 990				7b	,
					Р	rior Year	Current	Year
	8	Contrib	outions and grants (Part VIII, line 1h)		. 🗀	11,389,71	.6 9	9,806,900
9	9		m service revenue (Part VIII, line 2g)			19,864,16		,708,882
Revenu	10		ment income (Part VIII, column (A), lines 3,4			7,939,59		5,229,848
2	11		revenue (Part VIII, column (A), lines 5, 6d, 8	,		106,54		84,888
	12		evenue—add lines 8 through 11 (must equal F		ne	· ·		<u> </u>
			<u> </u>			39,300,02		5,830,518
- 1	13		and similar amounts paid (Part IX, column (A			4,543,53	+	1,393,987
	14		s paid to or for members (Part IX, column (A)				0	(
se	15	Salarıe 5-10)	es, other compensation, employee benefits (Pa	art IX, column (A), lines		14,146,97	9 14	1,617,872
Expenses	16a	,	sional fundraising fees (Part IX, column (A), li	ne 11e)		, ,	0	, ,
<u>⊕</u>	b		ndraising expenses (Part IX, column (D), line 25) •1,56					
	17		expenses (Part IX, column (A), lines 11a-11c			14,209,76	53 14	1,513,742
	18		expenses Add lines 13–17 (must equal Part I		-	32,900,28	<u> </u>	3,525,601
- 1	19		ue less expenses Subtract line 18 from line 1			6,399,74	- 	3,304,917
5 %					Beginn	ing of Current		
Fund Balances						Year		
325	20		ssets (Part X, line 16)			359,156,79	_	0,441,391
(B)	21		iabilities (Part X, line 26)			44,862,68	- 	7,020,223
	22		sets or fund balances Subtract line 21 from li	ine 20		314,294,11	.0 333	3,421,168
Part			ature Block					
	dge a	and belief	erjury, I declare that I have examined this return, i, it is true, correct, and complete. Declaration of			on all informati		
ign		***** Signa	** ture of officer			2013-05-02 Date		
ngn Iere		NATILIT	AM H DE BUTTS III CFO					
•			or print name and title					
		Preparer	s k	Date	Check If		axpayer identificatio	n number
Paid		signature			self- employed 🕨	(see instruction P00369217		
repa	rer's	Firm's na	me (or yours MCGLADREY LLP		p.0700 r	1 2 3 3 3 2 1 7		
Jse O		ıf self-em	nployed),			_ EIN ▶ 42-0	714325	
=		address,	and ZIP + 4 9737 WASHINGTONIAN BLVD 400			Phone no	• (301) 296-3600	
			GAITHERSBURG, MD 208787340			FIIOTIC IIO	· (201) 230-3000	

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

Par		of Program Service dule O contains a respons	Accomplishments e to any question in this Part III		৮
1		organization's mission	,		
IN A AND STUI CELE RESI CAP	CHALLENGING COL OTHERS THROUGH DENTS ARE ENCOUR EBRATE THE TALENT LIENCE, AND MUTU ITAL, STUDENTS AR	LEGE PREPARATORY ED A COMMITMENT TO SPI RAGED TO THINK CREATI S OF OTHERS SHARING AL RESPECT THROUGH E INSPIRED TO UNDERS	PURSUIT OF SELF-DISCOVER UCATION THE SCHOOL FOSTI RITUAL INQUIRY AND GROWTH EVELY, WORK COLLABORATIVE DIVERSE LIFE EXPERIENCES, ACCESS TO THE EDUCATIONA TAND AND EMBRACE A CHANG ENVIRONMENTAL STEWARDS	ERS EMPATHY AND RESPO H IN A FULLY RESIDENTIA ELY, DEVELOP INDIVIDUA IDEAS, AND VALUES, STU AL AND CULTURAL RESOU	NSIBILITY FOR SELF L COMMUNITY L PASSIONS, AND DENTS LEARN HUMILITY RCES OF THE NATIONS
	Did the organization	undertake any significant i	program services during the year	which were not listed on	
2	the prior Form 990 o	r990-EZ?			┌ Yes ┌ No
	·	ese new services on Sched			
3			e significant changes in how it coi		┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedule C)		
4	expenses Section 5	01(c)(3) and 501(c)(4) or	complishments for each of its thi ganizations and section 4947(a)(nses, and revenue, if any, for eac	(1) trusts are required to rep	
4a	(Code) (Expenses \$	28,079,814 including grants of \$	4,393,987) (Revenue \$	20,708,882)
	GRADES 9-12) LOCATED DEDICATED TO THE STU ENRICHED BY THE EDU DEVELOP INDIVIDUAL TO LEARN TOGETHER IN A RELATIONSHIPS AT EHS	O ON A 135-ACRE CAMPUS IN TH JDENT'S PURSUIT OF EXCELLENC CATIONAL AND CULTURAL RESO ALENTS AND PREPARES THEM TO RESIDENTIAL COMMUNITY BASEI AND GROW AS DISCERNING, SE	A, FOUNDED IN 1839, IS A CO-ED COLLE E CITY OF ALEXANDRIA, VIRGINIA, APPR E AND TO THE JOY OF LEARNING AND S URCES OF THE NATION'S CAPITAL, EPISC ATTEND SELECTIVE COLLEGES AND UNI D ON A FOUNDATION OF HONOR, RESPO LE-RELIANT, CREATIVE, COMPASSIONAT ULFILLING LIVES OF LEADERSHIP AND SE	COXIMATELY SEVEN MILES FROM WILEF-DISCOVERY IN A CARING AND COPAL'S DYNAMIC ACADEMIC PROCEDENTS FROM DIVENSIBILITY, AND MUTUAL RESPECT IN INDIVIDUALS THE EPISCOPAL H	ASHINGTON, DC EPISCOPAL IS DUPPORTIVE COMMUNITY GRAM ENCOURAGES STUDENTS TO REE BACKGROUNDS LIVE AND THEY DEVELOP ENDURING
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4-	/Codo	\ /Evnances d	including aroute of the) (Payanya d	,
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	rices (Describe in Schedul	e O)		
	(Expenses \$	ıncludın	g grants of \$) (Revenue \$)
4e	Total program servi	ice expenses►\$	28,079,814		

