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DLN: 93493161000283

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

					·	Inspection
		C Name of organization	ending 07-31-2012	2	D Employer id	lentification number
_	ck if ap ress ch	SAINT ANN'S SCHOOL			11-26066	8 1
_	ne char	Doing Business As		_	E Telephone n	
_	al retur			<u> </u>	(718)522	-1660
– Ten	mınated	129 PIERREPONT STREET	eet address) Room/sui	ite	G Gross receipts	s \$ 42,517,466
_	ended r lication	eturn City or town, state or country, and ZIP + 4 BROOKLYN, NY 11201 pending				
		F Name and address of principal officer		H(a) Is the	s a group retu	rn for
		VINCENT TOMPKINS 129 PIERREPONT STREET		affilia		┌ Yes ┌ No
		BROOKLYN, NY 11201		H(b) Are all	affiliates inclu	ded?
						t (see instructions)
Tax	r-exem	ot status	(1) or 527	H(c) Grou	p exemption n	umber 🟲
W	ebsite	:► WWW SAINTANNSNY ORG				
∢ Forn	n of org	anization		L Year of for	mation 1965	M State of legal domicile N
	rt I	Summary				<u> </u>
		riefly describe the organization's mission or most significant	activities			
		EE SCHEDULE O				
ACUVILIES & GOVERIIGITOE	-					
<u> </u>	-					
Уe	2	heck this box দ if the organization discontinued its operat	ions or disposed o	of more than 2	5% of its net a	assets
95		umber of voting members of the governing body (Part VI, lin			з	2:
ő.		lumber of independent voting members of the governing body			4	17
6		otal number of individuals employed in calendar year 2011 (5	494
		otal number of volunteers (estimate if necessary)		• •	6	88
1		otal unrelated business revenue from Part VIII, column (C),			7a	
		let unrelated business taxable income from Form 990-T, line			7b	
		The second secon		Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1110	11,126,829	4,552,660	
ē	9	Program service revenue (Part VIII, line 2g)		30,466,486	32,961,897	
leu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7		139,152	384,026	
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			65,854	89,049
	12	Total revenue—add lines 8 through 11 (must equal Part VII		<u>.</u>	03,034	0,045
		12)			41,798,321	37,987,632
	13	Grants and similar amounts paid (Part IX, column (A), lines	1-3)		5,550,282	6,073,726
	14	Benefits paid to or for members (Part IX, column (A), line 4 $$)		0	C
s	15	Salaries, other compensation, employee benefits (Part IX, o	column (A), lines		21,759,697	23,100,529
Expenses	160	5-10) Professional fundraising fees (Part IX, column (A), line 11e	\		21,739,097	120,108
<u>></u>	16a		,		0	120,108
Ä	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶866,031	24->		F 620 26F	F 0.1 F 2.4.1
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			5,628,265	5,815,341
	18 19	Total expenses Add lines 13–17 (must equal Part IX, colu			32,938,244 8,860,077	35,109,704
_ 49	19	Revenue less expenses Subtract line 18 from line 12 .	<u> </u>	Poginning	of Current	2,877,928
8 9 9 8 8					ear	End of Year
98 98	20	Total assets (Part X, line 16)			55,740,487	57,776,403
3 E	21	Total liabilities (Part X, line 26)			17,995,938	17,105,964
Εğ	22	Net assets or fund balances Subtract line 21 from line 20			37,744,549	40,670,439
Par	t II	Signature Block				
Under	t III penal edge a edge.	Net assets or fund balances Subtract line 21 from line 20		hedules and str) is based on a	37,744,549 satements, and all information of	40,670,4
Sign Here		r -		3-		
пеге	-	VINCENT TOMPKINS HEAD OF SCHOOL Type or print name and title				
		<u> </u>	Т	N		
		Preparer's signature GARRETT M HIGGINS Date 2013-0	06-07 s	Check if elf-	Preparer's taxp (see instruction	ayer identification number is)
Paid	_	signature state of the state of		employed 🕨 🦳	P00543209	•
	rer's	Firm's name (or yours O'CONNOR DAVIES LLP	L		EIN • 27-1728	.945
Jse (nly	ıf self-employed), address, and ZIP + 4 665 FIFTH AVENUE				
		NEW YORK, NY 10022			Phone no 🕨 (212) 286-2600
	he IR	5 discuss this return with the preparer shown above? (see ins	structions)		<u> </u>	Ves □No
iuy t	HC IV	, albeabb and recall with the preparer shown abover (see IIIs	Januariona)): 1 CO 140

Par	Statement of Program Check if Schedule O contains	Service Accomplishments a response to any question in the		
1	Briefly describe the organization's m	ISSION		
SEE	SCHEDULE O			
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .			┌ Yes ┌ No
	If "Yes," describe these new services	s on Schedule O		
3	Did the organization cease conducting services?		how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O		
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organizations and section	n 4947(a)(1) trusts are required to r	eport the amount of
4a	(Code) (Expenses	\$ 23,231,212 including gra	nts of \$) (Revenue \$	31,445,352)
	SEE SCHEDULE O FOR INSTRUCTIONAL AND THE GOALS AS STATED ON PAGE 2, PART II WITH EDUCATIONAL PROGRAMS TOGETHE COSTS, WHICH INCLUDE EVERY COST AND TO A FURTHER 29% OF THE BUDGET	LINE 1 MISSION STATEMENT THIS INC R THESE DIRECT INSTRUCTIONAL COSTS	LUDES SALARY AND BENEFITS FOR FACULT GACCOUNT FOR 64% OF THE SCHOOL'S BU	Y AND DIRECT COSTS ASSOCIATED DGET THE STUDENT SUPPORT
4b	(Code) (Expenses: SEE SCHEDULE O FOR SCHOLARSHIPS AND STUDENTS OUT OF AN ENROLLMENT OF 1,0 DIVERSE STUDENT POPULATION 2011-201; FEMALE MALE FEMALE PS 2 5 1 2 0 0 26 20 32 815TH 4 5 5 3 1 0 31 27 766TH 1 3 1 5 5 6 2 3 2 5 32 29 8412TH 3 5 1 4 1 1 30 3	OTHER ASSISTANCE TO STUDENTSFOR 187 (24%) RECEIVED SCHOLARSHIP AID 2 DIVERSITY INFO/ENROLLMENT BY GRA 56K 2 5 4 3 1 0 21 25 611ST 5 4 0 6 1 2 1 33 32 787TH 2 5 3 5 0 2 33 29 798T	FISCAL YEAR 2012 WE BUDGETED \$2 75 MIL ALLOWING THE SCHOOL TO PROGRESS IN I DE BLACK ASIAN HISPANIC WHITE TOTAL M 1 33 30 802ND 0 3 4 5 1 1 35 31 803RD 4 4	LION FOR SCHOLARSHIPS 259 TS OBJECTIVE OF MAINTAINING A ALE FEMALE MALE FEMALE MALE 4 4 4 1 1 30 33 814TH 4 4 5 4 0 3 29
4c	(Code) (Expenses	\$ 269,927 including gra	nts of \$) (Revenue \$	1,516,545)
	SEE SCHEDULE O FOR CO-CURRICULAR AC SUPPORT FOR STUDENT GENERATED ENDE TO THE CULTURE OF THE SCHOOL AND ITS	AVORS RANGING FROM THE ARTISTIC A	ND SCIENTIFIC TO RECREATIONAL ARTS, MA	
	Other program services (Describe	ın Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses►\$	29,574,865		
	- · ·			Form 000 (2011)

