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DLN: 93493330001033

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspec<u>tio</u>n

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable The Peddie School Address change 21-0634492 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 201 South Main Street Terminated (609) 490-7510 Amended return City or town, state or country, and ZIP + 4 HIGHTSTOWN, NJ 08520 Application pending **G** Gross receipts \$ 100,900,875 Name and address of principal officer **H(a)** Is this a group return for Michael B McKitish ┌ Yes 🗸 No affiliates? 201 south main street hightstown, NJ 085201010 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ► Website: ► www peddie org L Year of formation 1879 M State of legal domicile NJ Part I Summary Briefly describe the organization's mission or most significant activities Peddie School, a premier college preparatory school, is a thriving academic opportunity dedicated to the intellectual, social and moral growth of its students. One of the nation's most highly endowed Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 28 4 26 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 523 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 170 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,435,695 **b** Net unrelated business taxable income from Form 990-T, line 34 -840,560 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5.939.269 10,074,324 23,681,100 25,148,359 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,897,883 11,461,740 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,771,862 5,312,860 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 51,997,283 41,290,114 6,715,326 13 6,168,080 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 17,412,674 18,124,524 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 92,922 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,755,858$ b 15,295,974 16,024,796 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 40,864,646 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 38,969,650 19 Revenue less expenses Subtract line 18 from line 12 2,320,464 11,132,637 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 385,239,701 415,069,867 21 Total liabilities (Part X, line 26) 51,731,189 49,343,615 22 Net assets or fund balances Subtract line 21 from line 20 333,508,512 365,726,252 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-11-15 Signature of officer Date Sian Here MICHAEL B MCKITISH ASST HEAD FINANCE Type or print name and title Print/Type preparer's name RICHARD A SACKIN Date Preparer's signature PTIN Check [self-employed Paid Firm's EIN 🕨 Preparer Firm's address 111 WOOD AVE SO STE 600 Phone no (732) 243-7000 Use Only

ISELIN, NJ 088302700

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

✓ Yes ☐ No

Form	990 (2012)				Page 2
Par		ent of Program Service Schedule O contains a respons	Accomplishments se to any question in this Part III		·
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2	the prior Form 9	90 or 990-EZ?		r which were not listed on	┌ Yes ┌ No
	If "Yes," describ	pe these new services on Sche	dule O		
3	services? .		e significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describ	be these changes on Schedule	0		
4	expenses Sect		ccomplishments for each of its th ganizations are required to repor th program service reported		
4a	(Code A private seconda) (Expenses \$ ry school including \$6,657,326 in scho	30,782,007 including grants of \$ larships and other financial aid	6,715,326) (Revenue \$	25,148,359)
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedul	e O) ng grants of \$) (Revenue \$)
4 e			0,782,007		,
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Part IV	Checklist of	Requi	red S	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 💆	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
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	Yes	
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
С	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 IV	28a	Yes	
b	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	Yes	
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	Yes	
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	

18 Enter the number reported in Box 3 of form 1096 Enter 10- into applicable 11 11 12 12 13 14 15 16 17 17 17 17 17 17 17		Check if Schedule O contains a response to any question in this Part V	•	Yes	N
b Etest the number of Forms W-26 michaed in line 1s Educe -0 -1 not applicable 1	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 110		163	14
gamming (gambling) winnings to prize winners? 2 Enter the number of amployees reported on Form W-3, Transmittal of Wage and Tax Steements, field for the celendar year-ending with or within the year covered by this return. 2 If the least one is reported on line 2a, die the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization is foreign country (such as a bank account, securities account, or other financial account in the foreign country (such as a bank account, securities account, or other financial accounts in the foreign country (such as a bank account, securities account, or other financial accounts in the foreign country (such as a bank account, securities account, or other financial accounts or filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Wes the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was on a party to a prohibited tax shelter transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receip					
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Tax Satements, filed for the calendar year ending with or within the year covered 2a 522 b If at least one is reported on line 2a, did the organization file all required for effect at employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required for effect (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization in the calendar year, did the organization have an interest in, or a signature or other authority accounts, continued and the calendary of the foreign country. 4c At any time during the calendary vear, did the organization have an interest in, or a signature or other financial account in a foreign country. 4c At any time during the calendary vear, did the organization have an interest in, or a signature or other authority accounts of the foreign country. 4c At any time during the calendary vear, did the organization have an interest of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5c Was the organization and organization hile Form 8365-17? 5c If Yes, if one 3 are 5, did not organization hile Form 8365-17? 5c If Yes, if one organization hile organization hile Form 8365-17? 5c If Yes, if one organization hile organization hile Form 8365-18 and the organization and partly for coods and services provided to the payor. 5c If Yes, if one organization and the work was very solicitation an express statement that such contributions or give the organization shell with the organization shell and the organization shell and the organization shell and the organization shell and the		gaming (gambling) winnings to prize winners?	1c	Yes	
b If at least one is resorted on line 2 a, did the organization (if all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file fees instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a form 90-f for this year? If Yes, 2 mounted an explanation in Schedule 0. 31 A ten y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, a cother authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country (such as a bank account, securities account, accounts of the securities account of the foreign country (such as a bank account, securities account, accounts of the securities accounts of the foreign country (such as a bank account, securities account, accounts account of the securities accounts of the securities accoun	2a	Tax Statements, filed for the calendar year ending with or within the year covered			
a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3	ь		<u>.</u>	.,	
b. If **Ves,* has it filled a Form 900.*T for this year? If **Not,* provide an explanation in Schedule 0. 4a A karny time during the calendar year, did the organization have an interest in, or a signature or other authority of the provided in the program of the provided in the provid			2b	Yes	
b if Yes,* has it field a Form 990-T for this year? If Yes,* provide an explanation in Schedule 0. 4a A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over an interest in the provided interest interest in the provided interest interest in the provided interest interest interest. For interest in a foreign country ▶C1, UK, BD, VI, EI 5b If Yes, or enter the name of the foreign country ▶C1, UK, BD, VI, EI 5c Was the organization in party to a prohibited tax shelter transaction of the provided tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$1,00,000, and did the organization solicit any contributions that we not tax deductible contributions or gifts were not tax deductible and the organization solicit any contributions that were not tax deductible and the organization of the organization necessary received deductible contributions under section 170(c). 5c If Yes,* did the organization necessary excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes,* did the organization necessary excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes,* did the organization in the forms \$222 filled during the year. 6d Did the organization development in excess of \$75 made party	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
over, a handral account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country. P.C.J. UK, BD, VI, ET. If "Yes," enter the name of the foreign country. P.C.J. UK, BD, VI, ET. If "Yes," and the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sb UI do any taxable party noity the organization that it was or is a party to a prohibited tax shelter transaction? Sc UI for "Yes," to line 5a or 5b, did the organization file Form 8886-T? Sc Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization object any contributions that were not tax deductible contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization that may receive deductible contributions under section 170(c). Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If If "Yes," indicate the number of Forms 8.28.2 filed during the year Did the organization member of porms 8.28.2 filed during the year Did the organization member of porms 8.28.2 filed during the year. Did the organization of the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization of the year pay premiums, directly or indirectly, to nay premiums on a personal benefit contract? If the organization of the payor acceptan			3b	Yes	
### A Pes Fire Peter the name of the foreign country FCJ_UK, BD, VI_EI	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
See mistructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 1 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 7 5c If "Yes," to line 5 a 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 on the form solicit any contributions that were not tax deductible as charitable contributions? 5c 6a File File File File File File File File			4a	Yes	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5 C S 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 chantable contributions? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year. 11 If "Yes," indicate the number of Forms 8282 filed during the year. 22 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 36 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If yes, and the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Britism 1098-C2 15 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Britism 1098-C2 16 Did the organization make any taxabile distributions under section 4966? 17 Sponsoring organizations maintaining donor advised funds. 18 Did the organization make any taxabile distributions under section 4966? 19 Sponsoring organizations maintaining donor advised funds. 19 Did the organization make any taxabile distributions under section 4966? 20 Section 501(c)(2) organizations. Enter 21 Thi		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If "Yes," to line 5 a or 5b, did the organization file form 8886-T? 5 c 5 5 5 5 5 5 5 5 5	5a	Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		N
c 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 chantable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 5 Did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations are distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter 9 Section 501(c)(7) organizations. Enter 9					N
Sc Sc Sc Sc Sc Sc Sc Sc			5b		
organization solicit any contributions that were not tax deductible as charitable contributions? b If Y'es, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 1 If Yes," did the organization notify the donor of the value of the goods or services provided? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.82.7 1 If Yes," indicate the number of Forms \$2.82 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Difference and contribution of qualified intellectual property, did the organization file Form \$8.99 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10.98-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization in the supporting organization and the supporting organizations and the supporting organizations and the supporting organizations and section 509(a)(3) supporting organizations. Did the organizations make any taxable distributions under section 4966? 3 Did the organization make any taxable distributions under section 4966? 3 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. a Gross income from members or shareholders b Gross income from members or shareholders c Gross income from other sources (Do not net amounts due or paid to other sources and the support of the support of	C	II Tes, to fine 3a of 3b, did the organization file Form 8886-17	5c		
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? If "Yes," indicate the number of Forms \$282 filed during the year 7d	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		N
a 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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? diff "Yes," indicate the number of Forms 8282 filed during the year	b		6b		
services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 If If the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required? 77 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 78 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 2 If the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Oa	7	Organizations that may receive deductible contributions under section 170(c).			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? If If Yes," indicate the number of Forms \$282 filed during the year .	а		7a		N
file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
but the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e	C				١.
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			/c		
contract? 7	u	Ti res, indicate the number of Forms 8282 med during the year			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e		_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. The form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand The form 1041? Ital to be a contribution of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	_				N
required?					IN
Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 1 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 1 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 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 13a	g		_		
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h		7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	8				
a Did the organization make any taxable distributions under section 4966?		business holdings at any time during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
O Section 501(c)(7) organizations. Enter a 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 a Gross income from members or shareholders	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		1 1			
facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1	Section 501(c)(12) organizations. Enter			
against amounts due or received from them)					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· · · · · · · · · · · · · · · · · · ·	-		
year	.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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 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	b	- 1401			
Note. See the instructions for additional information the organization must report on Schedule O 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	.3]		
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	а		13a		
In which the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	c		1		
	.4a		14a	İ	l N