Part IV Checklist of 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)? <i>If "Yes,"</i> 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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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? <i>If "Yes," complete Schedule D, Part V</i>	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? 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	Yes	
е	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? <i>If</i> "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	
	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	Yes	
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 ? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> "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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. 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	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 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 Ma	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	Yes	
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
	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		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i>	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		N o
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)

Form 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 \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 40			
Ь	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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		105	
	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)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		No
.	account)?	-104		100
D	If "Yes," enter the name of the foreign country •			
	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		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	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	6a		N o
	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		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization 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
	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.			
	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	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			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management						
			Yes	No			
4_							
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		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.						
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No			
6	Did the organization have members or stockholders?	6		No			
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		No			
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		No			
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			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
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		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Yes				
С	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?						
а	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," 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						
17							
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 999, and 999 T (501/c)						

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. Check all that apply

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 ► WILLIAM H DE BUTTS III CFO 1200 N QUAKER LANE ALEXANDRIA, VA 223023004 (703) 933-3000

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
- ◆ 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	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
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title	(B) A verage hours per week (describe	unles an	e than	o no o no son er ar	e bo is bo nd a	x, oth		Repo compe fror organiza	D) ortable onsation on the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table											+		
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d Total (add lines 1b and 1c)							•		1,581,835		0		477,472
2 Total number of individuals	(including but not lin	nited to	those	e lis	ted	above) who	o receive	d more tha	an			
\$100,000 of reportable co	mpensation from the	organız	ation	- 8									
3 Did the organization list an on line 1a? If "Yes," comple						mploy •	ee, d	or highest	compens	ated employee	3	Yes	No No
4 For any individual listed on organization and related or individual											4	Yes	
5 Did any person listed on lin services rendered to the or										or individual for	5		No
Section B. Independent	Contractors												
Complete this table for you \$100,000 of compensation or within the organization's	n from the organizatio												
	(A) Name and business ad	dress							Desc	(B) ription of services		(C Comper	
FLIK 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302									FOOD SERV	ICE		2	,065,009
CENTERBROOK ARCHITECTS AND PLANN 67 MAIN STREET PO BOX 955 CENTERBROOK, CT 064090955	NERS LLP							,	ARCHITECT	JRE		1	,162,842
SODEXHO INC PO BOX 536922 ATLANTA, GA 303536922									CUSTODIAL				816,365
JAMES G DAVIS CONSTRUCTION CORPO 12530 PARKLAWN DRIVE ROCKVILLE, MD 20852	PRATION							ı	CONSTRUCT	TION			594,801
DOMINION CONSTRUCTION 6611 JEFFERSON STREET SUITE 100 HAYMARKET, VA 20169									CONSTRUCT				327,202
2 Total number of independent \$100,000 of compensation	•	-	ot lim	iited	l to 1	those	lıste	d above)	who recei	ved more than			

Form 9								Page 9
Part	<u> </u>	Statement o	or 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
## SE	1a	Federated cam	paigns 1a					
ig ji	Ь	Membership du	es 1b					
e Se'€	c	Fundraising eve	ents 1c					
<u>≅</u> ,	d		zations 1d					
n M∃ M∃	e	Government grant	·					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	9,806,900				
and	h	Total. Add lines	s 1a-1f	🕨	9,806,900			
	1			Business Code				
Ĭ	2a	TUITION AND FEES	5	900099	19,915,013	19,915,013		
95 75	ь	SUMMER RECRUIT	MENT CAM	900099	325,462	325,462		
Program Serwce Revenue	c	AUXILIARY FEES		900099	276,861	276,861		
	d	FOREIGN STUDIES		900099	191,546	191,546		
3	e							
୍ରୀୟ ଆ	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		20,708,882			
	3		ome (including dividen		20,7.00,002			
			aramounts)		3,485,849		-19,779	3,505,628
	4	Income from inves	stment of tax-exempt bond	proceeds ►				
	5	Royalties		, 				
	_		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other	(1) Securities 2,841,766	(II) Other 162,874				
	b	than inventory Less cost or other basis and sales expenses	0	260,641				
	c	Gaın or (loss)	2,841,766	-97,767				
	d	Net gain or (los	ss)		2,743,999			2,743,999
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)					
<u>-</u>	.		a .					
捶	b c		penses b (loss) from fundraising	events .				
J	9a		rom gaming activities					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	inventory, less	_				
	b c		oods sold b (loss) from sales of inv	entory 🕨				
		Miscellaneou		Business Code				
	11a	OTHER REVEN	IUE	900099	53,013			53,013
	Ь	TENNIS AND S	SWIM CLUB	713940	31,875		31,875	
	c							
	d	All other reven	ue					
	e	Total. Add lines			84,888			
	12	Total revenue.	See Instructions .	· · •	36,830,518	20,708,882	12,096	6,302,640