Partury Checklist of Required Schedule	Part TV	Checklist	of Required	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		N o
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 36			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
i	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management						
			Yes	No			
	Enterphenical Control of Control of the Control of						
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes				
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?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure			<u> </u>			
17							
10	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501/c)						

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MATTHEW BLOOM DIRECTOR OF FINANCE & ADMIN 129 PIERREPONT STREET BROOKLYN, NY 11201 (718) 522-1660

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title	(B) A verage hours per week (describe	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation from the organization (W- 2/1099-MISC) Reportable compensation compensation from related organization (W- 2/1099-MISC)					Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check Reportable compensation from the organization (Worganization (Worganizations (Worga			compensation compensation from the from related organization (W- organizations					ted f other sation the on and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)	0	relate ganıza			
See Additional Data Table															
											-				
											-				
											+				
											-				
					<u> </u>		<u> </u>				<u> </u> 				
c Total from continuation sheets	to Part VII, Sec	tion A					•								
d Total (add lines 1b and 1c) . 2 Total number of individuals (inclusion),000 of reportable compensions.	udıng but not lın	nited to	thos	e lıs	ted	above) who		331,599 more tha)		385,027		
												Yes	No		
3 Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy	ee, c	or highest c	ompens	ated employee	3		No		
4 For any individual listed on line 1 organization and related organization and related organization.	La, is the sum of	f reporta	able	com								.,	110		
5 Did any person listed on line 1a services rendered to the organiz										or individual for	5	Yes	No		
Section B. Independent Con-	tractors														
Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio														
Nan	(A) ne and business add	dress							Desci	(B) ription of services		(C) Compen			
JC FOOD CONSULTANTS INC 636 KENWOOD RD RIDGEWOOD, NJ 07450								FO	od servi	CES			560,303		
SCHOOL BUS BY SUPERIOR INC 431 NORTH COURTLAND STREET EAST STROUDSBURG, PA 18301								TR	ANSPORTA	ATION			131,189		
N CHENG & CO PC 40 EXCHANGE PLACE SUITE 1206 NEW YORK, NY 10005								cc	NSULTING	ì			110,896		
2 Total number of independent conti	ractors (includir	na but n	ot lın	nited	d to	those	liste	d above) w	no receiv	ved more than					

\$100,000 of compensation from the organization ▶3

Part V	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a					
医支	ь	Membership dues 1b					
ਙੂ	c	Fundraising events 1c	230,555				
्रहें							
<u>≅</u> ,ਰ	d	Related organizations 1d					
હ∄	e	Government grants (contributions) 1e					
_ই ‱	f	All other contributions, gifts, grants, and 1f	4,322,105		İ		
至至		similar amounts not included above					
≣ਰ	g	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	.	Total. Add lines 1a-1f	▶	4,552,660			
ပဏ	h	Total. Add lilles 1a-11		1,332,000			
<u> </u>			Business Code				
릁	2a	TUITION INCOME	611600	31,445,352	31,445,352		
35 32	ь	AUXILLARY PROGRAMS	611600	729,681	729,681		
ъ Т	_c	EDU SCHOOL TRIPS PROG	611600	419,342	419,342		
¥.	d	SUMMER SCHOOL		· •	,		
æ			611600	275,620	275,620		
E	e	AFTER SCHOOL INCOME	611600	91,902	91,902		ļ
Program Serwce Revenue	f	All other program service revenue					
ř	g	Total. Add lines 2a-2f	▶	32,961,897			
	3	Investment income (including dividend		22,231,031			
		and other similar amounts)	. F	383,246			383,246
	4	Income from investment of tax-exempt bond i	· · · .	,			·
	5		` ` <u>`</u>				
	•	Royalties					
	6a	Gross rents (1) Red1	(II) Personal				
	_	Less rental					
	Ь	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 4,268,395	,				
		from sales of assets other					
		than inventory					
	b	Less cost or 4,267,615 other basis and					
		sales expenses					
	C	Gain or (loss) 780					
	d	Net gain or (loss)	▶	780			780
Other Revenue	8a	Gross income from fundraising events (not including \$ 230,555 of contributions reported on line 1c) See Part IV, line 18					
E.		a	323,358				
T	ь	Less direct expenses b	262,219				
ŏ	c	Net income or (loss) from fundraising (61,139			61,139
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a	REIMBURSEMENTS	900099	21,601			21,601
	Ь	INSURANCE DIVIDENDS	900099	3,243			3,243
			900099	3,066			3,066
	C .	MISCELLANEOUS	300039	3,000			3,006
	d	All other revenue					ļ
	e	Total. Add lines 11a-11d		27,910			
	12	Total revenue. See Instructions	▶	37,987,632	32,961,897	0	473,075