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	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	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	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	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	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?	10a 10b 11a 12a 12b 12c 13 14	Yes 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?	10a 10b 11a 12a 12b 12c 13 14	Yes 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes 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 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 15a 15b	Yes 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes 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 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 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

Own website Another's website Upon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year

Form	990	(2012)
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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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							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	more t	tion (han d n is	one I both	box, an	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate irganiza	d
1b	Sub-Total				<u>. </u>	<u>. </u>		 					
c	Total from continuation sheet	s to Part VII, S	ection A	١.				F					
d	Total (add lines 1b and 1c) .						•	►	1,588,707	C)		303,487
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
										-		Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1												
	services rendered to the organ	nization? <i>If</i> "Yes	," compl	ete S	ched	lule 3	l for su	ch pe	erson		5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five		ensate	dinde	epen	den	t contr	acto	rs that received mo	re than \$100,000	of		

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	,	
(A)	(B)	(c)
Name and business address	Description of services	Compensation
Clark Companies , PO BOX 427 DELHI NY 13753	CONSTRUCTION	1,392,109
Dakota Building Services Inc , 3 Aqua Terrace HAMILTON NJ 08620	HOUSEKEEPING	775,399
AFI FOOD SERVICE DISTRIBUTORS , 1 IKEA DRIVE ELIZABETH NJ 07207	FOOD SUPPLIER	354,376
INGRAM MICRO , PO BIX 90348 CHICAGO IL 60696	COMPUTERS	273,397
RJS HTG AC , 132 HAWKIN RD NEW EYGPT NJ 08533	BOILER INSTALLATION	272,238

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization -20

51,997,283

25,148,359

here ► [if following SOP 98-2 (ASC 958-720)

Form 990 (2012) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 58,000 58,000 Grants and other assistance to individuals in the United States See Part IV, line 22 6,383,026 6,383,026 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 274,300 274,300 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,178,137 153,187 793,594 231,356 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 13,158,303 9,126,337 3,144,727 887,239 Pension plan accruals and contributions (include section 401(k) 995,656 680,576 241,301 73,779 and 403(b) employer contributions) 1,796,506 1,176,952 490,368 Other employee benefits 129,186 10 995,922 632,677 295,736 67,509 11 Fees for services (non-employees) O Management 100,579 51,655 48,924 Legal 48,231 48,231 0 0 Professional fundraising services See Part IV, line 17 Investment management fees 121,046 121,046 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0 Advertising and promotion . . O 12 13 Office expenses 700,753 340,562 313,530 46,661 671,174 36,118 14 Information technology . . 707,292 15 0 Royalties . 2,927,457 455,957 23,079 16 Occupancy 2,448,421 **17** 227,683 78,805 110,209 38,669 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 20 1,766,756 1,682,612 84,144 Payments to affiliates 21 O 5,250,638 22 Depreciation, depletion, and amortization . 4,470,934 755,237 24,467 23 475,214 458,559 16,655 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) 246,037 a OTHER 63,592 155,166 27,279 **FOOD SERVICES** 668,759 668,759 AUXILIARY 584,875 584,875 d ACADEMIC PROGRAMS 496,201 496,201 1,703,275 825,759 719,806 e All other expenses 157,710 Total functional expenses. Add lines 1 through 24e 25 40,864,646 30,782,007 8,326,781 1,755,858 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

