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Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**SAINT EDWARD'S SCHOOL, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**1895 SAINT EDWARD'S DRIVE**

Room/suite

City or town, state or country, and ZIP + 4

**VERO BEACH****FL 32963****D** Employer identification number**59-1059214****E** Telephone number**772-231-6731****G** Gross receipts \$ **16,800,877****F** Name and address of principal officer**MICHAEL MERSKY, HEAD OF SCHOOL****1895 SAINT EDWARD'S DRIVE****VERO BEACH****FL 32963****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status☒ 501(c)(3)☐ 501(c) ( )

(insert no )

☐ 4947(a)(1) or☐ 527**J** Website: **STEDS.ORG****K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation **1965****M** State of legal domicile **FL****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **21****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **21****5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)**5** **225****6** Total number of volunteers (estimate if necessary)**6** **200****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **118,884****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **-72,050****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**4,136,940** **1,831,287****9** Program service revenue (Part VIII, line 2g)**11,294,794** **10,974,387****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**107,434** **667,802****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**173,043** **172,035****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**15,712,211** **13,645,511****13** Grants and similar amounts paid (Part IX, column (A), line 3)**1,925,304** **1,898,909****14** Benefits paid to or for members (Part IX, column (A), line 4)**0** **0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**6,230,406** **5,961,067****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0** **0****b** Total fundraising expenses (Part IX, column (D), line 25)**439,749****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-12d)**4,860,447** **4,990,896****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**13,016,157** **12,850,872****19** Revenue less expenses. Subtract line 18 from line 12**2,696,054** **794,639****20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

**35,267,315** **31,342,763****21** Total liabilities (Part X, line 26)**19,328,877** **14,758,890****22** Net assets or fund balances. Subtract line 21 from line 20**15,938,438** **16,583,873****Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**JEFF BASS****TREASURER**

Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**DEBORAH A. CRUM, CPA****05/13/13**

self-employed

**P00282890**

Firm's name

**REHMANN ROBSON**

Firm's EIN

**38-3635706**

Firm's address

**5070 N HIGHWAY A1A, STE 250**

Phone no

**772-234-8484**

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

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**Part III** **Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **8,863,644** including grants of \$ **1,898,909** ) (Revenue \$ **10,559,946** )  
**ST. EDWARD'S SCHOOL PROVIDES EDUCATION FOR PRIMARY, INTERMEDIATE AND SECONDARY STUDENTS. APPROXIMATELY 475 STUDENTS WERE SERVED.**

**4b** (Code: ) (Expenses \$ **292,474** including grants of \$ ) (Revenue \$ **247,312** )  
**ST. EDWARD'S SCHOOL PROVIDES SEVERAL AUXILIARY SERVICES SUCH AS A SUMMER CAMP PROGRAM, RECREATIONAL/CLUB SWIM TEAM, TUTORIAL CENTER, AND EXTENDED DAY CARE.**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **9,156,118**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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	<b>X</b>	
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>X</b>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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, Parts I and IV		<b>X</b>
<b>15</b> 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 United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> 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 United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 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	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 79		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b>	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 225		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b>	X
<b>b</b> 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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?		<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b> X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14b</b>	

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

**Section A. Governing Body and Management**

- 1a** Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b** 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?
- 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** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 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?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 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

		Yes	No
<b>1a</b>	<b>21</b>		
<b>1b</b>	<b>21</b>		
<b>2</b>			<b>X</b>
<b>3</b>			<b>X</b>
<b>4</b>			<b>X</b>
<b>5</b>			<b>X</b>
<b>6</b>			<b>X</b>
<b>7a</b>			<b>X</b>
<b>7b</b>			<b>X</b>
<b>8a</b>		<b>X</b>	
<b>8b</b>		<b>X</b>	
<b>9</b>			<b>X</b>

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

- 10a** Did the organization have local chapters, branches, or affiliates?
- 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?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers or key employees of the organization
- 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?
- 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?

