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DLN: 93493305001423

OMB No 1545-0047

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

A For th		and an year or tay year baginning 07.01.2012 2012 and anding 06.5	20.2012	·	Inspection			
	e 2012 cak f applicable	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3 C Name of organization	00-2013	D Employer ider	ntification number			
Address		HOLDERNESS SCHOOL		02-0147630)			
Name c	hange	Doing Business As						
Initial re	eturn	Number and street (or P O box if mail is not delivered to street address) Room/st	ute	E Telephone num	ber			
Termina –		CHAPEL LANE PO BOX 1879		(603)536-1	748			
Amende -		City or town, state or country, and ZIP + 4 PLYMOUTH, NH 03264						
Applicat	ion pending			G Gross receipts \$	27,434,170			
		F Name and address of principal officer PETER HENDEL		ıs a group return ates?	for			
		CHAPEL LANE PO BOX 1879 PLYMOUTH,NH 03264						
		1 E1140 0 111, NIT 03204	I		ded? 「Yes 「No (see instructions)			
Tax-ex	empt status	▼ 501(c)(3)						
Websi	ite:► HT	TP //WWW HOLDERNESS ORG/	H(c) Grou	up exemption nur	nber ►			
Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of fo	ormation 1879 M	State of legal domicile N			
Part 1		mary		<u> </u>				
	CARING EACH ST CREATI	ORS, STUDENT LEADERSHIP, AND ATHLETICS INCLUDING WINTIGOMMUNITY, HOLDERNESS SCHOOL FOSTERS EQUALLY THE RESTUDENT, INSTILLING IN ALL THE RESOLVE TO WORK FOR THE BEON This box I if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)	esources of the state of the st	F THE MIND, BC OF HUMANKIND 25% of its net as	DY, AND SPIRIT IN AND GOD'S			
4		of independent voting members of the governing body (Part VI, line 1b			2			
		mber of individuals employed in calendar year 2012 (Part V, line 2a)	•		21			
6	Total nui	mber of volunteers (estimate if necessary)		6	2			
1		related business revenue from Part VIII, column (C), line 12		7a				
	b Net unre	lated business taxable income from Form 990-T, line 34		r Year	Current Year			
8	Contri	butions and grants (Part VIII, line 1h)	1110	2,144,351	3,512,507			
<u> </u>	Progra	m service revenue (Part VIII, line 2g)		13,561,187	13,875,80			
9 10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		575,141 6.				
11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), lin		60,740				
12		evenue—aud mies o timough 11 (must equal r art v 111, column (A), m		16,341,419	18,015,727			
13		s and similar amounts paid (Part IX, column (A), lines 1–3)		3,014,340	3,092,882			
14 15		ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines	•	0	(
ខ្មី រិទ	5-10)			7,811,233	7,916,69			
16.		sional fundraising fees (Part IX, column (A), line 11e)	•	0	(
		ndraising expenses (Part IX, column (D), line 25) • 1,171,433		F 700 F30	6 144 24			
17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	•	5,790,539	6,144,344 17,153,92			
19		ue less expenses Subtract line 18 from line 12		-274,693	861,806			
£068			I .	g of Current Year	End of Year			
Seogle 20 21 22	Totala	assets (Part X, line 16)		75,517,345	80,282,845			
물 21		iabilities (Part X, line 26)		9,583,325	9,820,774			
		sets or fund balances Subtract line 21 from line 20		65,934,020	70,462,07			
y knowl	nalties of pledge and last any kr	-	han officer) is					
lere		R HENDEL BUSINESS MANAGER						
		or print name and title Init/Type preparer's name Preparer's signature	Date	, E . I DTIN				
Paid		rint/Type preparer's name Preparer's signature I PRESTE J MOSCA	self	eck if PTIN -employed P00366				
raiu Pre pai		irm's name ► NATHAN WECHSLER & COMPANY PA		n's EIN 🕨 02-03275.				
lse O		ırm's address ► 70 COMMERCIAL ST STE 401	Pho	one no (603) 224-53	 ne no (603) 224-5357			

CONCORD, NH 03301

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

Par		am Service Accomplishments tains a response to any question in the		٦
1	Briefly describe the organizatio	n's mission		
WITH PREF ATHI EQU	I AN ENROLLMENT OF 282 SE PARATORY CURRICULUM AND LETICS INCLUDING WINTER SI	PSHIRE, HOLDERNESS SCHOOL IS RVING GRADES 9-12, HOLDERNESS SPECIAL PROGRAMS IN ACADEMIC PORTS WITHIN THE CONTEXT OF A MIND, BODY, AND SPIRIT IN EACH AND GOD'S CREATION	S SCHOOL PROVIDES A CHALLEN CS, THE ARTS, THE OUTDOORS, S A CARING COMMUNITY, HOLDERI	GING COLLEGE TUDENT LEADERSHIP, AND NESS SCHOOL FOSTERS
2		any significant program services durin		「Yes F No
3		ucting, or make significant changes ir	n how it conducts, any program	□ Yes ▽ No
4	expenses Section 501(c)(3) ar	gram service accomplishments for eac d 501(c)(4) organizations are require , if any, for each program service repo	d to report the amount of grants and	
4a		enses \$ 13,678,387 including gra I SERVICED 282 STUDENTS IN GRADES 9-12 D NTHS THE SCHOOL HOSTS SCIENTIFIC CONFE	DURING THE LAST YEAR, TEACHING SUBJECT	, , ,
4b	(Code) (Expe	enses \$ including gran	its of \$) (Revenue \$)
4c	(Code) (Expe	enses \$ including gran	nts of \$) (Revenue \$)
4d	Other program services (Desc (Expenses \$	ribe in Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expense			·