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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 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	4,393,987	4,393,987		
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	1,203,406	935,767	168,697	98,942
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	10,414,176	8,135,350	1,492,289	786,537
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	758,502	553,322	113,147	92,033
9	Other employee benefits	1,487,434	1,158,115	181,604	147,715
10	Payroll taxes	754,354	571,614	120,447	62,293
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	132,482		132,482	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	359,677		359,677	
g	Other	383,876	364,462	19,414	
12	Advertising and promotion	154,896	65,024		89,872
13	Office expenses	1,242,067	575,353	522,938	143,776
14	Information technology	274,000	232,358	20,821	20,821
15	Royalties				_
16	Occupancy	2,515,509	2,515,509		
17	Travel	458,292	400,543	42,994	14,755
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	154,532	128,188	26,344	
20	Interest	1,914,969	1,914,969		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,393,862	4,393,862		
23	Insurance	291,457		291,457	
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)				
а	FOOD SERVICE	908,016	908,016		
b	STUDENT SERVICES	749,504	749,504		
С	OTHER EXPENSES	371,595	31,237	230,075	110,283
d	AMORTIZATION OF BOND CO	69,634	19,634	50,000	
e					
f	All other expenses	139,374	33,000	106,374	
25	Total functional expenses. Add lines 1 through 24f	33,525,601	28,079,814	3,878,760	1,567,027
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 10,315,718 10,568,027 1 1.158.361 14.176.208 2 3 12,524,438 10,085,745 324.155 372.993 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 7 8 9 508,466 9 528.810 Prepaid expenses and deferred charges 10a 147,875,355 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 42,340,581 b Less accumulated depreciation 104,741,727 10c 105,534,774 1,391,595 11 953,705 11 109,778,720 12 12 111,106,656 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 118,413,615 15 137,114,473 15 359, 156, 795 390,441,391 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,813,655 17 2,750,039 17 Accounts payable and accrued expenses . 18 18 19 2,698,275 19 2,423,008 20 39.140.000 20 51.725.006 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 . . . 78.931 23 55,180 24 Unsecured notes and loans payable to unrelated third parties 24 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 131,824 25 66,990 D 26 44,862,685 26 57,020,223 **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. 27 105,600,744 27 107,221,098 Unrestricted net assets 57,119,308 28 52,193,973 28 Temporarily restricted net assets Fund 29 151,574,058 29 174,006,097 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 ž 33 Total net assets or fund balances 314.294.110 33 333,421,168 34 Total liabilities and net assets/fund balances 359.156.795 390.441.391

Par	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		26.9	330,518
2	Total expenses (must equal Part IX, column (A), line 25)	2			525,601
3	Revenue less expenses Subtract line 2 from line 1	3		· ·	304,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		314,2	294,110
5	Other changes in net assets or fund balances (explain in Schedule O)	5		15,8	322,141
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		333,4	121,168
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 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				
	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 on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
За	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?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

THE P	ROTES	TANT EPIS	COPAL HIGH S	CHOOL IN VIRGINIA								
									54-05063			
	rt I			ıblic Charity Sta						structions		
	_			te foundation becaus			-		x)			
1			-	ion of churches, or a			=)(1)(A)(I).				
2	고			d in section 170(b)(1			•	470(1-)(4)	/ A > / !!!>			
3	<u> </u>			perative hospital se	_					43/43/***		
4	J			h organization opera ity, and state	ted in conjun	ction with a	nospital des	cribed in sec i	tion 170(b)(1)(A)(III). E	nter the	
5	_	A n ora	anization or	perated for the benefi	t of a colloge	or upword	ty award or a	norated by a	government	al unit docs		
3	'	_	•	(A)(iv). (Complete P	_	: Of utiliversi	ty owned or o	perated by a	government	ai uiiit uest	iibeu iii	
6	\vdash			local government of	•	al unit desc	rihed in secti	on 170(b)(1)(A)(v)			
7	<u>'</u>			at normally receives						om the gene	aral nublic	
,	'	describ	oed in	•		ir part or its	support from	a governme	incar unit or in	om the gene	siai public	•
8	\vdash			(A)(vi) (Complete P : described in sectio i		A)(vi) (Cor	nnlete Dart II	. 1				
9	<u>'</u>		· ·	at normally receives			•	· ·	uitions mam	harchin faas	and are	cc
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11	,			ganized and operate						o carry out t	he purpos	ses of
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е	ı		_	ox, I certify that the ion managers and ot	_				•	•		
			n 509 (a)(2)	ion managers and oc	ner than one	or more put	niciy support	eu organizati	ions describe	a ili sectioi	1309(a)(1) 01
f				received a written d	etermination	from the IR	S that it is a	Type I, Type	II or Type I	II supportir	ng organiz	ation,
			this box		_							Γ
g			August 17, . ng persons?	2006, has the organ	ization accep	oted any gift	or contributi	on from any o	of the			
				rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes	No
				governing body of th			_	•	. ,	11g		
				er of a person descri						11g(
			-	lled entity of a perso			ıbove?			11g(
h				ng information about							1	<u> </u>
						_						
				(iii)	(iv)							
				Type of	Is the		(v) Did you not	ufu tha	(vi) Is the			
	(i) Name		(ii)	organization (described on	organizati		organizati		organizat			ii)
	uppo		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (ı) org			unt of
	ganız			or IRC section	your gove docume	_	suppor	t?	ın the U	S?	supp	oort?
				(see		1		1		T	4	
				instructions))	Yes	No	Yes	No	Yes	No	-	
											-	
											-	
											+	
			1	1	1	İ	1	1	1	1		