	Yes	No
<b>10a</b>		<b>X</b>
<b>10b</b>		
<b>11a</b>		<b>X</b>
<b>12a</b>	<b>X</b>	
<b>12b</b>	<b>X</b>	
<b>12c</b>	<b>X</b>	
<b>13</b>	<b>X</b>	
<b>14</b>	<b>X</b>	
<b>15a</b>	<b>X</b>	
<b>15b</b>	<b>X</b>	
<b>16a</b>		<b>X</b>
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **BETH ZAMERSKI** **1895 ST. EDWARD'S DR**

**VERO BEACH****FL 32963****772-492-2313**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH P. CORR TRUSTEE	2.00	X						0	0	0
(2) RONALD L. EDWARDS CHAIRMAN	8.00	X		X				0	0	0
(3) DOLF KAHLE SECRETARY	8.00	X		X				0	0	0
(4) DAVID S. CROOM TREASURER	8.00	X		X				0	0	0
(5) MISTY MINTON TRUSTEE	2.00	X						0	0	0
(6) RT. REV. JOHN W. HOWE TRUSTEE	2.00	X						0	0	0
(7) PHILIP A. LAMBERT TRUSTEE	2.00	X						0	0	0
(8) RICHARD G. MCDERMOTT, JR. TRUSTEE	2.00	X						0	0	0
(9) LAURENCE A. REISMAN TRUSTEE	2.00	X						0	0	0
(10) LORNE WAXLAX TRUSTEE	2.00	X						0	0	0
(11) JEFF BASS TRUSTEE	2.00	X						0	0	0
(12) DAN SIMMONS VICE CHAIRMAN	8.00	X		X				0	0	0
(13) BRIAN BAREFOOT TRUSTEE	2.00	X						0	0	0
(14) KATHRYN FABER TRUSTEE	2.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TERESA WINSLOW TRUSTEE	2.00	X						0	0	0
(16) SAM ZIMMERMAN TRUSTEE	2.00	X						0	0	0
(17) KATE BECKWITH TRUSTEE	2.00	X						0	0	0
(18) ALLISON PROCTOR TRUSTEE	2.00	X						0	0	0
(19) SUSAN TEMPLE TRUSTEE	2.00	X						0	0	0
(20) RON CHESLEY TRUSTEE	2.00	X						0	0	0
(21) JOHN HURYN TRUSTEE	2.00	X						0	0	0
(22) ROBERT RITTER TRUSTEE	2.00	X						0	0	0
(23) MICHAEL MERSKY HEAD OF SCHOOL	40.00			X				284,321	0	25,357
(24) BRUCE WACHTER ASSOC HEAD OF SCHOOL	40.00					X		120,865	0	9,830
(25) ANNE STORCH DIR. ADVANCEMENT	40.00					X		110,258	0	9,247
<b>1b Sub-total</b>								<b>515,444</b>		<b>44,434</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>515,444</b>		<b>44,434</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC. ATLANTA	P.O. BOX 536922 GA 30353-6922 MAINTENANCE	589,715
SENECA DATA DISTRIBUTORS INC. ALBANY	P.O. BOX 10245 NY 12201-5245 COMPUTER SUPPLI	250,588
HONEYWELL LLC ST. LOUIS	P.O. BOX 957168 MO 63195 AC UPGRADES	176,960
TULIP TRAVEL INC. GREAT NECK	2 POTTERS COURT NY 11024 TRAVEL AGENT	121,499
CDW GOVERNMENT INC. CHICAGO	75 REMITTANCE DRIVE, SUITE 1515 IL 60675 COMPUTER SUPPLI	102,085