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 for escrow or custodial account liability, 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^{\bullet}	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 47		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	·		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		ı
7	Organizations that may receive deductible contributions under section 170(c).		1	i
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	/		NO
u	These, indicate the number of forms 5252 med 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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
		8		
	Sponsoring organizations maintaining donor advised funds.			1
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	. !		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the 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	14h		_

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
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		
	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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		Νo
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	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N.o.
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
<u> </u>	ection & Pouciae Linic Section & repulacte interthation anolit holiciae hot required by the internal V	avani	$IA \cap A$	<u>م</u> ۱
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> u		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 is CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization in joint venture string the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PETER HENDEL THE HOLDERNESS SCHOOL PLYMOUTH, NH (603) 536-1748

<u>Part VII</u> 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 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) MR PAUL MARTINI	2 00	х						0	0	0	
MEMBER OF BOARD		_ ^						U	U	0	
(2) MR HARRY SHEEHY	2 00	х						0	0	0	
MEMBER OF BOARD		L^		L							
(3) MR WILLIAM L PRICKETT	2 00	х						0	0	0	
MEMBER OF BOARD											
(4) MS SUSAN PAINE MEMBER OF BOARD	2 00	×						0	0	0	
(5) MR THOMAS PHILLIPS	2 00										
		Х						0	0	0	
MEMBER OF BOARD (6) MR NIGEL D FURLONGE	2 00										
	2 00	х						0	0	0	
MEMBER OF BOARD (7) MR DOUGLAS H GRISWOLD	2 00										
	2 00	х						0	0	0	
MEMBER OF BOARD (8) MR JAMES HAMBLIN	3 00										
	3 00	х		х				0	0	0	
CHAIRMAN OF BOARD (9) MR PETER NORDBLOM	2.00										
	2 00	х						0	0	0	
MEMBER OF BOARD											
(10) MS JAN HAUSER	2 00	x						0	0	0	
MEMBER OF BOARD											
(11) MR CHRISTOPHER CARNEY	2 00	×		×				0	0	0	
TREASURER										_	
(12) MR JON Q REYNOLDS JR	2 00	l x						0	0	0	
MEMBER OF BOARD								ŭ	Ŭ		
(13) MR A ROBERT HIRSCHFELD	2 00	×						0	0	0	
MEMBER OF BOARD								<u> </u>			
(14) MR RUSSELL CUSHMAN	2 00	x						0	0	0	
MEMBER OF BOARD		L^_		L						0	
(15) MR RICHARD NESBITT	2 00								0		
MEMBER OF BOARD		X						0	U	0	
(16) MS TAMAR PICHETTE	2 00										
MEMBER OF BOARD		X						0	0	0	
(17) MR IAN SANDERSON	2 00										
MEMBER OF BOARD		X						0	0	0	
			_							Form 990 (2012)	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount comper from organi	nated of other nsation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and re organiz	lated
(18) MS JENNIFER ALFOND SEEMAN	2 00	х						0	0		0
MEMBER OF BOARD	2.00										
(19) MS ELLYN PAINE WEISEL	2 00	х						0	0		0
MEMBER OF BOARD (20) MS GRACE MACOMBER BIRD	2 00										
MEMBER OF BOARD		Х						0	0		0
(21) MR RANDOLPH DALES	2 00										
SECRETARY		X		X				0	0		0
(22) MS TRACY GILLETTE	2 00	х						0	0		0
MEMBER OF BOARD		^									
(23) MR ROBERT HALL	2 00	х						0	0		0
MEMBER OF BOARD (24) MR JON BAUM	2 00										
MEMBER OF BOARD	2 00	Х						0	0		0
(25) MR GARY A SPIESS ESQ	2 00										
MEMBER OF BOARD		Х						0	0		0
(26) MR JEROME THOMAS	2 00	х						0	0		
MEMBER OF BOARD		^						0			
(27) MR R PHILLIP PECK	40 00			l _x				220,484	0		69,916
HEAD OF SCHOOL (28) MR GEORGE MACOMBER	60.00							,			
,	60 00			×				110,183	0		44,098
ACTING HEAD OF SCHOOL (29) MR PETER HENDEL	60 00										
BUSINESS MANAGER				×				144,083	0		44,412
(30) MR ROBERT CALDWELL	60 00					V		152.070	0		14 769
EXEC DIR FOR ADVANCEMENT						Х		153,870	0		14,768
1b Sub-Total				•							
c Total from continuation sheets to Part	•		•	•		<u> </u>		620,620			172.104
					L	<u> </u>		628,620	0		173,194
Total number of individuals (including t \$100,000 of reportable compensation				eu ai	DOVE	e) Wilo	rec	erved more than			
										Yes	No
3 Did the organization list any former off on line 1a? If "Yes," complete Schedule 2											
4 For any individual listed on line 1a, is to organization and related organizations	he sum of report	table c	ompe	nsa	tıon	and o	othe	r compensation fr	om the		No
ındıvıdual			•	•	•	•	•		4	Yes	<u> </u>
5 Did any person listed on line 1a receive services rendered to the organization?									ndividual for 5		No
Section B. Independent Contracto	ors										
Complete this table for your five highest compensation from the organization. Re	st compensated									s tax year	
	(A) ousiness address								(B) on of services	(C Compe	;)
								+			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	4 🛊 🛊 1	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			
		encert in demodate of contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s	1a	Federated campaigns 1a				
ants	ь	Membership dues 1b				
tributions, Giffs, Grants Other Similar Amounts	c	Fundraising events 1c				
ffs, ar A	d	Related organizations 1d				
io i≝	e	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants, and 1f 3,512,507	 			
iti her	'	similar amounts not included above				
를	g	Noncash contributions included in lines 509,476				
Contributions, and Other Sim	h	Total. Add lines 1a-1f	3,512,507			
		Business Code				
Program Serwce Revenue	2a	TUITION AND FEES 900099	13,007,446	13,007,446		
æ Æ	ь	SUMMER PROGRAM REVENUE 900099	493,236	493,236		
95	С	SCHOOL ACTIVITY REVENUE 900099	375,121	375,121		
Ž.	d					
Ē	e					
್ಷ ಕ	f	All other program service revenue				
<u>~</u>	g	Total. Add lines 2a−2f	13,875,803			
	3	Investment income (including dividends, interest, and other similar amounts)	634,356			634,356
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(ı) Real (ıı) Personal				
	6a	Gross rents Less rental	-			
	<u></u>	expenses Rental income				
	C	or (loss)	_			
	d	Net rental income or (loss)				
	7a	(I) Securities (II) O ther Gross amount from sales of 9,411,504 assets other				
	ь	than inventory Less cost or other basis and splace approximately a series				
	c	sales expenses Gain or (loss) -6,939	1			
	d	Net gain or (loss)	-6,939			-6,939
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
Ē	ь	Less direct expenses b	- I			
₹	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	Ь	Less direct expenses b	 			
	c	Net income or (loss) from gaming activities	†			
	10a	Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold b	- I			
		Net income or (loss) from sales of inventory	1			
		Miscellaneous Revenue Business Code]			
	11a					
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	18,015,727	13,875,803	(627,417