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: 93493123004143

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA		= =	loyer identifica	ition number	
				506326		
Pa	organizations Maintaining Done organization answered "Yes" to For		<u>, </u>		·	the
		(a) Donor advised funds	(b) Funds and o	ther accounts	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and dono funds are the organization's property, subject to			sed	┌ Yes ┌	No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit				┌ Yes ┌	No
Pa	rt III Conservation Easements. Comp	olete if the organization answered "Y	es" to Form	n 990, Part IV	/, line 7.	
1 2	Purpose(s) of conservation easements held by Preservation of land for public use (e g , red Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	creation or pleasure)	of a certified	cally important d historic struc inservation	•	
	easement on the last day of the tax year			Held at the	End of the Yea	
а	Total number of conservation easements		2a	ricia at the	End of the rea	
b	Total acreage restricted by conservation easer	nents	2b			
c	Number of conservation easements on a certific		2c			
d	Number of conservation easements included in		2d			—
3				0.0000000000000000000000000000000000000	during	
,	Number of conservation easements modified, to the taxable year -	ansierreu, reieaseu, extiliguistieu, or terr	illilated by til	e organization	auring	
4	Number of states where property subject to cor	servation easement is located 🛌				
5	Does the organization have a written policy reg enforcement of the conservation easements it h		n, handling of	violations, and		No
5	Staff and volunteer hours devoted to monitoring	g, inspecting and enforcing conservation ϵ	easements du	uring the year 🕨	+ <u></u>	
7	A mount of expenses incurred in monitoring, ins	pecting, and enforcing conservation ease	ments during	the year		
3	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	of section		┌ Yes ┌	No
	In Part XIV, describe how the organization repo	orts conservation easements in its revenu xt of the footnote to the organization's find				
9	the organization's accounting for conservation					
9 Par	the organization's accounting for conservation of time Organizations Maintaining College	easements ections of Art, Historical Treasu		ner Similar .	Assets.	
Par	the organization's accounting for conservation of time Organizations Maintaining College	easements ections of Art, Historical Treasured "Yes" to Form 990, Part IV, line SFAS 116, not to report in its revenue state the state of the state	8. atement and esearch in fur	balance sheet	works of	
Par	the organization's accounting for conservation of the Complete of the organization answers. If the organization elected, as permitted under art, historical treasures, or other similar assets.	easements ections of Art, Historical Treasured "Yes" to Form 990, Part IV, line SFAS 116, not to report in its revenue stable for public exhibition, education or relate financial statements that describes the SFAS 116, to report in its revenue stater d for public exhibition, education, or reserved.	8. atement and esearch in funese items	balance sheet rtherance of pu ance sheet work	works of blic service, ks of art,	
Par La	the organization's accounting for conservation of the complete of the organization answers. If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to of the organization elected, as permitted under historical treasures, or other similar assets hele	easements ections of Art, Historical Treasured "Yes" to Form 990, Part IV, line SFAS 116, not to report in its revenue stated for public exhibition, education or related financial statements that describes the SFAS 116, to report in its revenue stated for public exhibition, education, or reseated.	8. atement and esearch in funese items	balance sheet rtherance of pu ance sheet work	works of blic service, ks of art,	77
Par 1a	till Organization's accounting for conservation of Complete if the organization answers. If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets hell provide the following amounts relating to these	easements ections of Art, Historical Treasured "Yes" to Form 990, Part IV, line SFAS 116, not to report in its revenue stated for public exhibition, education or related financial statements that describes the SFAS 116, to report in its revenue stated for public exhibition, education, or reseated.	8. atement and esearch in funese items	balance sheet rtherance of pu ance sheet work	works of blic service, ks of art, s service,	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or O	<u>the</u>	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	y of th	ne foll	owing th	nat are a significa	ınt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan o	r exchange progr	ams			
b	Scholarly research		e	Γ	Other					
С	✓ Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın hov	w they	v further	the organization	's ex	remnt nurnose in		
•	Part XIV	onections and expla	111 110 V	v circ	y rurence	the organization	3 67	cempe purpose m		
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as	part c	of the	organız	atıon's collectıon	?	Г	Yes	√ No
Par	Part IV, line 9, or reported an ar						Y" b	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontribut	ions or other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able	_				
							_	Amo	unt	
с	Beginning balance					-	1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
4_	Daniman of warmhalana	(a)Current Year 239,313,463	(b)	Prior)	7ear ,745,526	(c)Two Years Back 197,676,83	-	1)Three Years Back (231,856,724	e) Four	Years Back
1a	Beginning of year balance	6,766,296			,937,163	5,983,23	-	4,612,772		
b	Contributions				· · ·		-	, ,		
c	Investment earnings or losses	18,678,100		43	,476,604	15,909,40	18	-20,969,880		
d	Grants or scholarships	0.000.500			045 020	14 022 05		17 022 777		
е	Other expenditures for facilities and programs	9,899,500		15	,845,830	14,823,95	19	17,822,777		
f	Administrative expenses									
g	End of year balance	254,858,359		239	,313,463	204,745,52	:6	197,676,839		
2	Provide the estimated percentage of the year	r end balance held a	as					<u> </u>		
а	Board designated or quasi-endowment 🕨	11 240 %								
b	Permanent endowment 🕨 68 280 %									
С	Term endowment ► 20 480 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	are held	and administered	for	the		
	organization by	J							Yes	No
	(i) unrelated organizations			•				3a(i)		No
	(ii) related organizations							. 3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•					٠	3b		
4	Describe in Part XIV the intended uses of the					•				
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	, line 10					
	Description of property				Cost or ot (Investm			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					186	,120			186,120
b	Buildings					133,470	,248	33,516,412	9	9,953,836
c	Leasehold improvements									
d I	Equipment					10,636	,683	8,824,169		1,812,514
e	Other					3,582	,304			3,582,304
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> e	orm 990, Part X, colur	nn (B)), line	10(c).)			►	10	5,534,774
								Schedule D (Form 9	90) 2011

Part VII Investments—Other Securities. See F	orm 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
		Cost of end-o	i-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
See Additional Data Table			
Total. (Column (b) should equal Form 990. Part X. col (B) line 12)	111 106 656		
((-,	111,106,656		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of cha o	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			T
(a) Descript	tion		(b) Book value
(1) BOND ISSUANCE COSTS - NET			670,872
(2) PERPETUAL TRUSTS HELD BY THIRD PARTIES			125,956,691
(3) ASSETS HELD IN CHARITABLE REMAINDER TRUSTS			9,536,910
(4) INVESTMENT IN BUTTERFLY HOUSE			950,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		137,114,473
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	.,		
ANNUITY OBLIGATIONS	66,990		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	66,990		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,830,518
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,525,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,304,917
4	Net unrealized gains (losses) on investments	4	-1,375,914
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,198,055
9	Total adjustments (net) Add lines 4 - 8	9	15,822,141
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,127,058
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	47,593,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	11,122,379
3	Subtract line 2e from line 1	3	36,470,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 359,677		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	359,677
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,830,518
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	28,466,162
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	28,466,162
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 359,677		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	5,059,439
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	33,525,601
Pa	rt XIV Supplemental Information		