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	303,167				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,528,120				
	<b>g</b> Noncash contributions included in lines 1a-1f		\$ 27,425				
	<b>h</b> Total. Add lines 1a-1f		1,831,287				
	<b>Program Service Revenue</b>	<b>2a</b> TUITION & FEES	Busn Code	10,559,946	10,559,946		
<b>b</b> OTHER SOURCES			167,129	167,129			
<b>c</b> AUXILIARY SERVICES - EXEMPT			128,428	128,428			
<b>d</b> AUXILIARY SERVICES - TAXABLE		713990	118,884		118,884		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g</b> Total. Add lines 2a-2f			10,974,387				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		119,618			119,618
		<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real (ii) Personal					
	<b>b</b> Less: rental exps						
	<b>c</b> Rental inc or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets	(i) Securities (ii) Other					
	other than inventory		3,528,000				
	<b>b</b> Less: cost or other basis & sales exps		2,979,816				
	<b>c</b> Gain or (loss)		548,184				
	<b>d</b> Net gain or (loss)		548,184			548,184	
	<b>8a</b> Gross income from fundraising events (not including \$ 303,167 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	243,294				
	<b>b</b> Less: direct expenses	<b>b</b>	127,987				
	<b>c</b> Net income or (loss) from fundraising events		115,307				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	83,548					
<b>b</b> Less: cost of goods sold	<b>b</b>	47,563					
<b>c</b> Net income or (loss) from sales of inventory		35,985	35,985				
Miscellaneous Revenue		Busn. Code					
<b>11a</b> RENTAL INCOME			20,743	20,743			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d			20,743				
<b>12</b> Total revenue. See instructions.			13,645,511	10,912,231	118,884	667,802	

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,898,909	1,898,909		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	265,225		196,266	68,959
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	4,866,358	3,395,191	1,225,223	245,944
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	194,816	137,326	57,490	
9 Other employee benefits	240,843	169,771	71,072	
10 Payroll taxes	393,825	239,372	100,211	54,242
11 Fees for services (non-employees):				
a Management				
b Legal	42,344		42,344	
c Accounting	41,930		41,930	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	104,685		104,685	
13 Office expenses	157,850	15,419	142,431	
14 Information technology	196,189	196,189		
15 Royalties				
16 Occupancy	491,941	491,941		
17 Travel	604		604	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,557	58,557		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,273,631	738,070	507,407	28,154
23 Insurance	457,983	17,132	440,851	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OUTSOURCED MANAGEMENT EXP</b>	928,735	928,735		
b <b>ATHLETIC - SPORTS</b>	368,083	368,083		
c <b>GAS/OIL/TOLLS</b>	83,645	83,645		
d <b>COMPUTER/PHONE EQUIPMENT</b>	50,634	50,634		
e All other expenses	734,085	367,144	324,491	42,450
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,850,872	9,156,118	3,255,005	439,749
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	700	1	700
	2 Savings and temporary cash investments	7,167,973	2	7,046,016
	3 Pledges and grants receivable, net	796,260	3	319,156
	4 Accounts receivable, net	15,149	4	36,064
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	61,254	8	58,266
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,023,938		
	b Less: accumulated depreciation	10b 15,689,340	22,238,661	10c 18,334,598
	11 Investments—publicly traded securities	4,500,956	11	5,173,080
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	486,362	15	374,883
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	35,267,315	16	31,342,763	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	689,967	17	488,029
	18 Grants payable		18	
	19 Deferred revenue	4,404,702	19	3,501,742
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,972,711	23	10,444,711
	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 D	261,497	25	324,408
	26 <b>Total liabilities.</b> Add lines 17 through 25	19,328,877	26	14,758,890
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	10,430,636	27	10,526,407
	28 Temporarily restricted net assets	3,129,515	28	2,924,359
	29 Permanently restricted net assets	2,378,287	29	3,133,107
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,938,438	33	16,583,873
34 <b>Total liabilities and net assets/fund balances</b>	35,267,315	34	31,342,763	

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,645,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,850,872
3	Revenue less expenses. Subtract line 2 from line 1	3	794,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,938,438
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-149,204
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	16,583,873

**Part XII Financial Statements and Reporting**

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

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III—Functionally integrated
  - d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)						<b>12</b>
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage for 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

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

**b 33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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



**Part IV**

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

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**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

Employer identification number

**SAINT EDWARD'S SCHOOL, INC.****59-1059214****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		<b>1</b>
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		<b>280,523</b>
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