Part X Balance Sheet

Cash-mon-interest-bearing Beginning of year 28,534,502 1 32,347,240	Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1 Cash—non-interest-bearing 20,534,502 1 37,347,245 2 Savings and temporary cash investments 20,534,502 3 3,533,560 3 Pledges and grants receivable, net 4,683,387 3 3,533,560 4 Accounts receivable, net 2,865,685 4 664,000 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 45,561(12),10), persons described in section 45,561(12),10), and contributing employers and spinsoring organizations of section 501(16) 9 otherwise of the spinsoring organizations of section 501(16) 9 otherwise of the spinsoring organizations of section 501(16) 9 otherwise organization						` '
Pelagies and grents receivable, net		1	Cash—non-interest-bearing		1	
A		2	Savings and temporary cash investments	0	2	0
1		3	Pledges and grants receivable, net	4,583,387	3	3,833,650
### Part		4	Accounts receivable, net	2,966,363	4	664,006
1		5	employees, and highest compensated employees Complete Part II of			
9 Prepand expenses and deferred charges 587,251 9 609,532	so.	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		5	0
9 Prepand expenses and deferred charges 587,251 9 609,532	ē			0	6	0
9 Prepand expenses and deferred charges 587,251 9 609,532	8	7	Notes and loans receivable, net	0	7	0
10a	4	8	Inventories for sale or use	84,068	8	94,030
Complete Part VI of Schedule D 10a 167,333,943 10c 107,173,920		9	Prepaid expenses and deferred charges	587,251	9	609,532
11 Investments—publicly traded securities 82,132,576 11 115,302,807 12 Investments—other securities See Part IV, line 11 160,834,123 12 150,044,679 13 Investments—program-related See Part IV, line 11 160,834,123 12 150,044,679 13 Intangible assets 0 14 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 0 15 0 0 0 0 0 0 0 0 15 0 0 0 0 0 0 0 0 0		10a				
12 Investments—other securities See Part IV, line 11 160,834,123 12 150,044,679 13 Investments—program-related See Part IV, line 11 0 13 0 14 Intangible assets		ь	Less accumulated depreciation 10b 60,160,023	105,517,431	10 c	107,173,920
13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 15 0 0 15 0 0 16 0 16 Total assets. See Part IV, line 11 0 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 385,239,701 16 415,089,867 17 7 5,227,850 18 Grants payable and accrued expenses 5,549,107 17 5,227,850 18 Grants payable 0 18 0 0 18 0 0 18 0 0 18 0 0 19 0 0 18 0 0 0 18 0 0 0 0 18 0 0 0 0 0 0 0 0 0		11	Investments—publicly traded securities	82,132,576	11	115,302,807
14		12	Investments—other securities See Part IV, line 11	160,834,123	12	150,044,679
15		13	Investments—program-related See Part IV, line 11	0	13	0
16 Total assets. Add lines 1 through 15 (must equal line 34) 385,239,701 16 415,069,667 17		14	Intangible assets	0	14	0
17		15	Other assets See Part IV, line 11	0	15	0
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	385,239,701	16	415,069,867
19 Deferred revenue		17	Accounts payable and accrued expenses	5,549,107	17	5,227,850
Tax-exempt bond liabilities 39,514,432 20 37,121,133		18	Grants payable	0	18	0
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	3,912,897	19	4,930,263
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	39,514,432	20	37,121,133
Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	ge		persons Complete Part II of Schedule L	0	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties	0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	0.754.750		0.004.000
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		51,731,189	26	49,343,615
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	S O O		•			
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	an	27	Unrestricted net assets	135,786,701	27	147,462,493
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>В</u>	28	Temporarily restricted net assets	32,829,754	28	42,026,861
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets	164,892,057	29	176,236,898
33 Total net assets or fund balances	or Fu		- · · · · · · · · · · · · · · · · · · ·			
33 Total net assets or fund balances	ري ن	30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Şet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	<u>स</u>	33	Total net assets or fund balances	333,508,512	33	365,726,252
	~	34	Total liabilities and net assets/fund balances	385,239,701	34	415,069,867

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,9	997,283
2	Total expenses (must equal Part IX, column (A), line 25)	2		40.8	364,646
3	Revenue less expenses Subtract line 2 from line 1	3			, L32,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			308,512 358,701
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,.	726,402
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		365,	726,252
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	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 Consolidated basis Both consolidated and 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?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	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	require	3b		

Software ID: Software Version:

EIN: 21-0634492

Name: The Peddie School

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent			,,,,,,	1510	.cs,	Rey		iipioyees, iligile		
(A) Name and Title	(B) Average hours per week (list any	dire	than pers office ctor/t	not one on is rand rust	box, s bot d a tee)	, :h		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Chris Acito Trustee	1 0	х						0	0	
Mıchael Armellino Trustee	1 0	х						0		
Arthur Brown Trustee	1 0	х						0		
Roger Burns Trustee	1 0	х						0		
Karen Buroojy Trustee	1 0	х						0		
Ed Dippold Trustee	1 0	х								
Jon Eckert Trustee	1 0	х						0		
Jeffrey Fınn Trustee	1 0	х						0		
Lisa Forrester Trustee	1 0	х						0		
Bob Hillier Trustee	1 0	х						0		
Ann Marie Homer Trustee	1 0	х						0		
Robert Kaye Trustee	1 0	х						0		
Annette Liberson Trustee	1 0	х						0		
Wight Martindale Trustee	1 0	х						0		
Hal Rubin Trustee	1 0	х						0		
Ron Schlosser Trustee	1 0	х						0		
Anne Seltzer Trustee	1 0	х						0		
Greg Smith Trustee	1 0	х						0		
John Green HEADMASTER	80 0	х		Х				572,408		109,795
JEFF ENSLIN Trustee	1 0	х						0		
KEVIN MACMILLAN Trustee	1 0	х						0		
WINNIE PUN Trustee	1 0	х						0		
ELIZABETH SILVERMAN TRUStee	1 0	х						0		
Cathy Betz Trustee	1 0	х						0		
Jan Loughran TRUSTEE/TEACHER	50 0	х						42,090		4,723

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

50 0

CHRIS BRIGHT

TRUSTEE/TEACHER

(A) Name and Title	(B) Average hours per week (list		than	not one son i er an	box s bo 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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Susan Caldwell Trustee	10	х						0		
Douglas Davidson Trustee	1 0	х						0		
Angela Manley Trustee	1 0	х						0		
Michael McKitish ASS'T HEAD FINANCE & OPERATION	50 0			х				221,376		23,096
LISA WINICK DIRECTOR OF DEVELOPMENT	50 0					х		163,129		26,908
CATHERINE RODRIGUE ASSOCIATE HEAD OF SCHOOL	50 0					х		132,667		46,459
THOMAS PHELAN DIRECTOR OF TECHNOLOGY	50 0					х		108,112		34,138
DAVID FEY SENIOR INVESTMENT OFFICER	15 0					х		157,775		282
CHRIS VAN WYK CONTROLLER	50 0					х		129,292		14,304

61,858

43,782

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493330001033

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

The Peddie 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.