PART XIII, LINE 4B - OTHER

ADJUSTMENTS

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,

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE SCHOOL'S COLLECTIONS ARE MADE UP OF ART OBJECTS AND OTHER ARTIFACTS OF HISTORICAL AND EDUCATIONAL SIGNIFICANCE EACH ITEM IS DOCUMENTED FOR EDUCATIONAL SIGNIFICANCE AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE OVERALL FINANCIAL OBJECTIVE IS TO PROVIDE FINANCIAL SUPPORT FOR THE SCHOOL'S OPERATIONS AT A LEVEL CONSISTENT WITH MAINTAINING OR INCREASING THE PURCHASING POWER OVER TIME THE SCHOOL'S POLICY IS TO APPROPRIATE 5% OF THE ROLLING THREE-YEAR AVERAGE OF THE JUNE 30 ENDOWMENT VALUE TO SUPPORT OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 (C(2)) OF THE INTERNAL REVENUE CODE HOWEVER, THE SCHOOL IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME, AS DEFINED BY THE INTERNAL REVENUE SERVICE ACTIVITIES UNRELATED TO THE EXEMPT PURPOSE ARE TENNIS AND SWIM CLUB MEMBERSHIPS, WHICH GENERATED NO TAX AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE ACCOMPANYING FINANCIAL STATEMENTS ACCORDING TO THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES FOR THE PERIOD FROM THE SCHOOL'S INCEPTION TO JUNE 30, 2012, NO UNRECOGNIZED TAX PROVISION OR BENEFIT EXISTED DEFERRED INCOME TAXES ARE PROVIDED USING THE LIABILITY METHOD, WHEREBY, DEFERRED TAX ASSETS ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS AND DEFERRED TAX LIABILITIES ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS AND DEFERRED TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE TEMPORARY DIFFERENCES TEMPORARY DIFFERENCES AND OPERATING LOSS AND THE SERVENCES AND LIABILITIES AND THEIR TAX BASES DEFERRED TAX ASSETS AND LIABILITIES AND THEIR TAX BASES DEFERRED TAX ASSETS AND LIABILITIES AND THEIR TAX BASES DEFERRED TO ALL ASSETS AND LIABILITIES AND THEIR TAX BASES DEFERRED TAX ASSETS AND LIABILITIES AND THE TAX BASES DEFERRED TAX ASSETS AND LIABILITIES AND THAT SOME PORTION OR ALL OF THE DEFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED A MOUNTS OF ASSETS AND LIABILITIES AND THAT ASSETS THE DIFFERENCES AND THAT ASSETS AND LIABILITIES AND THAT ASSETS THE DIFFERENCES AND LIABILITIES AND THAT ASSETS THE DIFFERENCES THE PORTED AND AND ASSETS AND LIABILITIES AND THAT ASSETS THE DIFFERENCES ARE THE DIFFERENCES AND LIABILITIES AND THAT ASSETS THE DIFFERENCES AND THAT ASSETS AND LIABILITIES AND THAT ASSETS THAT ASSETS AND LIABILITIES AND THAT ASSETS THAT ASSETS AND LIABILITIES AND THAT ASSETS AND LIABILITIES AND THAT ASSETS AND LIABILITY ASSETS AND LIABILITY AND ASSETS AND LIABILITY AND ASSETS AND LIABIL
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 17,198,055
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 17,198,055 FINANCIAL AID NETTED AGAINST TUITION REVENUE -4,393,987 TUITION REMISSION NETTED AGAINST TUITION REVENUE -305,775
PART XIII. LINE 4B - OTHER		FINANCIAL AID NETTED AGAINST TUITION REVENUE

FINANCIAL AID NETTED AGAINST TUITION REVENUE

Additional Data

Software ID:

Software Version:

EIN: 54-0506326

Name: THE PROTESTANT EPISCOPAL HIGH SCHOOL IN

VIRGINIA

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LONE CEDAR LTD	7,251,621	F
LONE PINION LTD	985,987	F
LONE CASCADE, L P	15,248,884	F
KING STREET CAPITAL LTD	119,040	F
SAB OVERSEAS FUND LTD	79,331	F
STEADFAST INTERNATIONAL LTD	146,120	F
SWIFTCURRENT OFFSHORE LTD	69,131	F
ART COLLECTIONS	908,293	С
CASH SURRENDER VALUE OF LIFE INSURANCE	2,084,864	F
MAVERICK STABLE FUND, LTD	43,238,249	F
MAKENA CAPITAL ASSOCIATES, L P	17,362,350	F
TIFF MULTI-ASSET FUND	23,612,786	F

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As Filed Data -

DLN: 93493123004143

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 PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA

54-0506326 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 Yes 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? No_ 5g 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 Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 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 POLICY IS PUBLICIZED THROUGH PRINTED MATERIALS AND PERIODIC NOTICES IN NEWSPAPERS

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493123004143

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HЕ	PROTESTANT EPISCOPAL HIG	H SCHOOL IN	VIDCINIA			
	FROTESTANT EFISCOFALTIIG	II SCHOOL IN	VINGINIA		54-0506326	
Pa	rt I General Informatio			he United States.		zation answered
	"Yes" to Form 990, Pa	rt IV, line 14b).			
1	For grantmakers. Does the	_			-	
	assistance, the grantees' elig	- '	_	·		
	the grants or assistance?					Yes No
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN -	0	0	PRO GRAM SERVICES	STUDENT TRAVEL/STUDY	64,085
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDENT TRAVEL/STUDY	81,583
	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDENT TRAVEL/STUDY	33,477
	-					
	Sub-total	0	C			179,145
b	Total from continuation sheets	1	1			

0

to Part I

c Totals (add lines 3a and 3b)

179,145

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 54-0506326

Name: THE PROTESTANT EPISCOPAL HIGH SCHOOL IN

VIRGINIA

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

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

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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

DLN: 93493123004143

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA Employer identification number