	Statement of Functional Expenses			laka asluman (A.)	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Part include amounts reported on lines 6b, p, 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		скрепосо	general expenses	скрепаса
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,092,882	3,092,882		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,002,002	5,552,552		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	565,921	393,052	172,869	
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	5,497,425	3,979,561	860,742	657,122
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	464,076	334,671	79,110	50,295
9	Other employee benefits	839,760	607,050	133,137	99,573
10	Payroll taxes	549,513	398,763	89,223	61,527
11	Fees for services (non-employees)				
а	Management				
b	Legal	96,418		96,418	
c	Accounting	52,208		52,208	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	105,134		105,134	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,377		8,732	24,645
12	Advertising and promotion	135,529	63,185	· · · · · · · · · · · · · · · · · · ·	72,344
13	Office expenses	107,123	12,193		44,174
13 14	Information technology	213,782	106,891	64,135	42,756
1 4 15		213,782	100,891	64,135	42,736
	Royalties	1 267 201	1 100 675	77 700	
16 17	Occupancy	1,267,384	1,189,675		44 403
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	198,293	131,648	25,453	41,192
19	Conferences, conventions, and meetings	28,743		22,134	6,609
20	Interest	107,910		107,910	·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,171,106	1,171,106		
23	Insurance	141,884		141,884	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	RESIDENTIAL SERVICES	565,780	565,780		
b	OTHER MISCELLANEOUS	441,786	154,043	216,547	71,196
С	SUMMER PROGRAM	361,809	361,809		
d	TUITION REMISSION	339,200	339,200		
е	All other expenses	776,878	776,878		
25	Total functional expenses. Add lines 1 through 24e	17,153,921	13,678,387	2,304,101	1,171,433
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	_	Check if Schedule O contains a response to any question in the	s Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			700	1	730
	2	Savings and temporary cash investments			5,075,166	2	6,138,233
	3	Pledges and grants receivable, net			2,527,115	3	2,431,593
	4	Accounts receivable, net			49,497	4	10,598
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule		6			
38	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			167,639		176,968
	9	Prepaid expenses and deferred charges			273,466		179,817
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		41,416,403			<u>'</u>
	ь	Less accumulated depreciation	10b	15,839,198	25,086,555	10c	25,577,205
	11	Investments—publicly traded securities	٠			11	
	12	Investments—other securities See Part IV, line 11			42,302,594	12	45,735,448
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			34,613	15	32,253
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			75,517,345	16	80,282,845
	17	Accounts payable and accrued expenses			754,841	17	761,237
	18	Grants payable			,	18	
	19	Deferred revenue			4,328,484	19	4,559,537
	20	Tax-exempt bond liabilities			1,020,101	20	.,,
_	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third partie			4,500,000	23	4,500,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ited th art X o	ird parties, Schedule			_
		D			0.500.005	25	0.000.774
	26	Total liabilities. Add lines 17 through 25			9,583,325	26	9,820,774
s e o		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	, and	l complete			
<u>8</u>	27	Unrestricted net assets	30,630,854	27	32,129,943		
8	28	Temporarily restricted net assets	•		14,791,509	28	16,822,950
Fund Balance	29	Permanently restricted net assets			20,511,657	29	21,509,178
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check is complete lines 30 through 34.	ere ►	┌─ and			
9	30	Capital stock or trust principal, or current funds				30	
Śeţ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances			65,934,020	33	70,462,071
_	34	Total liabilities and net assets/fund balances			75,517,345	34	80,282,845