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,073,726	6,073,726		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	842,577	375,140	467,437	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,741,147	15,057,155	2,234,646	449,346
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	786,378	669,286	98,617	18,475
9	Other employee benefits	2,145,282	1,795,138	295,383	54,761
10	Payroll taxes	1,585,145	1,320,895	225,628	38,622
11	Fees for services (non-employees)				
а	Management				
b	Legal	60,138		60,138	
С	Accounting	121,510		121,510	
d	Lobbying				
е	Professional fundraising See Part IV, line 17	120,108			120,108
f	Investment management fees	,			
g	Other	237,184	141,273	86,285	9,626
12	Advertising and promotion	34,278		34,278	·
13	Office expenses	1,308,288	1,072,574	176,456	59,258
14	Information technology	158,955	79,477	71,530	7,948
15	Royalties	,	,	,	<u> </u>
16	Occupancy	598,787	455,939	125,043	17,805
17	Travel	427,491	425,233	1,694	564
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,,	,		
19	Conferences, conventions, and meetings	3,574	3,574		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,698,186	1,409,494	237,746	50,946
23	Insurance	213,163	176,925	29,843	6,395
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,			<u> </u>
а	STUDENT ACT & AUX SVCS	269,927	269,927		
b	REPAIRS AND MAINTENANCE	164,346	137,497	22,111	4,738
c	BAD DEBT EXPENSE	160,359		160,359	
d	OTHER DIRECT EXPENSES	88,390	4,273	65,300	18,817
e					
f	All other expenses	270,765	107,339	154,804	8,622
25	Total functional expenses. Add lines 1 through 24f	35,109,704	29,574,865	4,668,808	866,031
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 8,228,571 10,020,956 1 1 2.801.669 1.998.869 2 2 3 3,060,547 3,511,828 3 1.627.836 1.491.279 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 170,960 9 459.967 Prepaid expenses and deferred charges 43,959,309 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 15,993,495 b Less accumulated depreciation 28,566,000 10c 27,965,814 11,284,904 12,327,690 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 15 15 55,740,487 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 57,776,403 1,585,301 1,677,149 17 17 Accounts payable and accrued expenses . 18 18 19 14,178,427 19 15,288,016 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1.933.268 23 24 Unsecured notes and loans payable to unrelated third parties 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 298,942 25 140,799 D 26 17,995,938 26 17,105,964 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 26,061,968 26,137,837 Unrestricted net assets 5,825,344 28 8,367,850 28 Temporarily restricted net assets Fund 29 5,857,237 29 6,164,752 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 37.744.549 33 40.670.439 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 55.740.487 34 57,776,403

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,9	987,632
2	Total expenses (must equal Part IX, column (A), line 25)	column (A), line 25)			
3	Revenue less expenses Subtract line 2 from line 1	3		2,8	377,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,7	744,549
5	Other changes in net assets or fund balances (explain in Schedule O)	5			47,962
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		40,6	570,439
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493161000283

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

SAINT ANN'S SCHOOL 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

instructions

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

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

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

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493161000283

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

писти	F Attach to Fo	orm 990. F See Separate instructions.	Inspection					
	me of the organization NT ANN'S SCHOOL		Employer identification number					
			11-2606681					
Pa	organizations Maintaining Donor Active organization answered "Yes" to Form 99		inds or Accounts. Complete if the					
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised Yes No					
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose Yes No					
Pa	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.					
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure)	ertified historic structure					
	casement on the last au, or the tax year	Γ	Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified his	toric structure included in (a)	2c					
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d					
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during					
	the taxable year ▶							
4	Number of states where property subject to conserva	ation easement is located ►						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No					
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►					
7	A mount of expenses incurred in monitoring, inspectings \$	ng, and enforcing conservation easements	during the year					
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No					
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial						
Par	Complete of the organization answered		or Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items							
b	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items							
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X		► \$					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		· -					
а	Revenues included in Form 990, Part VIII, line 1		▶ - \$					

b Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	ctions of Art, H	ISTO	ricai	reas	ures, or Ot	nei	Similar ASS	ets (co	<u>intinuea)</u>
3	Using the organization's accession and other relatems (check all that apply)	cords, check any of	the f	ollowing	g that a	ire a significar	nt us	se of its collection	on	
а	Public exhibition	d	Г	Loa	norex	change progra	ms			
ь	Scholarly research	е	·	- Oth	er					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain h	ow th	nev furtl	her the	organization's	sex	empt purpose in		
•	Part XIV	ctions and explain in		ic, idic	iner ene	organization :		empe parpose m		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be								Yes	□ No
Par	t IV Escrow and Custodial Arranger Part IV, line 9, or reported an amo	nents. Complete	ıf the	e orga	nızatıc					, 140
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	•				or other asse	ts r	ot 「	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	owing	table						
								Amo	ount	
C	Beginning balance					1	lc			
d	Additions during the year					_1	Ld			
e	Distributions during the year					1	le			
f	Ending balance					_1	Lf			
2a	Did the organization include an amount on Form	1 990, Part X, line 21	1?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if t			red "Y		Form 990, I			(e) Four Y	ears Back
1 a	Beginning of year balance	5,636,842	D)i iio	5,349,52	+ ` `	5,165,548	(4)	5,016,035	(C) our i	cars back
ь	Contributions	1,211,490		287,3:	17	221,247		149,513		
С	Investment earnings or losses	399,399				-37,270				
d	Grants or scholarships									
e	Other expenditures for facilities and programs	399,399								
f	Administrative expenses									
g	End of year balance	6,848,332		5,636,84	12	5,349,525		5,165,548		
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment 🕨 1	2 260 %								
b	Permanent endowment ► 87 740 %									
С	Term endowment ► 0 %									
За	Are there endowment funds not in the possessi	on of the organizatio	n tha	t are he	eld and	admınıstered	for	the		
	organization by							25(:)	Yes	No
	(i) unrelated organizations		•	•	• •		•	3a(i)		No No
ь	If "Yes" to 3a(II), are the related organizations							3b	<u>' </u>	110
4	Describe in Part XIV the intended uses of the c	•								<u> </u>
Par	t VI Land, Buildings, and Equipment	t. See Form 990,	Part	X, line	10.					
	Description of property			a) Cost o		(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land		\top			179,4	100			179,400
ь	Buildings					40,917,8	300	14,089,600	2	6,828,200
c	Leasehold improvements					513,5	520	403,232		110,288
d	Equipment					1,887,1	171	1,467,294		419,877
e	Other	<u> </u>				461,4	118	33,369		428,049
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column ((B), III	ne 10(c)).) .			►	2	7,965,814

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 valua Cost or end-of-year mar	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
		(c) Method of valua	tion
(a) Description of investment type	(b) Book value	Cost or end-of-year mar	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir (a) Descrip		(b) B	ook value
(4) 2 3 3 1 1		(-,-	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) Amount		
Federal Income Taxes			
DEFERRED RENT	24,456		
DEFERRED COMPENSATION	116,343		
İ			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,987,632
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,109,704
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,877,928
4	Net unrealized gains (losses) on investments	4	47,962
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 - 8	9	47,962
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,925,890
Part	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	31,952,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 61,165		
e	Add lines 2a through 2d	2e	109,127
3	Subtract line 2e from line 1	3	31,843,526
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	6,144,106
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	37,987,632
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	29,026,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments]	
c	Other losses		
d	Other (Describe in Part XIV) 2d 61,165		
e	Add lines 2a through 2d	2e	61,165
3	Subtract line 2e from line 1	3	28,965,598
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	6,144,106
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,109,704