2012

Open to Public Inspection

									21-0634		
Pai				blic Charity Sta						instruction	S.
	rganı:			te foundation becaus							
1	<u>_</u>		•	ion of churches, or a				section 170	(b)(1)(A)(i).	•	
2	区			in section 170(b)(1							
3	<u>_</u>			perative hospital se	=						
4				h organization opera [:] ity, and state	ted ın conjun	iction with	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii).	Enter the
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	/ a governmei	ntal unit des	cribed in
		sect ior	170(b)(1)	(A)(iv). (Complete P	art II)						
6	Γ	A fede	ral, state, or	local government o	r government	tal unıt des	cribed in sect	tion 170(b)	(1)(A)(v).		
7	Γ	_		at normally receives on 170(b)(1)(A)(vi).		•	s support fron	n a governr	nental unit or	from the ge	neral public
8	Γ			described in section			mplete Part 1	Ι)			
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	t from conti	ributions, mer	nbership fee	s, and gross
		receipt	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 busın	ess taxable ı	ncome (les	s section 511	L tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2).(0	Complete P	art III)		
10	Γ	An org	anızatıon or	ganızed and operated	d exclusively	to test for	public safety	See secti	on 509(a)(4).	-	
11	Γ	one or the box	more public k that descr	ganized and operated ly supported organiz ibes the type of supp b Type II c	ations descr porting organ	ibed in sec ization and	tion 509(a)(1 complete lin) or sectiones 11e thro	n 509(a)(2) : ough 11h	See section	509(a)(3). Check
e	Γ	other t	han foundat	ox, I certify that the ion managers and ot							
f		If the c	n 509(a)(2) organization this box	received a written d	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	e III suppor	ting organization,
g				2006, has the organ	ızatıon accer	oted any gi	ft or contribut	ion from ar	v of the		'
_			ng persons?		·	, 3			,		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	ier alone or	together with	n persons d	escribed in (i		Yes No
		•		governing body of th		_	on?				g(i)
		• •	•	er of a person descr	• •						g(ii)
				lled entity of a perso						119	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	ition(s)				
s) Nam uppoi ganiz	ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organization col (i) lis your gove docume	ion in ted in rning	(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organiza col (i) or in the l	ition in ganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
Total			 				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	iplete Pa	rt III.)	
	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	,rF3	▶ □
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					<u> </u>
	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

DLN: 93493330001033

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number

Open to Public Inspection

The	e Peddie School		21 0624402	
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		r Funds or Accounts.	Complete if the
		(a) Donor advised funds	(b) Funds and otl	heraccounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or			┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			┌ Yes
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes	s" to Form 990, Part IV,	line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	f a certified historic structu	re
_	easement on the last day of the tax year	a qualified conservation contribution		
а	Total number of conservation easements		2a Heid at the E	nd of the Year
b	Total acreage restricted by conservation easements		2b	3 50
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	0
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	, ,	2d	0
3	Number of conservation easements modified, transferrenthe tax year ▶0	red, released, extinguished, or termii	nated by the organization du	ırıng
4	Number of states where property subject to conservat	ion easement is located - 1		
5	Does the organization have a written policy regarding to enforcement of the conservation easements it holds?		nandling of violations, and	✓ Yes
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ea		
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easem	ents during the year	
8	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of	section 170(h)(4)(B)(ı)	「Yes ▼ No
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemed	e footnote to the organization's finan	and expense statement, ar	ıd
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasure es" to Form 990, Part IV, line 8	s, or Other Similar As	ssets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its re ets held for public exhibition, educati	evenue statement and balar on, or research in furtherand	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ets held for public exhibition, educati		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	0
	(ii) Assets included in Form 990, Part X		► \$	324,524
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	•	ts for financial gain, provide	
а	Revenues included in Form 990, Part VIII, line 1	-	► \$	0

b Assets included in Form 990, Part X

Par	TITLE Organizations Maintaining Co	ollections of Art	t, His	storical ⁻	<u> Treas</u>	sures, or C	<u>)the</u>	<u>r Similar <i>i</i></u>	<u> Asset</u>	:S (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any o	f the fo	ollowing that	are a	sıgnıfıcant u	ise of i	ts	
а	Public exhibition		d	┌ Loa	norex	change prog	rams				
b	Scholarly research		e	┌ Oth	er						
С	✓ Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain ho	w they furt	her the	e organızatıor	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit	or receive donation	s of a	rt. historic	al trea:	sures or othe	rsım	nılar			
	assets to be sold to raise funds rather than	to be maintained as	part	of the orga	nızatıc	n's collection	٦?				✓ No
Par	Part IV, line 9, or reported an ar					on answere	d "Y	es" to Forn	า 990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	ediary	y for contri	butions	s or other ass	ets	not	┌	'es	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing table		Г			A		
_							4.		Amour	<u></u>	
c c	Beginning balance						1c				
d	Additions during the year					-	1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 217	?					ΓY	es	□ No
ь	If "Yes," explain the arrangement in Part XII					-					ı
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year 254,127,904	(D)	Prior year 278,902,44		Two years back 235,515,883		218,900,0	_		ears back 12,487,486
_	Contributions	9,779,281		1,272,00	_	608,056	+	1,567,92			937,643
b	Net investment earnings, gains, and losses	3,773,201		1,272,00	+		+	1,307,32			- 337,043
С	Net investment earnings, gams, and losses	29,844,121		-15,296,54		53,278,504	-	25,110,8			4,447,073
d	Grants or scholarships	5,657,645		5,136,75	1	5,072,605	5	4,786,3	12		4,600,000
е	Other expenditures for facilities and programs	5,092,355		5,613,24	.9	5,427,395	5	5,276,6	77		5,477,981
f	Administrative expenses										
g	End of year balance	283,001,306		254,127,90	14	278,902,443	3	235,515,88	33	21	.8,900,075
_	Provide the estimated percentage of the cui	rent year and halan	ce (lu								
2	Board designated or quasi-endowment >-	25 000 %	111) 931	ne 19, com	iiiii (a)	i) lielu as					
a											
b	r entitatient endowment p	000 %									
С	Temporarily restricted endowment \(\mathbb{L} \) The percentages in lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		zation	that are he	eld and	l administere	d for	the			
Ju	organization by	solon or the organiz	-a cron	that are m	ora arra	· damminstere	u 101		Γ	Yes	No
	(i) unrelated organizations							<u> </u>		Yes	
	(ii) related organizations							📮	Ba(ii)		No
ь	If "Yes" to 3a(II), are the related organization				. ?		•	· · · L	3b		
4	Describe in Part XIII the intended uses of t				10						
Par	TEVI Land, Buildings, and Equipment Description of property	ent. See Form 95	90, Pa	(a) Cost o		(b)Cost or o	ther	(c) Accumula	ted (d) Boo	ok value
	Description of property			basis (inve				depreciation		-, 50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Land					7,792	2,415				7,792,415
b	Buildings					159,541	1,529	60,160,	024	9	9,381,505
С	Leasehold improvements										
d	Equipment										
_е	Other	<u> </u>									
	I. Add lines 1a through 1e (Column (d) must o		X, colu	umn (B), Iır	ne 10(c).)		🕨		10	7,173,920