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)			18.0	015,727
2	Total expenses (must equal Part IX, column (A), line 25)				-
3	Revenue less expenses Subtract line 2 from line 1	2		1/,	153,921
_		3		8	361,806
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,9	934,020
5	Net unrealized gains (losses) on investments	5		3 (526,156
6	Donated services and use of facilities				, 20,130
7	Investment expenses	6			
,	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			40,089
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		70.4	462,071
Par	t XII Financial Statements and Reporting			, ,	
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: **Software Version:**

EIN: 02-0147630

Name: HOLDERNESS SCHOOL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MR PAUL MARTINI MEMBER OF BOARD	2 00	х						0	0	0
MR HARRY SHEEHY MEMBER OF BOARD	2 00	×						0	0	0
MR WILLIAM L PRICKETT MEMBER OF BOARD	2 00	х						0	0	0
MS SUSAN PAINE MEMBER OF BOARD	2 00	х						0	0	0
MR THOMAS PHILLIPS MEMBER OF BOARD	2 00	×						0	0	0
MR NIGEL D FURLONGE MEMBER OF BOARD	2 00	×						0	0	0
MR DOUGLAS H GRISWOLD MEMBER OF BOARD	2 00	х						0	0	0
MR JAMES HAMBLIN CHAIRMAN OF BOARD	3 00	х		×				0	0	0
MR PETER NORDBLOM MEMBER OF BOARD	2 00	х						0	0	0
MS JAN HAUSER MEMBER OF BOARD	2 00	х						0	0	0
MR CHRISTOPHER CARNEY TREASURER	2 00	×		х				0	0	0
MR JON Q REYNOLDS JR MEMBER OF BOARD	2 00	х						0	0	0
MR A ROBERT HIRSCHFELD MEMBER OF BOARD	2 00	×						0	0	0
MR RUSSELL CUSHMAN MEMBER OF BOARD	2 00	х						0	0	0
MR RICHARD NESBITT MEMBER OF BOARD	2 00	×						0	0	0
MS TAMAR PICHETTE MEMBER OF BOARD	2 00	x						0	0	0
MR IAN SANDERSON MEMBER OF BOARD	2 00	х						0	0	0
MS JENNIFER ALFOND SEEMAN MEMBER OF BOARD	2 00	×						0	0	0
MS ELLYN PAINE WEISEL MEMBER OF BOARD	2 00	х						0	0	0
MS GRACE MACOMBER BIRD MEMBER OF BOARD	2 00	х						0	0	0
MR RANDOLPH DALES SECRETARY	2 00	x		X				0	0	0
MS TRACY GILLETTE MEMBER OF BOARD	2 00	х						0	0	0
MR ROBERT HALL MEMBER OF BOARD	2 00	х						0	0	0
MR JON BAUM MEMBER OF BOARD	2 00	Х						0	0	0
MR GARY A SPIESS ESQ MEMBER OF BOARD	2 00	x						0	0	0

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

(A) Name and Title	(B) Average hours per week (list		than	not one on i er an	box s bot d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations
MR JEROME THOMAS MEMBER OF BOARD	2 00	х						0	0	0
MR R PHILLIP PECK HEAD OF SCHOOL	40 00			х				220,484	0	69,916
MR GEORGE MACOMBER ACTING HEAD OF SCHOOL	60 00			х				110,183	0	44,098
MR PETER HENDEL BUSINESS MANAGER	60 00			х				144,083	0	44,412
MR ROBERT CALDWELL EXEC DIR FOR ADVANCEMENT	60 00					х		153,870	0	14,768