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF ALL GIFTS DONATED TO THE PERMANENT ENDOWMENT, AND (B) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND OBJECTIVES FOR DONOR RESTRICTIVE ENDOWMENTS FUNDS ARE GENERATING INCOME TO SUPPORT THE SCHOOLS ACTIVITIES AND PRESERVATION OF CAPITAL INVESTMENT EARNINGS ARE TO BE USED FOR THEIR TEMPORARILY RESTRICTED PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE SCHOOL HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE SCHOOL IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO JULY 31, 2009
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADDITIONAL SPECIAL EVENT EXPENSES REPORTED ON PART VIII LINE 8B - \$61,165
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE - \$5,984,106 BAD DEBT EXPENSE NETTED AGAINST REVENUE - \$160,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ADDITIONAL SPECIAL EVENT EXPENSES REPORTED ON PART VIII LINE 8B - \$61,165
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED AGAINST REVENUE - \$5,984,106 BAD DEBT EXPENSE NETTED AGAINST REVENUE - \$160,000

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DLN: 93493161000283

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

AIN I	ANN'S SCHOOL 1	1-2606681			
Pa	rtI		Ι,	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?		ι ,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admit programs, and scholarships?	issions,	,	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progress that makes the policy known to all parts of the general community it serves? If "Yes," please describes explain If you need more space use Part II	rst media during ram, in a way ribe If "No,"		Yes	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4	a '	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	4	ь ,	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	l	c ,	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4	d \	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	_ 5	a		No
b	Admissions policies?	5	b		No
c	Employment of faculty or administrative staff?	_ 5	c		Νo
d	Scholarships or other financial assistance?	_5	d		Νo
e	Educational policies?	_ 5	e		Νo
f	Use of facilities?	5	f		Νo
g	Athletic programs?	_ 5	g		Νo
h	Other extracurricular activities?	_ 5	h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
	Does the organization receive any financial aid or assistance from a governmental agency?	6	a		Νo
Ь	Has the organization's right to such aid ever been revoked or suspended?	6	b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4.0 of Pay Prog. 75, 50, 1975, 3, C.R. 587, covering result pendicerimination? If "No." explain on Part	_	<u> </u>		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part	11 7	7 `	Yes	

Part II Supplemental Information

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

ldentifier	Identifier Return Explanation Reference					
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL'S NON DISCRIMINATORY POLICIES ARE AVAILABLE ON ITS WEBSITE, INCLUDED IN THE SCHOOL'S CATALOGUE, CURRICULUM BOOK, APPLICATIONS MATERIALS, THE FACULTY AND STAFF HANDBOOK AND ADVERTISED ANNUALLY IN THE LOCAL PRESS				

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493161000283

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Emp
SAINT ANN'S SCHOOL	l
	11-

Employer identification number

Part I Fundraising Ac	tivities. Complete	e if the c	rganızat	tion a	nswered "Yes"	to Form 990, Part IV,	, line 17.
 Indicate whether the organical and and an analysis of the property of the propert	olicitations ns a written or oral agre n Form 990, Part VII st paid individuals or	ement wil) or entity entities (e f g th any ind in conne fundraise	マ マ lividua ction ers) pu	Solicitation of nor Solicitation of government of Special fundraising all (including office with professional fursuant to agreement of the solicities of the	n-government grants vernment grants ig events rs, directors, trustees fundraising services? ents under which the fun	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?		Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
COMMUNITY COUNSELING SERVICE CO LLC 461 FIFTH AVENUE - 3RD FLOOR	CAMPAIGN MANAGEMENT SERVICES	1.03	No		0	120,108	-120,108
Total	organization is regis	tered or l	▶ Icensed t	o solı	cıt funds or has be	120,108 een notified it is exempt	-120,108 from registration or
NY							

	rt II	more than \$15,000 on Form	plete if the organization of the plete if the organization of the plete in	events with gross rece	eipts greater than \$5,	,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			WINTER GALA	SHORTS IN WINTER		(Add col (a) through col (c))
ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	545,933	7,980		553,913
Rev	2	Less Charitable contributions	2 3 0 , 5 5 5	5		230,555
	3	Gross income (line 1 minus line 2)	315,378	7,980		323,358
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	134,916	;		134,916
ă	7	Food and beverages				
Direct	8	Entertainment		269		269
ā	9	Other direct expenses .	125,846	1,188		127,034
	10	Direct expense summary Add lin	es 4 through 9 ın column	ı(d)		(262,219
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	61,139
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
စ္မ	2 (Cash prizes				
2	١.,	F				•
ğ	3	Non-cash prizes				
		Non-cash prizes				
	4	•				
	5	Rent/facility costs	Г Yes	Г Yes Г No	Г Yes	
	4 F	Rent/facility costs Other direct expenses	□ No	ΠNο	□ No	
	4 F 6 Y 7 F	Rent/facility costs Other direct expenses Volunteer labor	No s 2 through 5 in column (П No		(
Direct	4 5 6 Y	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines	No s 2 through 5 in column (bine lines 1 and 7 in colu	□ Nο d)	Г No	(
Direct	4	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines	No S 2 through 5 in column (bine lines 1 and 7 in colu ition operates gaming ac- gaming activities in eacl	d) umn (d) tivities h of these states?	Г No	
	4	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Comer the state(s) in which the organization licensed to operate	No S 2 through 5 in column (bine lines 1 and 7 in colu ition operates gaming ac gaming activities in eacl	d) umn (d) tivities h of these states?	□ No ▶	· Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11	Page .
11	Does the organization operate g	aming activities with nonmembers?	Yes No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a r	nember of a partnership or other entity
	formed to administer charitable	gaming?	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gami	ng activity operated in	1 1
13 a			
b			
14	·		nization's gaming/special events books and
	Name ►		
	Address ►		
	revenue?		the organization receives gaming
		ned by the third party 🕨 \$	
c	If "Yes," enter name and addres		
	Name ▶		
	Address 🏲		
16	Gaming manager information		
	Name 🏲		
	Gaming manager compensation		
	Description of services provided		
	Director/officer	F Employee	Independent contractor
17	Mandatory distributions	,	, independent contractor
а	Is the organization required und	er state law to make charitable dis	tributions from the gaming proceeds to
	retain the state gaming license?		
b	Enter the amount of distributions	s required under state law distribut	ed to other exempt organizations or spent
		t activities during the tax year	
Pai	Complete this part to instructions.)	provide additional information	for responses to quuestion on Schedule G (see
	Identifier	ReturnReference	Explanation
	LANATION OF FUNDRAISING	SCHEDULE G, PART I, LINE 2B,	COMMUNITY COUNSELLING SERVICE CO , LLC ("CCS") AND SAINT ANN'S SCHOOL HAVE AN AGREEMENT FOR
PAI	MENTS	COLUMN (V)	CAMPAIGN MANAGEMENT SERVICES FEES WILL BE
			BILLED DURING THE MONTH IN WHICH THE SERVICES ARE PROVIDED SAINT ANN'S SCHOOL SHALL PAY CCS
			ON THE 15TH DAY OF EACH MONTH CCS RECEIVED A
			MONTHLY PAYMENT OF \$16,250 IN A TOTAL OF 6 PAYMENTS FOR THE PERIOD DECEMBER 15, 2011
1			THROUGH MAY 15, 2012 PLUS REIMBURSEMENT OF
1			EXPENSES INCURRED UNDER THE CONTRACTUAL OBLIGATIONS SAINT ANN'S SCHOOL DISTINQUISHES
			BETWEEN PAYMENT FOR CONSULTING FEES AND
			EXPENSE REIMBURSEMENT WITH CCS BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED

INVOICING IN ADDITION TO THE \$97,500 OF

CONSULTANT FEES PAID, CCS ALSO RECEIVED
ADDITIONAL AMOUNTS OF \$22,608 AS REIMBURSEMENT
FOR EXPENSES INCURRED

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493161000283 OMB No 1545-0047

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

Inspection

Internal Revenue Service Name of the organization Employer identification number SAINT ANN'S SCHOOL 11-2606681 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS-RETURNING STUDENTS	150	3,012,236			
(2) TUITION REMISSION	112	2,971,870			
(3) SUMMER SCHOOL SCHOLARSHIPS	20	25,010			
(4) TRIP SCHOLARSHIPS	20	64,610			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SAINT ANN'S SCHOOL AWARDS GRANTS TO STUDENTS IN THE FORM OF SCHOLARSHIPS THE SCHOLARSHIP IS A REDUCTION OF THE TUITION CHARGE FOR THE ACADEMIC YEAR
		FAMILIES APPLYING FOR FINANCIAL AID SUBMIT AN APPLICATION TO THE SCHOOL SCHOLARSHIP SERVICE (SSS) OF THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS THE SSS PERFOMS AN ANALYSIS OF INCOME, ASSETS, AND LIABILITIES IN ORDER TO ARRIVE AT AN ESTIMATED AMOUNT WHICH THEY CONSIDER THE FAMILY CAN AFFORD FOR INDEPENDENT EDUCATION THESE DATA ARE SENT TO SAINT ANN'S AND USED BY ADMINISTRATORS IN THEIR DECISION MAKING THE ADMINISTRATION'S OVERALL DECISIONS ARE REVIEWED BY A BOARD COMMITTEE TO WHOM THE BOARD HAS DELEGATED AUTHORITY TO APPROVE FINANCIAL AID AWARDS EACH YEAR THE SCHOOL ACCEPTS AT LEAST FOUR STUDENTS FROM PREP FOR PREP, AN ORGANIZATION THAT PREPARES AND SUPPORTS MINORITY STUDENTS SEEKING AN INDEPENDENT SCHOOL EDUCATION A LARGE MAJORITY OF THESE STUDENTS ARE GRANTED AID WHICH REDUCES THE FAMILY'S CONTRIBUTION OFTEN TO \$500 ANNUALLY FOR FISCAL YEAR 2012 WE BUDGETED \$2 75 MILLION FOR SCHOLARSHIPS AND OTHER ASSISTANCE TO STUDENTS 259 STUDENTS OUT OF AN ENROLLMENT OF 1,087 (24%) RECEIVED SCHOLARSHIP AID ALLOWING THE SCHOOL TO PROGRESS IN ITS OBJECTIVE OF MAINTAINING A DIVERSE STUDENT POPULATION

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DLN: 93493161000283

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of:	the	orga	niza	tion
SAINT	ANN	'S SC	CHOOL		

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

11-2606681

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i					
	in Part III	ii Neys S	section 33 4330-4(a)(3), 11 Tes, describe	8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LINDA KAUFMAN	(ı) (ıı)	153,875 0	0 0	4,440	11,303	12,616	6 182,234 0 0)
(2) VINCENT TOMPKINS	(I) (II)	364,424 0	0 0	4,440	0 0	200,189	9 569,053 0 0)
(3) MATTHEW BLOOM	(I) (II)	153,410 0	0 0	´l	0	25,801	1 179,211 0 0)
(4) DANA OKESON	(ı) (ıı)	103,278 0	0 0	0 0	6,604	53,462	2 163,344 0 0)
(5) GABRIELLE HOWARD	(ı) (ıı)	135,966 0	0 0	4,440	9,069	7,526 0	6 157,001 0 0)
(6) JOANNA DEAN	(I) (II)	93,952 0	0 0	95,000	5,965	7,772 0	2 202,689 0 0	ر
			 	 			-	
							<u> </u>	
					1			
	'	<u> </u>		 	 			
			 	 	 			
							-	
		1	,	7	1			

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AS A CONDITION OF HIS EMPLOYMENT, IN ORDER TO FULFILL THE CONDITIONS OF HIS EMPLOYMENT, VINCENT TOMPKINS IS PROVIDED WITH HOUSING BY THE ORGANIZATION THE VALUE OF THE HOUSING PROVIDED IN 2011 WAS \$124,800
	PART I, LINE 4A	PART I, LINE 4A THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT JOANNA DEAN \$95,000
	7	THE FOLLOWING EMPLOYEES RECEIVED NON-FIXED PAYMENTS FROM THE ORGANIZATION LINDA KAUFMAN, GABRIELLE HOWARD, AND VINCENT TOMPKINS THE PAYMENTS WERE FOR TAXABLE FRINGE BENEFITS SUCH AS PARKING THAT WERE PAID BY THE ORGANIZATION, AND NOT INCLUDED IN THE EMPLOYEE'S CONTRACT NOR DETERMINED BY A FIXED AMOUNT
SUPPLEMENTAL INFORMATION		SCHEDULE J, PART II, COLUMN D VINCENT TOMPKINS AND DANA OKESON RECEIVED TUITION REMISSION FROM THE ORGANIZATION FOR THEIR CHILDREN THAT ATTEND SAINT ANN'S SCHOOL, WHICH IS ALSO BEING REPORTED IN COLUMN D IN 2011, VINCENT TOMPKINS RECEIVED \$52,530 AND DANA OKESON RECEIVED \$29,300 IN TUITION REMISSION