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives	150 044 670	-
(2)Closely-held equity interests Other	150,044,679	F
o thei		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	150,044,679	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
INTEREST RATE SWAP	2,064,369	
	, ,	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2001200	
	2,064,369	ion's financial statements that was its the
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	excondine ioodiiote to tile organizati	ion a illiancial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er F</u>	leturn
1	Total revenue, gains, and other support per audited financial statements	1	66,458,887
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	14,427,777
3	Subtract line 2e from line 1	3	52,031,110
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	-33,827
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	51,997,283
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	34,241,147
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	33,827
3	Subtract line 2e from line 1	3	34,207,320
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	6,657,326
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	40,864,646
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 information

Identifier	Return Reference	Explanation
Part XI Line 2d - OTHER ADJUSTMENTS		FINANCIAL AID -6,657,326 CHANGE IN INTEREST RATE SWAP 690,384 CHANGE IN PLEDGE -175,256 CHANGE IN SPLIT INTEREST AGREEMENT 1,211,274 Total -4,930,924
Part XII Line 2d - other adjustments		RENTAL EXPENSES 101,758 FUNDRAISING EVENTS EXPENSE 206,257 GAMING ACTIVITIES DIRECT EXPENSES 10,680 COST OF GOODS SOLD 67,736 ENDOWMENT MANAGEMENT EXPENSE -353,532 ENDOWMENT INCOME TAX 928 Total 33,827
Part XI Line 4b - other adjustments		RENTAL EXPENSES -101,758 FUNDRAISING EVENTS EXPENSES -206,257 GAMING ACTIVITIES DIRECT EXPENSES -10,680 COST OF GOODS SOLD -67,736 ENDOWMENT MANAGEMENT EXPENSE 353,532 ENDOWMENT INCOME TAX -928 Total -33,827
Part XII Line 4b - other adjustments		FINANCIAL AID 6,657,326
Part II, Line 9		The School holds two wetlands easements as part of its campus land. This is accounted for as part of the land amount on the School's balance sheet.
Part III, Line 4		Included in this collection are such notable books as Charles Darwin's on the origin of species (\$15,000), Hartmann Schedel's Nurenberg Chronicle (\$35,000), and the latin book of hours' hours of the virgin (\$25,000) Additionally, there are books by Thomas Jefferson, John Keats and G. Chaucer. These books and manuscripts provide an opportunity for our students to gain invaluable insight as to historical perspectives and a chance to view classical literature in their original form that they could not otherwise ever see. Additionally, the school possesses a l'earbe sculpture that is on display in the schools' art center for the viewing pleasure of the art students and to the public at exhibitions.
Part V , Line 4		The Peddie School Endowment funds are donor RESTRICTED and primarily provide for financial aid to Peddie's students and support for the School's general operations. Endowment income also provides support for the school's faculty salaries as well as academic programs, field trips for students, and general use
Part X, Line 2		Accounting for Uncertainty in Income Taxes clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements. Management has analyzed the tax positions taken by the School and has concluded that as of June 30, 2013 and 2012, there are no uncertain tax taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements. The School recognizes accrued interest and penalties associated with uncertain tax positions, if any. There was no income tax-related interest or penalties recorded for the years ended June 30, 2013 and 2012. The income tax returns of the School for June 30, 2012, 2011 and 2010 are subject to examination by the IRS and other taxing authorities, generally for three years after they were filed.

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As Filed Data -

DLN: 93493330001033

OMB No 1545-0047

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

The Peddie School

Name of the organization

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	21-0634492			
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	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
				110
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	O ther extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
,	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

Identifier	Return Reference	Explanation
Part I, Line 3		A statement of Peddie's non-discrimination policy is included in all brochures and catalogs that pertain to student admissions programs and scholarships. Peddie also publishes an annual print advertisement through NAIS (National Association of Independent Schools)

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493330001033

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

The Peddie School				Linployer ident	ii ication number				
The Peddle School				21-0634492					
Part I General Informat "Yes" to Form 990, F			he United States. C	omplete if the organiz	ation answered				
1 For grantmakers. Does the assistance, the grantees' e	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2 For grantmakers. Describe the United States.	e in Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fu	nds outside				
3 Activites per Region (The foll	owing Part I, line	3 table can be d	uplicated if additional sp	ace is needed)					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
South Asıa	0	0	Program Services	STUDENTS VISIT INDIA	93,83				
East Asia and the Pacific	0	0	Program Services	STUDENTS VISIT CHINA	44,38				
East Asia and the Pacific	0	0	Fundraising		48,79				
Europe (Including Iceland and Greenland)	d 0	0	Investments		6,432,15				
Caribbean									
3a Sub-total b Total from continuation sheet:	s 0	0			56,424,58				

to Part I

c Totals (add lines 3a and 3b)

56,424,585

art II Grants Part IV	s and Other Ass ', line 15, for any	sistance to Orgar recipient who rece	lizations or Entiti lived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	plete if the organiza anal space is needed	tion answered "Yes [.] J.	" to Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
Enter total n tax-exempt	umber of recipie by the IRS, or fo	nt organizations list or which the grantee	ted above that are see or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter •	as 	
Enter total n	umber of other o	organizations or en	tities		<u>.</u> .			