154-0506326

ion's procedures fo	r monitoring the use o	f grant funds in the Unite	ed States			✓ Yes
21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	. Use
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
L(c)(3) and governr	l ment organizations list	ed in the line 1 table .			<u> </u>	
	rd the grants or as: ion's procedures fo sistance to Gov 21 for any recip -1 (Form 990) if (b) EIN	rd the grants or assistance?	rd the grants or assistance?	rd the grants or assistance?	rd the grants or assistance?. Ion's procedures for monitoring the use of grant funds in the United States. Complete if the orgal 21 for any recipient that received more than \$5,000. Check this box if no one recipient receive. 1 (Form 990) if additional space is needed. (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (b) (e) Amount of non-cash assistance (b) (e) (f) Method of valuation (b) (b) (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	sistance to Governments and Organizations in the United States. Complete if the organization answered "Y 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. To (Form 990) if additional space is needed

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, 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 FOR EHS STUDENTS	142	4,393,987			

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		SCHEDULE I, PART I, LINE 2 PARENTS REQUESTING SCHOLARHSIP ASSISTANCE COMPLETE AND FILE AN APPLICATION, INCLUDING FINANCIAL INFORMATION, WITH THE SCHOOL SCHOLARSHIP SERVICE TO WHICH THE SCHOOL IS A SUBSCRIBER THE SCHOOL SCHOLARSHIP SERVICE ADVISES THE SCHOOL OF THE ELIGIBILITY OF THE STUDENT FOR THE SCHOLARSHIP ASSISTANCE ONCE ELIGIBILITY IS ESTABLISHED, SPECIFIC DOLLAR AMOUNTS ARE RECOMMENDED THE SCHOOL THEN FINALIZES THE AMOUNT OF SCHOLARSHIP AID TO BE GIVEN TO EACH CHILD SCHOLARSHIPS BASED ON MERIT ARE ALSO GIVEN TO DESERVING STUDENTS

DLN: 93493123004143

OMB No 1545-0047

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.

Open to Public Inspection

Name of the orgai	niza	tion
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THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA

Employer identification number

54-0506326

Pa	rt I Questions Regarding Compensatio	n					
					Yes	No	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	굣	Housing allowance or residence for personal use				
	Travel for companions		Payments for business use of personal residence				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees				
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			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?						
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t						
	Compensation committee		Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	⊽	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1a$ with respect to the filing organization				
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes		
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only me	ıst com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of						
а	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, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					N -	
•			alla marananta a marandana di Santa Barata	8		No	
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9			

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) F ROBERTSON HERSHEY	(ı) (ıı)	354,888 0	178,782 0	17,970 0	36,000 0	81,804 0	669,444 0	
(2) WILLIAM H DEBUTTS III	(I) (II)	200,779 0	0	8,076 0	20,605 0	79,512 0	308,972 0	
(3) ROBERT ECKERT	(ı) (ıı)	168,530 0	0	3,871 0	16,950 0	44,504 0	233,855 0	
(4) ADRIANNA BRAVO	(ı) (ıı)	169,736 0	0	0	16,675 0	33,692 0	220,103	
(5) MARY FIELDER	(ı) (ıı)	127,927 0	0	0	13,465 0	26,200 0	167,592 0	
(6) TIM JAEGER	(ı) (ıı)	131,531 0	0	0	13,465 0	41,377 0	186,373 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
	1A	ON CAMPUS HOUSING WAS FURNISHED TO CERTAIN EMPLOYEES FOR THE CONVENIENCE OF THE EMPLOYER THE HOUSING IS NECESSARY TO CARRY OUT THE DUTIES OF THEIR JOBS WE HAVE DISCLOSED FAIR RENTAL VALUE AS THE VALUE OF THE HOUSING BENEFIT THE ENTIRE COMPENSATION PACKAGES, INCLUDING THE HOUSING ARRANGEMENT, WERE APPROVED BY THE BOARD OF TRUSTEES WITH PROPER DOCUMENTATION FOLLOWING EMPLOYEES RECEIVED NON-TAXABLE HOUSING BENEFITS F ROBERTSON HERSHEY - \$57,500 WILLIAM H DEBUTTS III - \$30,000 BOB ECKERT - \$31,000 ADRIANNA BRAVO - \$24,640 MARY FIELDER - \$26,200 TIM JAEGER - \$24,280 DAVID HATHAWAY - \$29,000 F ROBERTSON HERSHEY RECEIVED TAXABLE DUES IN THE AMOUNT OF \$6,745 F ROBERTSON HERSHEY RECEIVED NON-TAXABLE PERSONAL SERVICES IN THE AMOUNT OF \$10,800 F ROBERTSON HERSHEY RECEIVED NON-TAXABLE DISCRETIONARY SPENDING IN THE AMOUNT OF \$10,033
	PART I, LINE 4B	F ROBERTSON HERSHEY PARTICIPATES IN 457(F) PLAN AND CONTRIBUTION TO THE PLAN WAS \$11,500 IN TAX YEAR ENDING 12/31/2011