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

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

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

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

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

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

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	3,964,529	3,087,042	2,869,245	3,710,579	
<b>b</b> Contributions	1,261,135	504,288	101,416	11,495	
<b>c</b> Net investment earnings, gains, and losses	-77,562	509,335	255,819	-711,362	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	138,315	136,136	139,438	141,467	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	5,009,787	3,964,529	3,087,042	2,869,245	

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ %  
**b** Permanent endowment ☒ 100.00 %  
**c** Temporarily restricted endowment ☐ %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations  
**(ii)** related organizations

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		695,256		695,256
<b>b</b> Buildings		23,950,392	8,390,756	15,559,636
<b>c</b> Leasehold improvements		3,698,905	2,453,490	1,245,415
<b>d</b> Equipment		5,679,385	4,845,094	834,291
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,334,598

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>BOOK RESERVE- LOWER SCHOOL TEXTS</b>	<b>104,396</b>
(3) <b>RESERVE FOR LEARNING SUPPORT SERVICE</b>	<b>73,441</b>
(4) <b>TABLET DEPOSITS</b>	<b>42,741</b>
(5) <b>RESERVE FOR LONG RANGE PLANNING PROC</b>	<b>38,993</b>
(6) <b>A/P-U/S DISCRETIONARY FUND</b>	<b>21,177</b>
(7) <b>BAND EQUIPMENT MAINTENANCE RESERVE</b>	<b>16,193</b>
(8) <b>STUDENT ACTIVITY-CLUB FUNDS</b>	<b>7,882</b>
(9) <b>A/P-L/S DISCRETIONARY FUND</b>	<b>4,758</b>
(10) <b>RESERVE FOR FOOTBALL</b>	<b>4,200</b>
(11) <b>ALL OTHER</b>	<b>10,627</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>324,408</b>

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,645,511
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,850,872
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	794,639
4	Net unrealized gains (losses) on investments	4	-149,204
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-149,204
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	645,435

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

1	Total revenue, gains, and other support per audited financial statements	1	13,677,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-149,204
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	181,132
e	Add lines 2a through 2d	2e	31,928
3	Subtract line 2e from line 1	3	13,645,511
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,645,511

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

1	Total expenses and losses per audited financial statements	1	13,032,004
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	181,132
e	Add lines 2a through 2d	2e	181,132
3	Subtract line 2e from line 1	3	12,850,872
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,850,872

**Part XIV Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

PROGRAM SUPPORT FUNDS ENHANCE THE CURRICULUM AND SUPPORT PROGRAMS VITAL TO THE SCHOOL'S MISSION.

FACULTY SUPPORT FUNDS RECOGNIZE THAT A VITAL AND ENERGIZED FACULTY ARE THE HALLMARK OF AN EXCEPTIONAL INDEPENDENT SCHOOL. THESE GIFTS NOURISH AND STRENGTHEN THE FACULTY AS WELL AS HONOR THEIR MANY ACHIEVEMENTS.

FACILITY SUPPORT FUNDS ENSURE THE STEWARSHIP OF THE PHYSICAL RESOURCES.

**Part XIV** Supplemental Information (continued)

STUDENT SUPPORT FUNDS PROVIDE FINANCIAL ASSISTANCE SO THAT TALENTED STUDENTS THROUGHOUT THE COMMUNITY ARE ABLE TO ATTEND SAINT EDWARD'S SCHOOL.