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

Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of disbursement of non-cash valuation assistance recipients cash grant non-cash (book, FMV, assistance assistance appraisal, other) 50,100 SCHOLARSHIP FMV SCHOLARSHIP Europe (Including 1 Iceland and Greenland) SCHOLARSHIP Central America and 96,000 SCHOLARSHIP FMV 3 the Carıbbean SCHOLARSHIP South Asia 50,100 SCHOLARSHIP FMV 1 45,500 SCHOLARSHIP FΜV SCHOLARSHIP North America 1 SCHOLARSHIP Sub-Saharan Africa 1 32,600 SCHOLARSHIP FM V

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also coi	mplete this part to provide any ad-	ditional information (see instructions).
Identifier	ReturnReference	Explanation
Schedule F, Part I, Line 2		The Peddie School uses school and student services (SSS) to process financial aid applications SSS is a service of the national association of the independent schools. Parents of students complete the parents' financial statement (PFS) form and submit it to SSS along with the required copies of tax returns and proof of income. SSS calculates parents ability to pay. The Peddie School's financial aid committee then meets and tries to match student need with available funds. Financial aid awarded is applied against student tuition accounts for the academic year.
Schedule F, Part 1, Line 3		Program services are at fair market value Investments are at book value
		book value
	l	Schedule F (Form 990) 2012

DLN: 93493330001033

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

The Peddie School

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						21-0634492	
Pa	rt I Fundraising Act	ivities. Complete	If the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the	following activities Che	eck all that apply	
а	Mail solicitations			е	Solicitation of non	-government grants	
b	Internet and email soli	cıtatıons		f	Solicitation of gov	ernment grants	
c	Phone solicitations			g	Special fundraisin	g events	
d	☐ In-person solicitations	;					
2-	Did the organization have a		amantt		wdual (maludina office)	ro divoctore trilatece	
2a	or key employees listed in						Γ _{Yes} Γ _{Ne}
h	If "Yes," list the ten highes	•	•		·	_	
_	to be compensated at least			anaraisei	s, parsaane to agreeme	ander which the fall	Taraiser is
	i) Name and address of	(ii) Activity	(iii)) Dıd	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
`	ındıvıdual	(, / ,		serhave	from activity	(or retained by)	(or retained by)
	or entity (fundraiser)			ody or		fundraiser listed in	organization
			1	rol of outions?		col (i)	
			Yes	No			
					1		
		+					
	_						
Tota	1						
3	List all states in which the	organization is regis	tered or lı	censed to	solicit funds or has be	en notified it is exempt	from registration or
	licensing					·	-

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			Auction (event type)	Reunion (event type)	(total number)	col (c))
Revenue	1	Gross receipts	111,116		12,346	149,257
φÇe	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	111,116	5 25,795	12,346	149,257
	4	Cash prizes				
မှာ 45	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages .				
<u>D</u> Le⊄	8	Entertainment				
Δ	9	Other direct expenses .	120,744	74,776	10,737	206,257
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(206,257)
	11	Net income summary Combine I				-57,000
Par	t III	Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	art IV, line 19, or repo	l .
		\$15,000 on Form 990-EZ, li	ne 6a.	Г	<u> </u>	T
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>공</u>	1	Gross revenue			24,780	24,780
Ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
à	5	Other direct expenses			10,680	10,680
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes	✓ Yes100 000 %✓ No	
	7	Direct expense summary Add line	s 2 through 5 in column i	(d)	🛌	10,680
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)		14,100
9 a	Ent	er the state(s) in which the organiz	ation operates gaming ac	tivities <u>NJ</u>		. Ves No
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?	

Does	the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
L3	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
L 4	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name MICHAEL B MCKITISH
	Address 201 SOUTH MAIN STREET HIGHTSTOWN,NJ 08520
l5a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party 🕨 \$
С	If "Yes," enter name and address of the third party
	Name 🟲
	Address ►
L 6	Gaming manager information
	Name •
	Gaming manager compensation ► \$
	Description of services provided 🟲
	□ Director/officer □ Employee □ Independent contractor
.7	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	in the organization's own exempt activities during the tax year 🟲 💲
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	I dentifier Return Reference Explanation
,	l l

Schedule I (Form 990)

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

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

OMB No 1545-0047

2012

DLN: 93493330001033

pen to Public

Internal Revenue Service			Attach to Form 9	90			Inspection
Name of the organization						Employer identif	ication number
The Peddie School						21-0634492	
Part I General Inform	ation on Grants	and Assistance					
1 Does the organization main the selection criteria used	to award the grants	orassistance?					∀Yes □
2 Describe in Part IV the org	<u> </u>						1.00
		Governments and receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BORO OF HIGHTSTOWN 148 SOUTH MAIN STREET HIGHTSTOWN,NJ 08520	21-6000721	501(C)(3)	23,000				GENERAL TOWN SUPPORT
(2) HIGHTSTOWN FIRE DEPARTMENT 148 SOUTH MAIN STREET HIGHTSTOWN,NJ 08520	22-3279112	501(C)(3)	15,000				FIRE DEPARTMENT SUPPORT
(3) HIGHTSTOWN FIRST AID SQUAD 148 SOUTH MAIN STREET HIGHTSTOWN,NJ 08520	22-2677976	501(C)(3)	10,000				FIRST AID SQUAD SUPPORT
(4) Downtown Hightstown 109 Mercer Street Hightstown,NJ 08520	26-4822789	501(C)(3)	10,000		1 1		TOWN IMPROVEMENT

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

Enter total number of other 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, lin	ne 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL AID	170	6,383,026			SCHOLARSHIP
Part IV Supplemental Informa					
Complete this part to provide the information	required in Part I, line 2,	. Part III, column (b), and	d any other additional inf	ormation	

Identifier	Return Reference	Explanation
	for Monitoring Use of Funds	THE PEDDIE SCHOOL USES SCHOOL AND STUDENT SERVICES (SSS) TO PROCESS financial aid applications SSS is a service of the national association of the independent schools. Parents of student complete the parents' financial statement (PFS) form and submit it to SSS along with the required copies of tax returns and proof of income. SSS calculates parent's ability to pay. The peddie school's financial aid committee then meets and tries to match student need with available funds. Financial aid awarded is applied against student tuition accounts for the academic year.
		Calcadala T (Farma 000) 2012

DLN: 93493330001033

OMB No 1545-0047

Schedule J

Compensation Information

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. ► See separate instructions.