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493305001423

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

HOLDERNESS SCHOOL

Public Charity Status and Public Support

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

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

Open to Public Inspection

									02-01476					
	t I			blic Charity Sta						structio	ns.			
The o	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	lines 1 throu	igh 11, check	only one b	ox)					
1	Г	A chur	ch, convent	ion of churches, or a	ssociation of	f churches d	escribed in s e	ection 170(b)(1)(A)(i).					
2	굣	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)							
3	\sqcap	A hosp	ital or a cod	perative hospital se	rvice organiz	zation descri	bed in sectio	n 170(b)(1)	(A)(iii).					
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	iction with a	hospital desi	cribed in se	tion 170(b)(1)(A)(iii)	. Enter the			
				ity, and state										
5		Anorg	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	al unit de	scribed in			
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)									
6	\sqcap	A feder	al, state, or	local government o	r government	tal unıt desc	rıbed ın secti	on 170(b)(1	L)(A)(v).					
7	\sqcap	Anorg	anization th	at normally receives	a substantia	al part of its	support from	a governme	ental unit or fi	om the g	eneral public			
	_			on 170(b)(1)(A)(vi).										
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)												
9	ı	_	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												
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from	businesses			
		•		ganızatıon after June	•			•	•					
10	Γ	Anorg	anızatıon or											
11	\sqcap			ganized and operate										
			•	ly supported organiz				•		ee sectio i	1 509(a)(3). Check			
				ibes the type of supp b Type II c						n-functio	nally intograted			
e	Г													
e	,	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or												
			509(a)(2)	-		oo. o pub	mer, support	ou organiza						
f			-	received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III suppo	rtıng organizatıo <u>n,</u>			
			this box					_			Γ			
g			August 17, 7 ng persons?	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the					
			J ,	rectly or indirectly o	controls, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No			
				governing body of th	•		-	p =			1g(i)			
				er of a person descr		_					1g(ii)			
		` '	,	lled entity of a perso	` '		ahove?				lg(iii)			
h		• •		ng information about						<u> </u>	·g(···/			
		TTOVICE	circ followi	ng mormation about	the support	ca organizat	1011(3)							
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the	(vii) A mount of			
•	uppoi		(=, ====	organization	organizati		the organiz	,	organizati		monetary			
or	ganiz	ation		(described on	col (i) lıs		ın col (i) d	•	col (i) org		support			
				lines 1 - 9 above	your gove	_	suppor	t?	in the U	S?				
				or IRC section (see	docume	nt?								
		instructions))							_					
				,	Yes	No	Yes	No	Yes	No				
						1				1				

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493305001423

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nternal Revenue Service FAttach to		► Attach to Form	m 990. ► See separate instructions.	Inspection	
	Name of the organization HOLDERNESS SCHOOL			Emp	ployer identification number
нUl	LDEKNESS SCHOOL			02-	0147630
Pa		izations Maintaining Donor Adv			
	organi	zation answered "Yes" to Form 990			(1) 5
1	Total number a	t and afvent	(a) Donor advised funds		(b) Funds and other accounts
1 2	Total number a	tributions to (during year)			
2 3		nts from (during year)		+	
4	33 3 3	ue at end of year		+	
5		•			uaad
	funds are the o	zation inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?		☐ Yes ☐ No
5	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			
Pai		rvation Easements. Complete if	the organization answered "Yes" t	o Forr	m 990, Part IV, line 7.
1	Purpose(s) of	conservation easements held by the org on of land for public use (e g , recreation	anızatıon (check all that apply)		•
	Protection	of natural habitat	Preservation of a	certifie	ed historic structure
	☐ Preservation	on of open space			
2	·	s 2a through 2d if the organization held a he last day of the tax year	qualified conservation contribution in t	the form	m of a conservation
					Held at the End of the Year
а	Total number of	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
C	Number of con	servation easements on a certified histo	ric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by t	he organization during
	the tax year ►				
4	Number of stat	tes where property subject to conservati	on easement is located ►		
5		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	dling o	f violations, and Yes No
5	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments	during the year
7	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
3	Does each cor	nservation easement reported on line 2(o?0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
•	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
ar	t IIII Organ	izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar Assets.
La	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse le, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	staten	nent and balance sheet
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$
		luded in Form 990, Part X			► \$
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS	•		
а	_	uded in Form 990, Part VIII, line 1	· -		▶ ¢
ь					F +
-	Assets include	ed in Form 990, Part X			► \$