**PART X - FIN 48 FOOTNOTE**

THE SCHOOL IS A NON-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE SCHOOL WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." THE SCHOOL HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION. ASC TOPIC 740 SEEKS TO REDUCE THE SIGNIFICANT DIVERSITY IN PRACTICE ASSOCIATED WITH FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT IN ACCOUNTING FOR DISCLOSURES OF TAX AND PRESCRIBES THE RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTED FOR DISCLOSURES OF TAX POSITIONS PREVIOUSLY TAKEN OR EXPECTED TO BE TAKEN ON AN INCOME TAX RETURN. NON-PROFIT ENTITIES ARE ALSO WITHIN THE SCOPE OF ASC TOPIC 740. AN ENTITY MUST CONSIDER WHETHER IT HAS ENGAGED IN ACTIVITIES THAT JEOPARDIZE ITS CURRENT TAX EXEMPT STATUS WITH THE INTERNAL REVENUE SERVICE. FURTHERMORE, THE ENTITY MUST DETERMINE WHETHER IT HAS ANY UNRELATED BUSINESS INCOME, WHICH MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE SCHOOL ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS. THE SCHOOL ALSO TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGE FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS OTHER GENERAL AND ADMINISTRATIVE EXPENSES. THE CONTINUED APPLICATION OF ASC TOPIC 740 HAS NO IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS. THE SCHOOL HAS EVALUATED THE PROVISION OF ASC TOPIC 740 REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE EVALUATION

**Part XIV** Supplemental Information (continued)

WAS PERFORMED FOR THE FISCAL YEARS 2009 THROUGH 2012, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF JUNE 30, 2012. THE SCHOOL CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE SCHOOL'S FINANCIAL STATEMENTS AS OF JUNE 30, 2012 AND 2011. THE SCHOOL DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G., TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE SCHOOL DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2012 OR 2011, AND IT IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

## PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

CLASSIFICATION DIFFERENCES	\$	181,132
CLASSIFICATION DIFFERENCES	\$	-181,132

## PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CLASSIFICATION DIFFERENCES	\$	181,132
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## PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CLASSIFICATION DIFFERENCES	\$	181,132
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**SCHEDULE E**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Schools**

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

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214****Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>X</b>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. <b>ST. EDWARD'S NON-DISCRIMINATORY POLICY IS PUBLICIZED WHEN SOLICITING FOR STUDENTS IN THE VERO BEACH PRESS JOURNAL, THE FORT PIERCE TRIBUNE AND RADIO STATION WQCS. ST. EDWARD'S ALSO ADVERTISES ON AN ANNUAL BASIS IN THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS HANDBOOK AND THE FLORIDA</b>	<b>X</b>	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>X</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>X</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
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.	<b>X</b>	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<b>X</b>
b Admissions policies?		<b>X</b>
c Employment of faculty or administrative staff?		<b>X</b>
d Scholarships or other financial assistance?		<b>X</b>
e Educational policies?		<b>X</b>
f Use of facilities?		<b>X</b>
g Athletic programs?		<b>X</b>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		<b>X</b>
6a Does the organization receive any financial aid or assistance from a governmental agency?		<b>X</b>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		<b>X</b>
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.	<b>X</b>	



**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).

SCH E - PUBLICATION OF NONDISCRIMINATORY POLICY IN MEDIA EXPLANATION  
COUNCIL OF INDEPENDENT SCHOOLS HANDBOOK.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**Don't forget to  
file your return

Name of the organization

**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<b>ANNUAL BENEFIT</b> (event type)	<b>PARENTS &amp; SPORT</b> (event type)	<b>NONE</b> (total number)	(add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts	381,167	165,294		546,461
2 Less: Charitable contributions	303,167			303,167
3 Gross income (line 1 minus line 2)	78,000	165,294		243,294
<b>Direct Expenses</b>				
4 Cash prizes	10,000			10,000
5 Noncash prizes				
6 Rent/facility costs	1,500			1,500
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	60,419	56,068		116,487
10 Direct expense summary. Add lines 4 through 9 in column (d)				127,987
11 Net income summary. Combine line 3, column (d), and line 10				115,307

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column d, and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

☒ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) **SAINT EDWARD'S SCHOOL, INC.** **59-1059214**Page **2****Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1 FINANCIAL AID-EXISTING ST</b>	<b>119</b>	<b>1,275,284</b>			
<b>2 BENEFIT- FACULTY SCHOLARS</b>	<b>38</b>	<b>623,625</b>			
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.				

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
Inspection**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**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 filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

59-1059214

SAINT EDWARD'S SCHOOL, INC.