Name of the organization The Peddie School

Employer identification number

21-0634492

Pa	It I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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 A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured 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 the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	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 in prior Form 990	
(1)John Green HEADMASTER	(i) (ii)	572,132		276	41,500	68,295	682,203		
(2)Michael McKitish ASS'T HEAD FINANCE & OPERATION	(i) (ii)	220,584		792	22,479	617	244,472		
(3)LISA WINICK DIRECTOR OF DEVELOPMENT	(i) (ii)	162,949		180	15,595	11,313	190,037		
(4)CATHERINE RODRIGUE ASSOCIATE HEAD OF SCHOOL	(i) (ii)	132,391		276	13,300	33,159	179,126		
(5)DAVID FEY SENIOR INVESTMENT OFFICER	(i) (ii)	157,775				282	158,057		
(6)CHRIS BRIGHT TRUSTEE/TEACHER	(i) (ii)	61,709		149	6,699	37,083	105,640		

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

DLN: 93493330001033

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Inspection

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization The Peddie School

Department of the Treasury

Employer identification number

THE	reddie School	21-0634492													
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	on of purpose	(g) De	(g) Defeased be				Pool ncing
										Yes	No	Yes	No	Yes	No
A	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY - 2004A	22-2045817	645912CT1	03-31-2004	13,07	77,072	SCIE	SCIENCE BUILDING X					x		x
В	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY - 2004B	22-2045817	645912CS3	03-31-2004	8,0;	25,000	SCIE	SCIENCE BUILDING			х		х		Х
c	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY - 2008	22-2045817	645918UJO	12-19-2008	25,60	01,588		RENOVATION TO ATHLETIC CENTER		С	×		×		Х
Pa	Part II Proceeds														
					4	4		E	3		С			D	
1	A mount of bonds retired					0		0		0					
2							0		0			0			
3	3 Total proceeds of issue					13,077,	.072		8,025,000		25,60	1,588			
4							0		0			0			
5	Capitalized interest from proceeds						0		0			0			
6	Proceeds in refunding escrows					4,444,	260		0		10,20	6,845			
7	Issuance costs from proceeds					221,412 165,500		394,743							
8	Credit enhancement from proce						0 0		0						
9	Working capital expenditures fr	rom proceeds					0 0		0						
10	Capital expenditures from proce	eeds				8,411,	400		7,859,500	15,000,000					
11	Other spent proceeds						0		0			0			
12	O ther unspent proceeds						0		0			0			
13	Year of substantial completion				20	05	2005		2	009					
			Yes	No		Yes	No	Yes	N	lo	Yes		No		
14	Were the bonds issued as part	of a current refundir	ng Issue?			Х			Χ		>	<			
15	Were the bonds issued as part	of an advance refun	ıdıng ıssue?			Х	T		Х		>	<			
16	Has the final allocation of proce	eeds been made?			Х			Х		Х					
17					Х			x		Х					
Pai	Part III Private Business Use														
						۸.		E	3		С			D	
					Yes	No		Yes	No	Yes	N	lo	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0% other than a section 501(c)(3) organization or a state or local government 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 Total of lines 4 and 5 % % % % Does the bond issue meet the private security or payment test? 7 Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % 0/∩ % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Χ Χ Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Х Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No No Yes No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Exception to rebate? b No rebate due? c If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Wells Fargo Name of provider Term of hedge 8 7 8 7 C Was the hedge superintegrated? d Χ Χ Was a hedge terminated? Χ Χ

Pa	rt IV Arbitrage (Continued)									
		А		В	}	С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		Х		Х			
b	Name of provider	0	0 0		0	0				
С	Term of GIC									
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		Х		х			
7	Has the organization established written procedures to monitor the requirements of section 148?		x		Х		Х			
Pa	rt V Procedures To Undertake Corrective Action									
		Α		В	3	С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	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?	X		x		х				

Part VI Supplemental Inf	Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).							
Identifier Return Reference Explanation								
TAX-EXEMPT BONDS	0	The balance of the tax-exempt bonds shown on the Part X, line 20 were issued before 2003						

Schedule K (Form 990) 2012

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As Filed Data -

DLN: 93493330001033

OMB No 1545-0047

2012

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

Name of the orga The Peddie School	nızatıon						Employer identification number					r
Part I Exces	s Benefit Tran	cactions (coction F	01/6\/2\ :	and coction F	01/0)/4) or		-0634				
	te if the organization										40b	
	of disqualified pers			between di		(c) Descri					(d) Correc	
-				d organızatı			•				Yes	No
										_		
3 Fakan H.		<u> </u>										
2 Enter the am	ount of tax incurre	a by organiza	ation mana	gers or dis	qualified perso	ns during the	yearı	ınaers	section ► ◆			
				uraad bu th				•	- →			
5 Enter the ann	ount of tax, if any,	on line 2, ab	ove, rennb	uiseu by tii	e organizacion			•	F \$			
Comp	ns to and/or F	ation answer	ed "Yes" o	n Form 990		ne 38a, or Fo	rm 99	0,Par	t IV, lın	ne 26, o	r ıf the	
	nization reported ar					(6)Palana	()	\ T			I (EX)A/m	
(a) Name of interested	(b) Relationship with organization		(d) Loar		(e)Original principal	(f)Balance due	1) In ault?	(h) Approved		(i)Written agreement?	
person			organizat		amount					y board or		
							committe		ıttee?	<u>a</u> ?		
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
											_	
									<u> </u>		_	
									<u> </u>		_	
otal			▶ \$									
	its or Assistan											
Com	plete if the orgar	nization ans	wered "Y	'es" on Fo	rm 990, Part	IV, line 27						
(a) Name of inte person	interest	ationship bet ed person ar organization	1 -	c) A mount o	of assistance	(d) Type o	fassis	tance	(e)	Purpos	e of ass	ıstanc
									-			

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organiza	tion answered "Yes" on I		ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
			Yes	No	
(1) yorktown partners	ınvestment manager	150,361	See Part V		No
(2) Paulson Company	Investment Manager	78,440	See Part V	1	No
					I

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
Schedule L, Part IV		(A) Name of person Yorktown Partners (D) Description of transaction One of the partners serves as an investment advisor and is a member of the investment committee (A) Name of person Paulson Company (B) Relationship between interested person and organization trustee investment manager (D) description of transaction one of the managing directors is a member of the investment committee

Schedule L (Form 990 or 990-EZ) 2012

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Noncash Contributions

DLN: 93493330001033

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization The Peddie School

Employer identification number

Pa	rt I Types of Property				21-0634492			
	.,poz o opolicy	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			ts
1	Art—Works of art	X	1	 	FMV			
	Art—Historical treasures .			2,300				
	Art—Fractional interests							
	Darles and multipartures							
	Clothing and household							
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	29	582,833	fmv			
	Securities—Closely held stock	•						
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Q ualified conservation contribution—Historic							
4	structures							
5	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							
	Other ▶()							
	Other ▶ ()							
	Number of Forms 8283 received	by the orga	I enization during the tay yea	r for contributions				
.5	for which the organization comple				29			
	,		,	j L			Yes	No
0a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem					300		
1	Does the organization have a gi			review of any non-standard	contributions?	31	Yes	
22	Does the organization hire or us							
	contributions?	· · · ·		· · · · · · · · · ·		32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not repor	t an amount	: ın column (c) for a type of	property for which column (a) ıs checked,			
	describe in Part II							

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

Identifier	Return Reference	Explanation
Part II, Line 32b	1	THE SCHOOL USED THEIR INVESTMENT BROKERS TO SELL THEIR CONTRIBUTED MARKETABLE SECURITIES

Schedule M (Form 990) (2012)

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DLN: 93493330001033

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.