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493161000283

OMB No 1545-0047

OMB No 1545-004.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Open to Public Inspection

	of the organization IN'S SCHOOL								-		tion numb	er
Part I								organı		only).		
	Complete if the organizat				m 990, F					Part V , I		(c)
1	(a) Name of disqu	ualified	person			(b) Desc	ription	of trans	action		Cor Yes	rected?
			1									
	ter the amount of tax impose ction 4958		ne orgai		agers or				ear unde	r · \$ ——		
3 En	ter the amount of tax, if any,	, on line	2, abo	ve, reımburs	ed by th	e organization .			•	· \$		
Part I	Loans to and/or F Complete if the organiz) Part IV line 26	or For	n 990-F	7 Part \/	line 38	а	
	Complete if the organiz		oan to	1 1 2 3 3 1 1 1	01111 330	,, rarery, mie 20			(f)			
(a) Nan	ne of interested person and purpose		m the zation?	(c)Orıg prıncıpal a		(d)Balance due	(e) 1 defau		Approv by boar	d or	(g) Writ	
		То	From				Yes	No	Yes	No	Yes	No
T - 4 - 1					b . A							
Total . Part II												
	Complete if the orga					<u>rm 990, Part IV</u> een interested per						
	(a) Name of Interested pers	on	`	-		ganızatıon		(c) A n	nount of g	rant or ty	pe of assi	stance
POLLAC	NDCHILDREN OF JEROME K LI		тw	O GRANDCI	HILDRE	NOFTRUSTEE						31,313
							+					

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	on answered "Yes" on	Form 990, Part IV, Iir	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) AMY FONTAINE	SISTER, LIZANNE FONTAINE, IS A TRUSTEE OF THE ORGANIZATION		AMY IS A LOWER SCHOOL LIBRARIAN		No
(2) HANA SACKLER	DAUGHTER OF LAURIE SACKLER, TRUSTEE OF THE ORGANIZATION	35,080	HANA IS A PRESCHOOL TEACHER		No
(3) KATHERINE DREW MCGHEE	WIFE OF PETER DAVIDSON, TRUSTEE OF THE ORGANIZATION	84,121	KATHERINE IS A TEACHER AT THE SCHOOL		No
(4) LISA DEWHURST	DAUGHTER OF LINDA KAUFMAN, ASSOCIATE HEAD OF THE ORGANIZATION		LISA IS A TEACHER AT THE SCHOOL		No
(5) PHILIP DEWHURST	SON-IN-LAW OF LINDA KAUFMAN, ASSOCIATE HEAD OF THE ORGANIZATION		PHILIP IS A SECURITY GUARD AT THE SCHOOL		No

Supplemental Information

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

Identifier | Return Reference | Explanation

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493161000283

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

NonCash Contributions

Name of the organization SAINT ANN'S SCHOOL

Employer identification number

Pai	t I Types of Property			<u> </u>	11-2606681			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1 .	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	15	315,082	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—O ther							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	O ther ▶ ()							
6	O ther ▶()							
7	O ther ▶()							
8	O ther ► ()							
9	Number of Forms 8283 received				29			
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29		I	
0-	D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- h.,	auto managhad in Daut I linas	1 20		Yes	No
va	During the year, did the organiza							
	must hold for at least three year			on, and which is not required	a to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem						.,	
1	Does the organization have a gif					31	Yes	
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS		THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I COLUMN (B)
THIRD PARTY USE	1 '	THE SCHOOL USES INDEPENDENT BROKERS TO SELL SECURITITES AS CONTRIBUTIONS

Schedule M (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization SAINT ANN'S SCHOOL

Employer identification number

11-2606681

ldentifier	Return	Explanation
	Reference	
SIGNIFICANT ACTIVITIES OF THE SCHOOL	FORM 990, PAGE 1, PART I, LINE 1	AT SAINT ANN'S SCHOOL, WE EDUCATE CHILDREN IN THE ACADEMIC DISCIPLINES AND THE ARTS FROM PRESCHOOL THROUGH 12TH GRADE. THROUGH THE EFFORTS OF MORE THAN TWO HUNDRED AND FIFTY FACULTY AND STAFF, WE ENGAGE CURIOUS, SELF-MOTIVATED STUDENTS IN AN BEDUCATIONAL JOURNEY, INSTILLING A LOVE OF LEARNING THAT REMAINS WITH THEM THROUGHOUT THEIR LIVES. THE ACCOMPLISHMENTS OF OUR STUDENTS ARE ROUTINELLY RECOGNIZED BY NATIONAL AND INTERNATIONAL INSTITUTIONS. EIGHTY-ONE GRADUATES OF THE CLASS OF 2012 GAINED ACCEPTANCE AT MORE THAN ONE HUNDRED SELECTIVE COLLEGES AND UNIVERSITIES FORTY MEMBERS OF THE CLASS OF 2012 WERE RECOGNIZED BY THE COLLEGE BOARD FOR HAVING ACHIEVED OUTSTANDING ACADEMIC PERFORMANCE EIGHT STUDENTS WERE NAMED AP SCHOLARS WITH DISTINCTION, SIXTEEN WERE NAMED AP SCHOLARS WITH DISTINCTION, SIXTEEN WERE NAMED AP SCHOLARS WITH DISTINCTION, SIXTEEN WERE NAMED AP SCHOLARS HURTH HOROX, AND SIXTEEN WERE NAMED AP SCHOLARS THERTY-SEVEN PERCENT OF THE STUDENTS IN THE CLASS OF 2012 WERE NATIONAL MERIT, NATIONAL ACHIEVEMENT, OR NATIONAL HISPANIC FINALISTS, COMMENDATION WINNERS OR SCHOLARS, ONE NATIONAL MERIT CSC CORPORATION SCHOLARSHIP, WERE AWARDED TO MEMBERS OF THIS CLASS ONE STUDENT WAS AWARDED THE SCHOLARSHIP WERE AWARDED TO MEMBERS OF THIS CLASS ONE STUDENT WAS AWARDED THE SCHOLASTIC AWARDS PROGRAMS, 4 GOLD MEDALS AND 2 SILVER MEDALS WERE AWARDED TO WRITING TO MEMBERS OF THIS CLASS ONE STUDENT WAS AWARDED TO WRITING TO MEMBERS OF THIS CLASS ONE STUDENT WAS AWARDED TO REMIRE THE NAME OF A WARDS INCLUDED 26 GOLD KEYS AND 22 SILVER KEYS FOR WRITING, ALONG WITH 7 GOLD KEYS AND 6 SILVER KEYS FOR ART ONE STUDENT IN THE CLASS OF 2012 WON 2ND PLACE IN CALCULUS IN THE 13TH ANNUAL JOHNS HOPKINS MATH TOURNAMENT, WAS A FINALIST IN THE GREATER METROPOLITAN NEW YORK MATH FAIR 2012, WAS INVITED TO BE PART OF THE NEW YORK CITY WHERE AND AND HAD A SELECTED PHOTOGRAPH IN THE DEAT OF THE NEW YORK CITY INTERSCHOLASTICS WATHER TO THE NATIONAL HONOR ROLL OF THE MATH ASSOCIATION OF AMERICA. TWO STUDENTS IN THE CLASS WERE MEMBERS OF THIS CLASS