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

DLN: 93493123004143 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA

Employer identification number

ΙΗΙ	: PROTESTANT EPISCOPAL HIC	E PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA									54-0506326					
Р	art I Bond Issues															
<u>-</u>	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pi	rice	(f)) Description	ı of Purpose	(g) Def	feased	Beh Iss) On nalf of suer	fina) Pool ancing	
_		<u> </u>		'			<u> </u>			Yes	No	Yes	No	Yes	No	
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA SERIES 2003		015304CD8	05-29-2003	13,199	₹,995	CAPI.	TAL CONST	RUCTION	×		x			×	
В	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA SERIES 2005		015304DB1	05-18-2005	16,40€	6,737	ANDF	CAPITAL CONSTRUCTION AND REFUND OF PRIOR ISSUE			х	х			х	
c	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA SERIES 2010		015304DE5	02-04-2010	10,973	3,597	CAPITAL CONSTRUCTION AND REFUND OF PRIOR ISSUE				х	×			Х	
D	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF ALEXANDRIA SERIES 2012		015304EB0	04-05-2012	13,447	7,645	REFUND PRIOR ISSUE			х	×			Х		
Pā	art III Proceeds															
	*				A		9,995		B 054 727		С		 	D		
1		Amount of bonds retired							951,737				 			
2			100	- 3.2 5		- : : : : : : : : : : : : : : : : : : :			== ===	 						
3					1	13,199	,,995		16,406,737		10,9	973,597		13,	,447,645	
4 5					+								+			
5 6	Proceeds in refunding escrow				+		\longrightarrow						+			
 	Issuance costs from proceeds				+	267	2 0 0 9		270,193	219,472			,		240,041	
8					+		263,999 270,193		2/0,153	219,472			+	270,041		
9	Working capital expenditures fi				+								+			
10		<u> </u>			+	12,935	5 994		+				+			
11					+		'''		16,136,544		10,7	754,125	;	13	,207,604	
12					+		$\overline{}$	<u> </u>	, , ,						,,	
13		<u></u>			200	03	$\overline{}$	200	0.5	-	2010			2012		
ı —					Yes	No	• <u> </u>	Yes	No	Yes	T	No	Yes	<i>5</i>	No	
14	Were the bonds issued as part	ι of a current refund	ing issue?			Х			Х	Х	$T_{\underline{}}$				Х	
15	Were the bonds issued as part	ι of an advance refu	inding issue?		<u> </u>	Х	;	Х			\top	X	Х			
16	Has the final allocation of proc	ceeds been made?			Х			Х		Х	\top				Х	
17	Does the organization maintair allocation of proceeds?	n adequate books a	nd records to supr	port the final	х			Х		Х			İ		Х	
Pa	art IIII Private Business Us	/se														
					Yes	A No		Yes	B No	Yes	C	No	Yes	D	No.	
i					res	+	9	res	INO	res	-		+ res	+	No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued) D R C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business За Х Х Х Х use? If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Are there any research agreements that may result in private business use of bondfinanced property? Χ Χ Χ Χ If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government 0 % 0 % 0 % 0 % Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 % 0 % 0 % 0 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 % 0 % 0 % 0 %

Χ

Χ

Χ

Part IV Arbitrage

7

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×		x		X
2	Is the bond issue a variable rate issue?		X		Х		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х		x		x		х
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х		Х		х		Х
6	Did the bond issue qualify for an exception to rebate?		Х		×		×		Х

Part V Procedures To Undertake Corrective Action

Has the organization adopted management practices and procedures to ensure the

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

DLN: 93493123004143

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

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

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

THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA 54-0506326 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes Yes Yes Τо From No No No (1) RICHARD FYARBOROUGH TO PURCHASE A LIFE INSURANCE POLICY IN WHICH SCHOOL IS THE BENEFICARY 119.514 119.514 Yes Yes Total 119,514 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions I Complete if the organizatio			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493123004143

OMB No 1545-0047

Inspection

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.

Name of the organization THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA

Employer identification number

D.	rt I Types of Property				54-0506326			
	iypes of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1	Art—Works of art	Х	1	3				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		7,540	APPRAISAL			
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property			2.102.102				
	Securities—Publicly traded .	X	63	2,199,409	FMV			
	Securities—Closely held stock . Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
4-	contribution—Other							
	Real estate—Residential							
	Real estate—Commercial							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	Х	1	71,637	APPRAISAL			
	SPORT							
25	Other►(<u>TICKETS</u>)	Х	1	29,786	FMV			
26	SCHOOL		6	7 770	ACTUAL COST			
26	Other►(<u>EVENT</u>) TRAVEL FOR	X	6	7,778	ACTUAL COST			
	SCHOOL							
27	Other►(<u>EVENTS</u>)	Х	3	3,870	ACTUAL COST			
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		v	
302	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
500	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require	a to be usea	20-		No
L	If "Yes," describe the arrangeme					30a		110
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							_
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123004143

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.

2011
Open to Public Inspection

Name of the organization THE PROTESTANT EPISCOPAL HIGH SCHOOL IN VIRGINIA	Employer identifi	cation number
	54-0506326	

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATION FOR THE 990 IS PREPARED BY THE CONTROLLER THE INFORMATION IS THEN SENT TO AN ACCOUNTING FIRM FOR ENTRY ONTO THE 990 FORM THE COMPLETED 990 IS THEN SENT BACK TO THE SCHOOL AND IS REVIEWED BY THE CONTROLLER AND THEN THE CFO ONCE APPROVED BY THE CFO THE RETURN IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE SCHOOL HAS ITS ADMINISTRATIVE TEAM AND ALL BOARD MEMBERS SIGN CONFLICT OF INTEREST STATEMENTS ONCE A YEAR ON THESE STATEMENTS THEY LIST ANY CONFLICTS OF INTEREST THEY MAY HAVE WITH THE SCHOOL OR WITH EACH OTHER THE SCHOOL REVIEWS ANY CONFLICTS TO DETERMINE IF THEY WOULD REQUIRE ANY FURTHER ACTION
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS ANNUALLY TO REVIEW THE COMPENSATION OF THE HEADMASTER AND CFO THE BOARD USES SALARY DATA FROM SIMILAR ORGANIZATION TO DETERMINE REASONABLE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,375,914 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 17,198,055 TOTAL TO FORM 990, PART XI, LINE 5 15,822,141

DLN: 93493123004143

OMB No 1545-0172

Department of the Treasury

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

> Attachment Sequence No 179

► See separate instructions. ► Attach to your tax return. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates THE PROTESTANT EPISCOPAL HIGH SCHOOL IN