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>MICHAEL MERSKY</b>							
1	(i) 274,053	(ii) 0	(iii) 10,268	20,554	4,803	309,678	0
2	(i)	(ii)	(iii)			0	0
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Schedule J (Form 990) 2011



SAINT EDWARD'S SCHOOL, INC. 59-1059214

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II:  
Also complete this part for any additional information.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

**2011****Open To Public  
Inspection**

Name of the organization

**SAINT EDWARD'S SCHOOL, INC.**

Employer identification number

**59-1059214****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	<b>X</b>	<b>1</b>	<b>3,000</b>	<b>KELLY BLUE BOOK</b>
8 Intellectual property				
9 Securities—Publicly traded	<b>X</b>	<b>9</b>	<b>24,425</b>	<b>SALE - NY STOCK EXCHANGE</b>
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be  
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Employer identification number

**SAINT EDWARD'S SCHOOL, INC.****59-1059214****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

SAINT EDWARD'S SCHOOL IS A COMMUNITY AND CULTURE WHICH PROMOTES LIFE-LONG LEARNING BY DEVELOPING CRITICAL THINKING, COLLABORATION, AND A THOROUGH PREPARATION FOR COLLEGE AND THE FUTURE. FOUNDED UPON THE EPISCOPAL TRADITION, THE FOCUS IS ON THE WHOLE CHILD, LED BY A STRONG FACULTY WHO WORK TO HELP ALL STUDENTS REACH THEIR FULL POTENTIAL IN THE CLASSROOM AND BEYOND.

**FORM 990 - ADDITIONAL INFORMATION****PART VIII - OTHER REVENUE**

ON OCTOBER 5, 2011, THE SCHOOL TRANSFERRED THE OWNERSHIP OF THE LOWER SCHOOL PROPERTY TO WELLS FARGO BANK, N.A. AS ALLOWED UNDER THE FORBEARANCE AND LOAN MODIFICATION AGREEMENT. THE SCHOOL WAS GIVEN CREDIT OF \$3,528,000 TOWARD REPAYMENT OF THE DEBT UNDER THE SECOND AMENDMENT TO FORBEARANCE AND LOAN MODIFICATION. THE DIFFERENCE BETWEEN THE NET BOOK VALUE OF THE ASSETS TRANSFERRED AND THE CREDIT OBTAINED TOWARD REPAYMENT OF THE DEBT WAS RECOGNIZED AS GAIN IN THE AMOUNT OF \$546,025.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PROVIDED TO THE BOARD PRIOR TO BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
REVIEWED ANNUALLY AND ANY POTENTIAL CONFLICTS ARE ADDRESSED.

Name of the organization

SAINT EDWARD'S SCHOOL, INC.

Employer identification number

59-1059214

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPARISON WITH COMPATIBILITY DATA OF EQUIVALENT SCHOOLS; PERFORMANCE  
EVALUATION; NATIONAL ASSOCIATION OF INDEPENDENT SCHOOL (NAIS), REVIEW BY  
OUTSIDE COMPENSATION CONSULTANT, AND FLORIDA COUNCIL OF INDEPENDENT SCHOOLS  
(FCIS) STATISTICS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPARISON WITH COMPATIBILITY DATA OF EQUIVALENT SCHOOLS; PERFORMANCE  
EVALUATION; NATIONAL ASSOCIATION OF INDEPENDENT SCHOOL (NAIS)  
AND FLORIDA COUNCIL OF INDEPENDENT SCHOOLS (FCIS) STATISTICS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION  
NET UNREALIZED LOSS ON INVESTMENTS (\$149,204)

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2011</b>
For calendar year 2011, or tax year beginning <b>07/01/11</b> , and ending <b>06/30/12</b>		
Name  <b>SAINT EDWARD'S SCHOOL, INC.</b>		Employer Identification Number  <b>59-1059214</b>