	Organizations Maintaining Co									continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, ch	neck any o	of the fo	llowing that a	are a	significant us	e of its	
а	Public exhibition		d	☐ Loa	n or ex	change progr	ams			
b	Scholarly research		е	┌ otl	ner					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and expla	aın hov	w they fur	ther the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit							ılar	_,	 .
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		-					es" to Form	Yes	No
I GI	Part IV, line 9, or reported an an					ni aliswere	u i	es to roilli		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for contr	butions	or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table		_				
							_	Aı	nount	
c	Beginning balance					-	1c			
d	Additions during the year						1d			
e	Distributions during the year					F	1e			
f	Ending balance					L	1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iir	ne 21?						☐ Yes	Г No
b	If "Yes," explain the arrangement in Part XII									<u>'</u>
Pa	rt V Endowment Funds. Complete	(a)Current year		Swered ''' Prior year			_	t IV, line 10. Three years back	(e)Four v	years back
1a	Beginning of year balance	40,760,825	(5)	46,321,8		39,227,478		36,670,099		45,507,114
ь	Contributions	1,128,210		351,1	20	1,383,254		341,859		2,020,954
С	Net investment earnings, gains, and losses	4 150 000		4 240 0	0.2	7 241 576		2 (05 (05		0.473.507
d	Grants or scholarships	4,150,089 837,632		-4,340,8 795,4	_	7,241,576 736,171	_	3,685,605 669,632		-9,472,597 616,991
e	Other expenditures for facilities					<u> </u>		·		
	and programs	600,271		613,3	_	629,075		633,927		603,741
f	Administrative expenses	158,857		162,5		165,166	-	166,526		164,640
g	End of year balance	44,442,364		40,760,8		46,321,896		39,227,478		36,670,099
2	Provide the estimated percentage of the curi		ice (lin	ne 1g, colu	ımn (a))) held as				
а	board designated of quasi endowment F	21 290 %								
Ь	Permanent endowment + 43 810 %									
C	Temporarily restricted endowment > 34 9 The percentages in lines 2a, 2b, and 2c show	900 % uld equal 100%								
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	that are h	eld and	administered	d for	the	Yes	l No
	(i) unrelated organizations							3a		No No
	(ii) related organizations							3a		No
b	If "Yes" to $3a(II)$, are the related organizatio							3	b	
4	Describe in Part XIII the intended uses of th									
Par	t VI Land, Buildings, and Equipme Description of property	nt. See Form 99	90, Pa	art X, line (a) Cost		(b)Cost or ot	ther	(c) Accumulated	1 (d) B	ook value
	Description of property			basis (inv		basis (othe		depreciation	(4)	———
1a	Land		•			424	,972			424,972
	Buildings		•			36,743	,757	12,620,10)9	24,123,648
	Leasehold improvements		•							
	Equipment		•			4,247	,674	3,219,08	39	1,028,585
	Other	gual Form 990 Part		 mn (B) li	ne 10/c))				25 577 20F
iota	•• Aud illies ta ciliougii te (c <i>olulliii (u) inust</i> e	quai i viili 330, Pdft	\wedge , colu	(<i>D),</i> III	ie TO(C)	.,	•		_ I	25,577,205

Investments—Other Securities. See		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the or year market raise
(2)Closely-held equity interests		
(3)Other		
(A) INVESTMENTS - SECURITIES	43,270,240	F
/D/ DENETICIAL INTERECT IN CHARITARIE		
(B) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS	2,465,208	F
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	45,735,448	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	, ,	Cost or end-of-year market value
101411 (20141111 (27 111411) 21111)	•	
Part IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
(a) Descri	рстоп	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X		·
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

					, age
Par	Reconciliation of Revenue per Audited Financial State	emei	nts With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements .			1	18,483,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,626,156		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	115,819		
e	Add lines 2a through 2d			2e	3,741,975
3	Subtract line 2e from line 1			3	14,741,980
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	105,134		
b	Other (Describe in Part XIII)...........	4b	3,168,613		
c	Add lines 4a and 4b			4 c	3,273,747
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	L2)		5	18,015,727
Part	XII Reconciliation of Expenses per Audited Financial Stat	teme	ents With Expenses	per	Return
1	Total expenses and losses per audited financial statements			1	13,955,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	13,955,905
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	105,134		
b	Other (Describe in Part XIII)..................................	4b	3,092,882		
c	Add lines 4a and 4b			4c	3,198,016
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)		5	17,153,921

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS ARE COMPRISED OF THE ORIGINAL VALUE OF GIFTS AND ALL SUBSEQUENT GIFTS DONATED TO THE PERMANENT ENDOWMENT TO BE USED PRIMARILY FOR SCHOLARSHIPS, FACULTY ENRICHMENT, AND PLANT MAINTENANCE TERM AND BOARD DESIGNATED ENDOWMENT FUNDS ARE TO BE USED FOR VARIOUS PURPOSES SIMILAR TO THOSE OF THE PERMANENT ENDOWMENT FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE SCHOOL HAS ADOPTED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740) ACCORDINGLY, MANAGEMENT HAS EVALUATED THE SCHOOL'S TAX POSITIONS AND CONCLUDED THE SCHOOL HAD MAINTAINED ITS TAXEXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		INCREASE IN VALUE OF SPLIT-INTEREST AGREEMENTS 115,819
PART XI, LINE 4B - OTHER ADJUSTMENTS		ASSISTANCE TO INDIV (SHOWN NET AGAINST PROGRAM SVC REVENUE ON FINANCIAL REP) 3,092,882 BAD DEBT EXPENSE 75,731
PART XII, LINE 4B - OTHER ADJUSTMENTS		ASSISTANCE TO INDIV (SHOWN NET AGAINST PROGRAM SVC REVENUE ON FINANCIAL REP) 3,092,882