Identifying number

VIRGINIA			FORM 99	90 PAGE 10				5	4-0506326
Part I			Certain Property Un sted property, comple			ı con	nplete Part I.		
1 Maxımum	amount (see	instructions)						1	500,000
2 Total cos	t of section 1	79 property plac	ed in service (see instru	ictions) .				2	
3 Threshold	l cost of sect	ion 179 property	before reduction in limit	ation (see instr	uctions)) .		3	2,000,000
4 Reduction	ı ın lımıtatıon	Subtract line 3	from line 2 If zero or les	s, enter -0-				4	
5 Dollar lım	itation for tax	vear Subtract	line 4 from line 1 If zero	or less, enter - (0- Ifma	rried	filing		
	y, see ınstruc							5	
6	(a)	Description of pr	operty	(b) Cost (bi		use	(c) Elected o	ost	
7 Listed pro	perty Enter	the amount from	line 29		. [7			
8 Total elec	ted cost of s	ection 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7			8	
9 Tentative	deduction E	nter the smaller	of line 5 or line 8 .					. 9	
10 Carryovei	r of disallowe	d deduction from	line 13 of your 2010 Fo	rm 4562 .				10	
11 Business inc	ome limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instruct	ions)		11	
12 Section 1	79 expense o	deduction Add I	nes 9 and 10, but do not	enter more tha	n line 11			12	
	•		012 Add lines 9 and 10,		.▶ [13			
			pelow for listed proper		ıse Part				
			Allowance and Othe				: ınclude lısted p	ropert	y) (See instructions)
14 Special de		llowance for qua	ified property (other than						
		ction 168(f)(1) e	election					15	
		cluding ACRS)						16	4,393,862
	· · · · · · · · · · · · · · · · · · ·		Oo not include listed j		e instr	uctio	ns.)		.,
17 MACRS d	aductions for	accote placed i	n service in tax years be	ction A	011			17	
18 If you ar	e electing t	o group any a	ssets placed in servic			rınto	one or more	17	<u> </u>
		ınts, check hei				•	<u>►l</u>		
Secti	on B—Ass	ets Placed in	Service During 20:	11 Tax Year	Using	the	General Dep	recia	ition System
(a) Classı prop		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Co	nvent	cion (f) Meth	od	(g)Depreciation deduction
19a 3-year pr	operty								
b 5-year pr	operty				ļ				
c 7-year pr	<u> </u>								
d 10-year					-				
e 15-year					1				
f 20-year p g 25-year		+		25 450			S/L		
h Residenti	<u> </u>			25 yrs 27 5 yrs	М	м	S/L		
property	arrentar			27 5 yrs	+	<u></u> М	S/L		
i Nonreside	ential real			39 yrs	М	М	S/L		
property					М	М	S/L		
	Section	n C—Assets Plac	ced in Service During 201	1 Tax Year Usin	g the Ali	terna	tive Depreciatio	n Syst	em
20a Class life	!						S/L		
b 12-year				12 yrs			S/L		
c 40-year		<u> </u>		40 yrs	M	IM	S/L		
Part IV		y (see instruc						Τ	<u> </u>
•		amount from line						21	
and on the	e appropriate	lines of your ret	14 through 17, lines 19 urn Partnerships and So	corporations—se	ee instru			22	4,393,862
		re and placed in ributable to sect	service during the curren tion 263A costs	t year, enter the	e 	23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	. Г _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
27 Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1)		(c)		((≘)	(f)
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees?		y statement											our.	Y	es	No
38 Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı nıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			\dashv							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

Software ID: Software Version:

EIN: 54-0506326

Name: THE PROTESTANT EPISCOPAL HIGH SCHOOL IN

VIRGINIA

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

(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
BAILEY W PATRICK CHAIRMAN OF THE BOARD	1 00	x						0	0	0	
ATTISON L BARNES III TRUSTEE	1 00	Х						0	0	0	
KIMBERLY D BELK TRUSTEE	1 00	Х						0	0	0	
RICHARD M BERKELEY TRUSTEE	1 00	Х						0	0	0	
ELIZABETH G BLAINE TRUSTEE	1 00	Х						0	0	0	
WILLIAM R COX III TRUSTEE	1 00	Х						0	0	0	
THOMAS C DASHIELL TRUSTEE	1 00	Х						0	0	0	
CRAIG A A DIXON TRUSTEE	1 00	Х						0	0	0	
WALLER T DUDLEY TRUSTEE	1 00	Х						0	0	0	
JAMES A HARDISON III TRUSTEE	1 00	Х						0	0	0	
H LEE S HOBSON TRUSTEE	1 00	Х						0	0	0	
H WINSTON HOLT IV TRUSTEE	1 00	Х						0	0	0	
LISA GODDARD HUFFINES TRUSTEE	1 00	Х						0	0	0	
MARY TAYLOE H KEEVIL TRUSTEE	1 00	Х						0	0	0	
SARAH AKRIDGE KNUTSON TRUSTEE	1 00	Х						0	0	0	
RANDOLPH C METCALFE TRUSTEE	1 00	Х						0	0	0	
C ELIS OLSSON TRUSTEE	1 00	Х						0	0	0	
WILLIAM R PEELLE JR TRUSTEE	1 00	Х						0	0	0	
CARL S RAGSDALE TRUSTEE	1 00	Х						0	0	0	
HOWARD W SMITH III TRUSTEE	1 00	Х						0	0	0	
NANCY R WALL TRUSTEE	1 00	Х						0	0	0	
DONALDSON G WILLIAMS TRUSTEE	1 00	Х						0	0	0	
ROBERT WILSON III TRUSTEE	1 00	Х						0	0	0	
TOBY S WILT JR TRUSTEE	1 00	Х						0	0	0	
R HALSEY WISE TRUSTEE	1 00	х						0	0	0	

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

Compensated Employees, and independent contractors													
(A) Name and Title	(B) A verage hours (C) Position (check all that apply)					all		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
F ROBERTSON HERSHEY PRESIDENT/HEADMASTER	40 00			х				551,640	0	107,004			
WILLIAM H DEBUTTS III SECRETARY/TREASURER/CFO	40 00			х				208,855	0	100,117			
ROBERT ECKERT DIR OF DEVELOPMENT	40 00				х			172,401	0	61,454			
ADRIANNA BRAVO MEDICAL DIRECTOR	40 00					х		169,736	0	50,367			
MARY FIELDER ASST HEAD FOR ACADEMICS	40 00					Х		127,927	0	39,665			
TIM JAEGER ASST HEAD FOR STUDENT LIFE	40 00					Х		131,531	0	54,842			
ROBERT HEDRICK DIR OF COLLEGE COUNSELING	40 00					Х		118,017	0	17,113			
DAVID HATHAWAY DIR OF TECHNOLOGY	40 00					х		101,728	0	46,910			