**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>WACHOVIA BANK N.A.</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>15,872,711</b>	<b>06/22/10</b>	<b>02/15/16</b>	<b>\$1,900,000 ANNUALLY</b>	<b>0.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>REAL PROPERTY AND IMPROVEMENTS</b>	<b>UPPER SCHOOL EXPANSION</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>13,972,711</b>	<b>10,444,711</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>13,972,711</b>	<b>10,444,711</b>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME-OPERATIONS						
	\$ 46,665		14			
INTEREST INCOME						
	70,603		14			
INTEREST INCOME-PLEDGE MONEY						
	2,350		14			
TOTAL	\$ <u>119,618</u>					

# Federal Statements

5/13/2013 4:14 PM

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$	\$	\$	\$
GRADUATION / YEARBOOK EXP	49,103	49,103		
BRANDING PROJECT EXPENSE	46,020		46,020	
OTHER PERSONNEL EXPENSES	42,944		42,944	
DISCRETIONARY FUND	41,869	41,869		
ART/MUSIC/THEATRE	38,394	38,394		
LUNCH PROGRAM	32,039	32,039		
TRAVEL AND ENTERTAINMENT-	31,060			31,060
LEARNING RESOURCES / SUPP	30,594	30,594		
SCHOOL DUES/MEMBERSHIPS	26,956		26,956	
MATH COMPETITIONS	24,937	24,937		
FACULTY EXPENSES	23,776		23,776	
MERCHANT SVCS/ BANK CHARG	23,761		23,761	
LIBRARY	20,452	20,452		
STUDENT CLUB / COUNCIL	19,597	19,597		
PUBLICATIONS-WATERMARK	17,326		17,326	
ALUMNI EXPENSE	16,663		16,663	
STUDENT GUIDANCE	16,472	16,472		
ELECTRONIC MKT/ADV/PUB-WE	15,900		15,900	
WAXLAX FACILITY SUPPLIES	15,015		15,015	
POOL EXPENSES	14,867	14,867		
ANNUAL REPORT EXPENSE	14,604		14,604	
HONEYWELL ENERGY PROJECT/	14,501		14,501	
LIFE INSURANCE EXPENSE	12,146		12,146	
PROFESSIONAL DEVELOPMENT	12,053		12,053	
COUNSEL AND CONTRACTED SE	11,390			11,390
PROFESSIONAL DEV - PROGRA	11,076	11,076		
SUMMER CAMP	10,101	10,101		
SCIENCES	9,459	9,459		
STUDENT PROGRAMS	9,456	9,456		
HEAD OF SCHOOL CONTRACT R	8,293		8,293	
EDUCATION SUPPLIES	7,371	7,371		
BAND - LOWER AND UPPER SC	7,083	7,083		
KINDERGARTEN / PK	5,656	5,656		
VEHICLE LEASE	4,799		4,799	
BUILDING/GROUNDS GENERAL	4,372		4,372	
SPECIAL EVENTS	4,230		4,230	
MISCELLANEOUS	4,216	4,216		



# Federal Statements

5/13/2013 4:14 PM

## Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
HEAD OF SCHOOL EXPENSES	\$ 4,190		\$ 4,190	\$
ACADEMIC SUPPORT MATERIAL	3,904		3,904	
ENTERTAINMENT	3,203		3,203	
SAFETY	2,959	2,959		
HISTORY - U/S AND L/S	2,642	2,642		
ANNUAL FUND EXPENSE	2,629		2,629	
OUTSIDE STORAGE RENTAL- T	2,232		2,232	
FOREIGN LANGUAGES	2,123	2,123		
HONOR SOCIETIES	2,060	2,060		
CONTRACTS/SECURITY	1,992		1,992	
MISCELLANEOUS EXPENSES	1,750		1,750	
ENGLISH-U/S AND L/S	1,423	1,423		
STUDENT HEALTH SERVICES	1,260	1,260		
SUBSCRIPTIONS & PUBLICATI	1,110		1,110	
EXTENDED DAY EXPENSE	988	988		
CLASS TRIP	947	947		
PHOTOGRAPHY	110		110	
FINANCIAL AID MATERIALS &	12		12	
TOTAL	\$ 734,085	\$ 367,144	\$ 324,491	\$ 42,450