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DLN: 93493305001423

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

HOLDERNESS SCHOOL

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

	02-0147630			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships? I Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	Yes Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II		103	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	o Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
]		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No
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 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		Ves	

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL INCLUDES THIS IN ITS SCHOOL HANDBOOK IN ADDITION, THE SCHOOL PUBLISHES THIS INFORMATION IN NEWSPAPERS THROUGH THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND

Schedule E (Form 990 or 990-EZ) 2012

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493305001423

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection Name of the organization Employer identification number HOLDERNESS SCHOOL 02-0147630 **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 √ Yes 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	22
	Part III can be duplicated 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) FINANCIAL AID TO STUDENTS	110		3,092,882		FINANCIAL AID ASSISTANCE TO ATTEND HOLDERNESS SCHOOL			
Part IV Supplemental Information.								
Complete this part to provide the information	required in Part I, line 2,	Part III, column (b), an	d any other addıtıonal ın	formation				

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 FINANCIAL AID ASSISTANCE THAT IS AWARDED TO INDIVIDUAL STUDENTS WHO ATTEND THE SCHOOL IS APPLIED DIRECTLY TO EACH STUDENT'S TUITION ACCOUNT, THUS USED FOR TUITION PURPOSES ONLY

Schedule I (Form 990) 2012

DLN: 93493305001423

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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.

Compensation Information

Open to Public Inspection

Name of the organization HOLDERNESS SCHOOL

Employer identification number

02-0147630

Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part 1		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	<u> - </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	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 reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direc					NI -
	directors, trastees, and the GEO/Exceditive Direct	itor, regure	ang the items enceked in line 14.	2		No
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all used by a related organization to establish compe	I that apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	₩.	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII	I, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred ın prıor Form 990	
(1)MR R PHILLIP PECK HEAD OF SCHOOL	(i) (ii)	220,484 0	0	0	20,816 0	49,100 0	290,400	0 0	
(2)MR GEORGE MACOMBER ACTING HEAD OF SCHOOL	(i) (ii)	110,183 0	0	0	10,097	34,001	154,281 0	0	
(3)MR PETER HENDEL BUSINESS MANAGER	(i) (ii)	144,083 0	0	0	13,626	30,786 0	188,495 0	0	
(4)MR ROBERT CALDWELL EXEC DIR FOR ADVANCEMENT	(i) (ii)	153,870 0	0	0	13,686 0	1,082	168,638 0	0	

Schedule J (Form 990) 2012

Part IIII Supplemental Information

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

:	Identifier	Return Reference	Explanation
			ON CAMPUS HOUSING IS PROVIDED FOR THE HEAD OF SCHOOL AND BUSINESS MANAGER AND OTHER FACULTY MEMBERS WHO ALL HAVE IN-HOUSE RESIDENT RESPONSIBILITIES AND FOR THE
			CONVENIENCE OF HOLDERNESS SCHOOL

Schedule J (Form 990) 2012

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

(Form 990)

DLN: 93493305001423 OMB No 1545-0047

2012

Supplemental Information on Tax Exempt Bonds

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	ame of the organization Employer identification number														
HOL	DERNESS SCHOOL									02	-01476	30			
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pri	ıce	(f	(f) Description of purpose		(g) De	(g) Defeased		On alf of uer		Pool
										Yes	No	Yes	No	Yes	No
۸	NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY	02-0279866		03-01-2012	4,500,	,000	FURN	OVATION A NISHING OF DINGS			×		x		×
Pai	Part II Proceeds														
	A mount of bonds retired				Α			В			С		D		
1	Amount of bonds legally defeas														
<u>2</u> 3	Total proceeds of issue														
4	Gross proceeds in reserve fund														
5	Capitalized interest from proce														
6	Proceeds in refunding escrows														
7 Issuance costs from proceeds															
8	Credit enhancement from proce														
9	Working capital expenditures fi														
10	Capital expenditures from proc	•													
11	Other spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	l					I								
					Yes	No	-	Yes	No	Yes		lo	Yes		No
14	Were the bonds issued as part	of a current refundir	ng issue?												
15	Were the bonds issued as part	of an advance refun	ding issue?												
16	Has the final allocation of proc	eeds been made?													
Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Par	rt IIII Private Business Us	se													
				А			В		С				D		
	W. U.				Yes	No	•	Yes	No	Yes	N	lo	Yes		No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					Х									

financed property?