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PAGE 2, PART III, LINE 1	SAINT ANN'S SCHOOL IS AN INDEPENDENT, NON-SECTARIAN DAY SCHOOL OFFERING INSTRUCTION TO OVER A THOUSAND STUDENTS IN PRESCHOOL THROUGH 12TH GRADE SINCE ITS FOUNDING IN 1965, JOY AND VIBRANCY IN OUR CLASSROOMS, REHEARSAL SPACES, STUDIOS, LABORATORIES, AND LOBBIES HAVE ANIMATED EDUCATION AT SAINT ANN'S SAINT ANN'S EDUCATION IMPARTS THE BEST OF HUMAN TRADITIONS AND DISCOVERIES WHILE NURTURING INTELLECTUAL ADVENTURE OUR STUDENTS ARE GIVEN GREAT FREEDOM - CERTAINLY TO ACHIEVE, ALSO TO TRUST THEMSELVES AND TO FIND DEEP SATISFACTION IN LEARNING FOR ITS OWN SAKE. IN ANECDOTAL REPORTS, THE CLASSROOM, AT SPORTS EVENTS, OR ON STAGE, WE HOLD CENTRAL THE CELEBRATION OF OUR STUDENTS TEACHERS AT SAINT ANN'S ARE CHOSEN FOR THEIR STRONG INTELLECTUAL AND ARTISTIC INTERESTS AND THEIR COMMITMENT TO THE EDUCATION OF OUR CHILDREN FACULTY ARE GIVEN THE OPPORTUNITY TO COMMUNICATE THEIR ENTHUSIASM, TO USE WHATEVER THEY FIND PRACTICAL IN AN EFFORT TO DRAW OUT THE MOST AUTHENTIC AND EXCEPTIONAL WORK FROM THEIR STUDENTS OUR TEACHERS' LEADERSHIP IN THE CLASSROOM AND OUT ARISES FROM THEIR STUDENTS OUR TEACHERS' LEADERSHIP IN THE CLASSROOM AND OUT ARISES FROM THEIR INTELLECT, ACCOMPLISHMENT, AND PROFOUND SENSE OF HUMANITY OUR CURRICULUM IS A REALM OF POSSIBILITIES WHERE WE MEET OUR STUDENTS IT IS A SUBSTANTIVE AND DYNAMIC MEANS TO ENGAGE EVERY CHILD IT IS FLEXIBLE AND RESPONSIVE, SO THAT WHENEVER FEASIBLE, OUR STUDENTS UNDERTAKE ACCELERATED OR SPECIALIZED WORK IN SUBJECT AREAS RANGING FROM MUSIC TO CALCULUS TO CHINESE, BASED UPON TALENTS AND INTERESTS RATHER THAN AGE OR GRADE WE ARE A GENUINE COMMUNITY, OPERATING SEVEN DAYS A WEEK, CONSTANTLY REINVENTED AS OUR MEMBERS MOVE FROM ROLE TO ROLE, SUSTAINED BY A COMMITMENT TO EACH OTHER AND TO THE ONGOING SY MPOSIUM THAT IS OUR SCHOOL THE GROWTH AND SUCCESS OF SAINT ANN'S OWE MUCH TO THE FAITHFULNESS WITH WHICH WE ADHERE TO OUR EDUCATIONAL PHILOSOPHY THAT EDUCATION IS, IN THE LAST ANALYSIS, A CELEBRATION OF LIFE AND THAT LIFE IS WONDROUS, EPHEMERAL, AND FOR THOSE REASONS, SACRED

Identifier	Return Reference	Explanation
	1	THE ORGANIZATION AMENDED ITS BY LAWS TO REFLECT THE FOLLOWING CHANGES - NO EMPLOYEES MAY BE VOTING MEMBERS OF THE BOARD OF TRUSTEES - THE MAXIMUM NUMBER OF BOARD MEMBERS INCREASED FROM TWENTY-ONE TO TWENTY-FOUR - A TWO-THIRDS MAJORITY OF THE BOARD OF TRUSTEES SHALL NO LONGER BE REQUIRED TO AUTHORIZE THE AMENDMENT, REPEAL, OR ADOPTION OF NEW BY LAWS - AN INVESTMENT COMMITTEE WAS CREATED

	Return ference	Explanation
PAR'	RT VI, CTION B, E 11	THE DIRECTOR OF FINANCE AND ADMINISTRATION AND CONTROLLER WITH OTHER SCHOOL ADMINISTRATORS AND THE SCHOOL'S AUDITORS ARE RESPONSIBLE FOR THE PROCESS OF PREPARING AND SUBMITTING THE DRAFT FORM 990 THIS FIRST DRAFT IS EMAILED TO A TEAM CONSISTING OF THE HEAD OF SCHOOL, THE AUDITORS, THE PRESIDENT OF THE BOARD, THE CHAIR OF THE AUDIT COMMITTEE AND THE TREASURER (THE ONLY PARTICIPANT WHO IS NOT A MEMBER OF THE AUDIT COMMITTEE) FOR REVIEW AND COMMENT THE CONTROLLER COORDINATES THE FLOW OF INFORMATION BETWEEN THE SCHOOL AND ITS AUDITORS THE AUDITORS RESPOND WITH AN OPEN ITEMS LIST FOR THE SCHOOL'S ADMINISTRATION TO ADDRESS THE SCHOOL ADDRESSES THE OPEN ITEMS AND THE NEXT DRAFT, IS SENT TO THE AUDITORS, PRESIDENT OF THE BOARD, MEMBERS OF THE AUDIT COMMITTEE AND THE TREASURER ONCE ALL OF THE AUDITORS' OPEN ITEMS AND ANY ISSUES RAISED BY SCHOOL OFFICIALS HAVE BEEN ADDRESSED, THE DRAFT IS RETURNED TO THE AUDITORS FOR REVIEW BY THEIR EXEMPT ORGANIZATION TAX AND ADVISORY SERVICES GROUP THIS GROUP IN TURN GENERATES A LIST OF OPEN ITEMS THAT THE SCHOOL'S ADMINISTRATION RESPONDS TO ONCE THIS FINAL DRAFT IS COMPLETE, THE AUDITORS PRESENT IT TO A MEETING OF THE FULL AUDIT COMMITTEE A REDACTED DRAFT OF THE 990 IS MAILED TO THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION PRIOR TO FILING THE DIRECTOR OF FINANCE RECEIVES AUTHORITY FROM THE AUDIT COMMITTEE ACTING ON THE AUTHORITY ASSIGNED TO THEM BY THE BOARD OF TRUSTEES TO SUBMIT THE FORM 990 A FULL COPY IS MADE AVAILABLE TO THE BOARD UPON COMPLETION OF THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPLIES AS FOLLOWS ANY TRUSTEE, OFFICER, MEMBER OF THE ADMINISTRATION, OR MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE GOVERNING BOARD, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEINED BY THE SCHOOLS CONFLICT OF INTEREST POLICY IS AN INTERESTED PERSON IF A PERSON IS AN INTERESTED PERSON WITH RESPECT TO ANY AFFILIATE OF THE ORGANIZATION, HE OR SHE IS AN INTERESTED PERSON WITH RESPECT TO ALL AFFILIATES DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO ALL AFFILIATES DUTY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH POWERS DELEGATED BY THE GOVERNING BOARD, OR TO OTHERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE'SFE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE METING WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF CONFLICT OF INTEREST OF INTEREST EXISTS PROCEQUIESE FOR ADDRESSING THE CONFLICT OF INTEREST THE CHAPTER ON OF THE COVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE SHALL DECIDE FA CONFLICT OF INTEREST THE CHAPTER ON OR THE COVERNING BOARD OR COMMITTEE SHALL FROM THE COVERNING BOARD OR COMMITTEE SHALL DECIDE FA CONFLICT OF INTEREST THE CHAPTER OF THE COVERNING BOARD OR COMMITTEE SHALL DECIDE FA CONFLICT OF INTEREST OR THE PROPOSED TRANSACTION OR ARRANGEMENT FROM A PERSON OR BRITTY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST HE APPOINT A DISINTERESTED PERSON OR PROPOSED TRANSACTION OR ARRANGEMENT IS NOT REASONABLE PROVENING BOARD OR COMMITTEE SHALL DETERMINE THE THE SCHOOL AND OR ARRANGEMENT IS NOT REASONABLE PROVENING BOARD OR COMMITTEE SHALL DETERMINED T