# Saint Edward's School

1/11/2013 4 12 58 PM

Page 1

## Depreciation Summary Report 6/30/2012

Class	No. of Assets	Acquisition Value	Disposal Price	Depr. Basis	Total Depr.	Book Value
Air Conditioners	100	\$2,049,174.38	\$193,931.20	\$2,049,174.38	\$260,831.18	\$1,788,343.20
Athletic Equipment	252	\$819,715.50	\$239,971.84	\$819,715.50	\$35,693.57	\$784,021.93
Audio Visual Equipment	162	\$448,309.31	\$81,936.01	\$448,309.31	\$11,982.56	\$436,326.75
Building & Bldg Improv - Residence	48	\$908,428.69	\$0.00	\$908,428.69	\$27,285.32	\$881,143.37
Buildings & Buildings Improvements U/S	328	\$8,254,593.16	\$1,920,786.65	\$8,254,593.16	\$213,781.82	\$8,040,811.34
Cafeteria Equipment	26	\$266,399.20	\$21,673.13	\$266,399.20	\$473.15	\$265,926.05
Classroom Furniture & Equip	537	\$1,821,302.70	\$289,915.18	\$1,821,302.70	\$21,499.47	\$1,799,803.23
Computer Equipment and Software	1181	\$2,583,208.14	\$990,216.15	\$2,583,208.14	\$130,859.77	\$2,452,348.37
Custodial and Maint Eq	140	\$334,255.79	\$183,717.43	\$334,255.79	\$9,652.82	\$324,602.97
Fine Arts Bldg & Bldg Improvements	2	\$2,797,301.00	\$0.00	\$2,797,301.00	\$73,694.32	\$2,723,606.68
Landscaping	57	\$515,884.72	\$112,957.74	\$515,884.72	\$20,258.62	\$495,626.10
Library Books	13	\$222,877.80	\$222,877.80	\$222,877.80	\$0.00	\$222,877.80
Library Furniture & Equipment	37	\$149,646.06	\$34,331.83	\$149,646.06	\$4,974.07	\$144,671.99
Lower School Improvements-New	5	\$480,658.54	\$0.00	\$480,658.54	\$12,229.76	\$468,428.78
LS Bldg & Improv Sale of Property	173	\$3,936,346.34	\$3,936,346.34	\$3,936,346.34	\$0.00	\$3,936,346.34
LS Improv Sale of Property	63	\$1,635,120.70	\$1,635,120.70	\$1,635,120.70	\$0.00	\$1,635,120.70
Middle School Bldg & Bldg Improvements	13	\$6,530,539.71	\$1,235,979.09	\$6,530,539.71	\$135,531.96	\$6,395,007.75
Office Furniture, Fixtures, & Equipment	162	\$439,882.92	\$127,647.09	\$439,882.92	\$10,040.65	\$429,842.27
Oglethorpe Hall-Administration	7	\$1,826,499.51	\$185,875.33	\$1,826,499.51	\$42,476.25	\$1,784,023.26
Swimming Pool	87	\$1,065,522.91	\$98,434.62	\$1,065,522.91	\$42,642.86	\$1,022,880.05
Vehicles	134	\$1,397,536.51	\$589,166.11	\$1,397,536.51	\$57,754.78	\$1,339,781.73
Wachter/Kitchen/Middle School Gym	7	\$3,601,160.48	\$0.00	\$3,601,160.48	\$93,973.92	\$3,507,186.56
Waxlax Performing Arts	15	\$7,826,252.56	\$4,401,087.65	\$7,826,252.56	\$95,850.45	\$7,730,402.11
<b>GRAND TOTALS.</b>	<b>3549</b>	<b>\$49,910,616.63</b>	<b>\$16,501,971.89</b>	<b>\$49,910,616.63</b>	<b>\$1,301,487.30</b>	<b>\$48,609,129.33</b>
<b>23 class(es) listed</b>						