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

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No X	Yes	No	Yes	No	Yes	No
	of bond-financed property?			^						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			%	%		%		0/	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			%	%		%		%	
6	Total of lines 4 and 5			%		%		%	%	
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und			х						
Do	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В				D	
		Yes	No	Yes	No	Yes	C Yes No		Yes	No
1	Has the Issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?						<u> </u>	<u> </u>		
a	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If you checked "No rebate due" in line $2c$, provide in Part VI the date the rebate computation was performed			•	'	!	'	<u> </u>		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									·
е	Was a hedge terminated?									
		·		_						

Part IV Arbitrage (Continued)

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guarai contract (GIC)?	nteed investment		Х						
b	b Name of provider									
С	Term of GIC									
d	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?			Х						
7	Has the organization established written procedures to monitor the requirements of section 148?			Х						
Pa	rt V Procedures To Undertake C	Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?										
Pa	art VI Supplemental Information	n. Complete this part to pr	ovide addition	al information	on for respon	ses to ques	tions on Sche	edule K (see	instructions)	
	Identifier	Return Reference				Fynlan	ation			

Α

В

Schedule K (Form 990) 2012

С

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DLN: 93493305001423

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Noncash Contributions

Open to Public Inspection

Name of the organization HOLDERNESS SCHOOL

Employer identification number

Da	rt I Types of Property				02-0147630			
	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o noncash contri		_	ts
1	Art—Works of art			<u>+</u> 9				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	43	489,431	FMV ON DONATION	TAD NC	ſΕ	
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	ATHLETIC Other►(GEAR)	х	2	2,659	FMV ON DONATION	ON DA	ΓE	
	TEAM							
	Other ► (MEALS)	X	2		FMV ON DONATION			
27	Other ► (FURNITURE/DECOR)	X	2	1/,165	FMV ON DONATION	אט אר AT	<u> </u>	
28	CHEMISTRY Other►(<u>SUPPLIES</u>)	×	1	21	FMV ON DONATION	־ אַר אַכ	ΓF	
	Number of Forms 8283 received					<u> </u>		
	for which the organization comple				29			
	·			<u>.</u>	•		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e thırd partı	es or related organizations	to solicit, process, or sell	noncash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II						i T	_
33	If the organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page **2**

Schedule M (Form 990) (2012)									
Part II	Supplemental Inf	ormation. Complete this part to	provide the information required by Part I, lines 30b,						
	32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the								
	number of items received, or a combination of both. Also complete this part for any additional information.								
	Identifier	Return Reference	Explanation						

Schedule M (Form 990) (2012)

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DLN: 93493305001423

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization HOLDERNESS SCHOOL

Employer identification number

02-0147630

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER GRACE MACOMBER BIRD IS THE SISTER OF THE ACTING HEAD OF SCHOOL, GEORGE MACOMBER
	FORM 990, PART VI, SECTION B, LINE 11	THE FINAL DRAFT OF THE SCHOOL'S FORM 990 IS REVIEWED AND APPROVED BY THE FULL BOARD AT THEIR OCTOBER BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST DISCLOSURE IS ANNUALLY DISTRIBUTED TO ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF THE SCHOOL IN THE FALL THESE ARE REVIEWED BY THE AUDIT AND FINANCE COMMITTEE AT THEIR OCTOBER MEETING AND ANY CONFLICTS WHICH MIGHT BE CONSIDERED SERIOUS ARE BROUGHT TO THE BOARD'S ATTENTION AT ITS NEXT MEETING FOR RESOLUTION
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION FOR THE HEAD OF SCHOOL THE HEAD OF SCHOOL DETERMINES THE COMPENSATION FOR ALL OTHER EMPLOYEES OF THE SCHOOL THE FORMAL PROCESS FOR DETERMINING COMPENSATION OF ALL KEY EMPLOYEES IS AS FOLLOWS HEAD OF SCHOOL - ANNUALLY THE COMPENSATION COMMITTEE MEETS AND REVIEWS THE PERFORMANCE OF THE HEAD OF SCHOOL AND ALSO REVIEWS BENCHMARK INFORMATION OF SALARY AND BENEFITS FROM 14 PEER SCHOOLS THE COMMITTEE THEN RECOMMENDS A TOTAL COMPENSATION PACKAGE. THIS RECOMMENDATION IS REVIEWED AND VOTED ON BY THE FULL BOARD OF TRUSTEES OTHER HIGHLY COMPENSATED EMPLOYEES OF THE SCHOOL - ANNUALLY THE HEAD OF SCHOOL PRESENTS TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW HIS/HER RECOMMENDATION AS TO THE COMPENSATION LEVELS FOR ANY HIGHLY COMPENSATED EMPLOYEE OF THE SCHOOL THE HEAD SUPPORTS THESE DECISIONS WITH A REPORT ON JOB PERFORMANCE FOR EACH EMPLOYEE AND WITH BENCHMARK INFORMATION FROM 14 PEER BOARDING SCHOOLS THIS PROCEDURE WAS LAST CONDUCTED ON MAY 11, 2013
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE SCHOOL'S BUSINESS OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 115,819 BAD DEBT EXPENSE -75,730
AUDIT COMMITTEE PROCESS	990, PART XII, LN 2C	AUDIT COMMITTEE OVERSIGHT PROCESS REMAINS UNCHANGED FROM PRIOR YEAR