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE HEAD OF SCHOOL'S COMPENSATION IS DECIDED ACCORDING TO TERMS SPECIFIED IN HIS CONTRACT THE FULL BOARD (INDEPENDENT DIRECTORS) USING ITS INDEPENDENT RESEARCH APPROVES THE COMPENSATION OF THE HEAD OF SCHOOL THE HEAD OF SCHOOL SETS ALL OTHER COMPENSATION, INCLUDING SALARIES OF EVERY EMPLOYEE, SUBJECT TO THE REVIEW AND APPROVAL OF THE FINANCE COMMITTEE AND THE PRESIDENT OF THE BOARD WHEN THE ANNUAL BUDGET IS FIXED THE HEAD OF SCHOOL, THE PRESIDENT OF THE BOARD, TREASURER AND SENIOR ADMINISTRATORS RECEIVE NY SAIS AND GUILD OF INDEPENDENT SCHOOLS SURVEY DATA REGARDING SALARIES THE HEAD OF SCHOOL USES THIS DATA WHEN SETTING SALARY LEVELS THE COMPENSATION PROCESS OCCURS ANNUALLY THE COMPENSATION REVIEW PROCESS WAS LAST UNDERTAKEN IN MARCH 2013

Identifier	Return Reference	Explanation
	VI, SECTION C,	THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST OR FOR INSPECTION AT THE SCHOOL'S FINANCE OFFICE. IT ALSO MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR ORG AND SIMILAR WEBSITES

ldentifier	Return Reference	Explanation		
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 47,962		

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 2C	THE PRESIDENT AND TREASURER OF THE BOARD OF DIRECTORS AS WELL AS THE AUDIT COMMITTEE AND THE CONTROLLER OF SAINT ANN'S SCHOOL ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED SIGNIFICANTLY FROM THE PRIOR YEAR

Software ID: Software Version:

EIN: 11-2606681

Name: SAINT ANN'S SCHOOL

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
MARC MAYER TREASURER	5 00	х		х				О	0	0
ELIOT NOLEN VICE PRESIDENT	5 00	Х		х				0	0	0
JONATHAN WELD PRESIDENT	5 00	Х		х				0	0	0
HILLIARD FARBER ASSISTANT TREASURER	5 00	Х		х				0	0	0
DAN BERGNER SECRETARY	5 00	Х		х				0	0	0
PETER DAVIDSON TRUSTEE	1 00	Х						0	0	0
LIZANNE FONTAINNE TERM ENDED JUNE 2012	1 00	Х						0	0	0
PETER DARROW TRUSTEE	5 00	Х						0	0	0
MARJORIE COLEMAN TRUSTEE	5 00	Х						0	0	0
JEROME POLLACK TERM ENDED JUNE 2012	1 00	Х						0	0	0
MICHAEL POLLACK TRUSTEE	1 00	Х						0	0	0
BAHIA RAMOS-SYNOTT TRUSTEE	1 00	Х						0	0	0
LAURIE SACKLER TRUSTEE	1 00	Х						0	0	0
DANIEL STONE TRUSTEE	1 00	Х						0	0	0
LAURA WALKER TRUSTEE	1 00	Х						0	0	0
MARY P WATSON TRUSTEE	1 00	Х						0	0	0
HAMILTON CHASE TRUSTEE	1 00	Х						0	0	0
MICHAEL HADDAD TRUSTEE	1 00	Х						0	0	0
JIDE ZEITLIN TRUSTEE	1 00	Х						0	0	0
PATTI GREANEY TRUSTEE	1 00	Х						0	0	0
STEPHEN CASSELL TRUSTEE	1 00	Х						0	0	0
MINO CAPOSSELA TRUSTEE	1 00	Х						0	0	0
ALEX GOOR TRUSTEE	1 00	Х						0	0	0
LINDA KAUFMAN ASSOCIATE HEAD	40 00			Х				158,315	0	23,919
VINCENT TOMPKINS HEAD OF SCHOOL	40 00			х				368,864	0	200,189

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

(A) Name and Title	(B) (C) A verage hours Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MATTHEW BLOOM DIRECTOR OF FINANCE & ADMIN	40 00				х			153,410	0	25,801
DANA OKESON HEAD OF HIGH SCHOOL	40 00					Х		103,278	0	60,066
ROBERT SWACKER DEAN OF FACULTY	40 00					х		108,872	0	15,913
GABRIELLE HOWARD HEAD OF LOWER SCHOOL	40 00					х		140,406	0	16,595
JOANNA DEAN DIRECTOR OF DEVELOP THRU OCT 2011	40 00					х		188,952	0	13,737
ANTHONY SMITH DIR - BUILDING & GROUNDS	40 00					Х		109,502	0	28,807