2012

Open to Public Inspection

Name of the organization The Peddie School	Employer identifi	cation number
	21-0634492	

Identifier	Return Reference	Explanation
Form 990, Part I, Line 1, description of organization mission		schools, Peddie embraces excellence and its responsibility to develop tomorrow's leaders while staying true to the spirit of community that has distinguished the school since its founding in 1864
form 990, Part VI, Section B, Line 11		The Peddie School's Finance/Audit committee of the board of trustees is given a presentation of the 990 and 990T and meets to review the returns before the returns are filed. A copy of the peddie school's 990 and 990T is also made available to the entire board of trustees with an opportunity to raise any questions or concerns.
Form 990, Part VI, Section B, Line 12C		A conflict of interest questionaire and statement is completed by the entire board of trustees on an annual basis. The statements are kept on file and reviewed by the school management.
Form 990, Part VI, Section B, Line 15		Annually, the executive committee of the peddie board of trustees, conducts a review of compensation for officers and key employees. The committee reviews employee performance evaluations, historical salary, listing of all benefits and a comparison study of salary and benefits for similar positions at comparable schools.
Form 990, Part VI, Section C, Line 19		The peddie school does not make its governing documents, conflict of interest policy and financial statements available to the public. The financial statements are made available to bondholders, insurers, rating agencies and others with a financial interest.
Form 990, Part XI, Line 9, Changes in Net Assets		Change in value of split interest agreement 1,211,274 Change in value of interest rate swap 690,384 Change in pledges -175,256 Total to Form 990, Part XI, Line 9 \$1,726,402
Form 990, Part XII, Line 2C		The review process for the financial statements has not changed from the prior year
Form 990, Part VIII, Line 7C(I)		The gain shown is net of \$2,560,194 in investment expenses

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DLN: 93493330001033

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

he Peddie School				21-063449	2		
Part I Identification of Disregarded Entities (Complete	te if the organizatior	answered "Yes" to	Form 990, Par				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) TPS MANAGEMENT LLC 201 SOUTH MAIN STREET HIGHTSTOWN, NJ 08520 75-3051210	COMMERCIAL	NJ	104,308	2,362,480	THE PEDDIE		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the (a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) htus Direct controlling	Section (13) co	ne (g) n 512(b) ontrolled
						Yes	No
						+	
						+	
For Danaguark Poduction Act Natice coathe Instructions for Form 900		Cat No. 5013	:57		Schodula P (For	rm 990) 1	2012

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentae ownersh
					514)			Yes	No		Yes	No	
											1		
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization (b) Primary activity		(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule													
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organızatıons lı	sted in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a								
b	Gift, grant, or capital contribution to related organization(s)				1b								
C	Gift, grant, or capital contribution from related organization(s)				1c								
d	Loans or loan guarantees to or for related organization(s)				1d								
e	Loans or loan guarantees by related organization(s)				1e								
	f Dividends from related organization(s)												
f	f Dividends from related organization(s)												
g Sale of assets to related organization(s)													
h Purchase of assets from related organization(s)													
i	i Exchange of assets with related organization(s)												
j Lease of facilities, equipment, or other assets to related organization(s)													
k	k Lease of facilities, equipment, or other assets from related organization(s)												
ı	l Performance of services or membership or fundraising solicitations for related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s)													
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													
0	Sharing of paid employees with related organization(s)				10								
р	Reimbursement paid to related organization(s) for expenses				1p								
q	Reimbursement paid by related organization(s) for expenses				1q								
r	O ther transfer of cash or property to related organization(s)				1r								
s	Other transfer of cash or property from related organization(s)				1s								
_	Test to the second seco												
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	(b)	(c)	(d)									
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No						
												1						

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 21-0634492

Name: The Peddie School

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493330001033 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** GENERAL DEPRECIATION Name(s) shown on return The Peddie School 21-0634492 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 413.140 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 0 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ΜМ S/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 413,140 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

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

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

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See t	the i	nstruct	ions f	or lim	its 1	or pa	sseng	er au	tomob	iles.)	
24a Do you have evider	nce to support	the business/inv	estment ι	ise claimed	d? ┌Yes	√ No		24	lb If "Y∈	es," is t	he ev	idence	written?	Гүе	ᄝ)	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	(e) Basis for depreciation (business/investment use only)				(f) Recovery period	Met	g) hod/ ention		(h Deprec dedud	ation/		(i) Elected section 179 cost		
25 Special depreciation allo 50% in a qualified busi			erty placed	in service (during the	tax year	and u	ised more	than	25							
26 Property used more	e than 50%	ın a qualıfıed	business	use													
		%															
		%									+						
27 Property used 50%	or less in a	qualified bus	iness us	е													
		%							S/L - S/L -		-						
		%							S/L -								
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lir	ne 21, p	oage	1	28								
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and o	n line 7,	page 1			–					29				
			ction B														
Complete this section If you provided vehicles to														se vehic	les		
					a)	(l			(c)		((e)		f)	
year (do not include			ring the •	Vehi	cle 1	V e	hicle 3	3 \	Vehicle 4 V			cle 5	Vehi	cle 6			
31 Total commuting r	miles driven	during the ye	ar .														
32 Total other persor	nal(noncomm	nuting) miles	drıven														
33 Total miles driven through 32 .	during the y	ear Add line	s 30														
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	5 Y	'es	No	Yes	No	Yes	No	
during off-duty ho	urs? .																
35 Was the vehicle us		by a more th	nan 5%														
owner or related p									_	_			_	-		<u> </u>	
36 Is another vehicle						<u> </u>	<u> </u>	<u> </u>				<u> </u>	<u> </u>				
Section Answer these question 5% owners or related	ns to determ		et an exc												not mo	re thai	
37 Do you maintain a employees?	written polic			nibits all	personal	use of	vehi	cles, inc	luding	comm	nutın	g, by '	our .	Y	es	No	
38 Do you maintain a employees? See the												your •					
39 Do you treat all us	e of vehicles	s by employe	es as per	sonal us	e [?]												
40 Do you provide movehicles, and retain				oyees, o	btaın ınfo	rmatio	n froi	m your e	mploy • •	ees al	oout	the us	e of				
41 Do you meet the re	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstru	ctions) .						
Note: If your answ	er to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	of for the	covere	ed veh	ıcles	5					
Part VI Amo	rtization																
(a) Description of c	(b)							Code per			(e) A mortization period or percentage				(f) tization for is year		
42 A mortization of co	sts that bed		ur 2012	tax year	(see ins	truction	ns)				-						
	Ī			<u> </u>			-										
43 Amortization of co	sts that beg	an before you	ır 2012 t	ax year						. [43						
44 Total. Add amount	ts ın column	(f) See the I	nstructio	ns for wh	ere to re	port				. [7	44						