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DLN: 93493309011663

OMB No 1545-0047

2012

# Form **990**

Department of the Treasury

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

**Return of Organization Exempt From Income Tax** 

Open to Public

| A Fo                           | r the          | 2012 cal        | endar year, or tax year beginning 07-01-2012 , 20   | 012, and ending 06-3              | 0-2013           |                              | <u> </u>                                       |           |
|--------------------------------|----------------|-----------------|---|-----------------------------------|------------------|------------------------------|--|-----------|
| _                              |                | applicable      | <b>C</b> Name of organization<br>The Peck School  |                                   |                  | D Employer                   | identification numb                            | ber       |
| _                              | dress c        | _               | Doing Business As   |                                   |                  | 22-1487                      | 293  |           |
| _                              | me cha         | -               |   |                                   |                  |                              |  |           |
| _                              | tıal retu      |                 | Number and street (or P O box if mail is not delivered to s<br>247 South Street   | street address) Room/su           | ıite             | E Telephone                  | number   |           |
| _                              | rmınate<br>    |                 | Suite   |                                   |                  | (973)53                      | 9-8660   |           |
| _                              |                | return          | City or town, state or country, and ZIP + 4<br>Mornstown, NJ 07960  |                                   |                  |                              |  |           |
| App                            | plicatio       | n pending       |   |                                   | 1                | <b>G</b> Gross rece          | ipts \$ 13,427,131                             |           |
|                                |                |                 | F Name and address of principal officer JOHN KOWALIK 247 south street   |                                   |                  | this a group ret<br>liates?  | turn for Yes 🔽                                 | No        |
|                                |                |                 | morristown, NJ 07960  |                                   |                  |                              | ncluded? \( \text{Yes} \) Ist (see instruction |           |
| : Ta                           | x-exer         | mpt status      | ▼ 501(c)(3)   | a)(1) or                          |                  | •                            | ·  | ,,,,      |
| w                              | ebsit          | e: ► WW         | W PECKSCHOOL ORG  |                                   | <b>H(c)</b> Gr   | oup exemption                | number <b>F</b>                                |           |
| <b>√</b> For                   | m of or        | rganızatıon     | Corporation Trust Association Other   |                                   | <b>L</b> Year of | formation 1893               | M State of legal dor                           | micile N. |
| Pa                             | rt I           | Sum             | mary  |                                   | •                |                              |  |           |
| Jce<br>Jce                     |                | WE BELI         | escribe the organization's mission or most significa<br>EVE THAT, IN LIFE, KNOWLEDGE MUST BE GUII<br>L'S ENTIRE MISSION STATEMENT | int activities<br>DED BY VALUES P | LEASE REF        | ER TO SCHED                  | DULE O FOR THE                                 | PECK      |
| Ē                              |                |                 |   |                                   |                  |                              |  |           |
| Governance                     | 2              | Check th        | is box ▶┌ if the organization discontinued its oper   | rations or disposed               | of more thar     | 125% of its ne               | t assets                                       |           |
|                                | 3              | Number          | of voting members of the governing body (Part VI, l   | line 1a)....                      |                  |                              | з  | 2!        |
| Activities &                   |                |                 | of independent voting members of the governing bo   |                                   |                  |                              | 4  | 24        |
| Ĭ                              |                |                 | mber of individuals employed in calendar year 2012  |                                   |                  | <u> </u>                     | 5  | 9:        |
| ž                              | 6              | Total nui       | mber of volunteers (estimate if necessary)  |                                   |                  |                              | 6  |           |
|                                | 7a             | Total uni       | related business revenue from Part VIII, column (C  | C), line 12                       |                  |                              | 7a   | (         |
|                                | ь              | Net unre        | lated business taxable income from Form 990-T, li   | ne 34                             |                  |                              | 7b   |           |
|                                |                |                 |   |                                   | Pi               | rior Year                    | Current Ye                                     | ar        |
|                                | 8              | Contri          | outions and grants (Part VIII, line 1h)   |                                   |                  | 812,057                      | 7 8  | 92,906    |
| Rayenue                        | 9              | Progra          | m service revenue (Part VIII, line 2g)  |                                   |                  | 9,539,416                    | 10,0   | 12,739    |
| e Ale                          | 10             | Invest          | ment income (Part VIII, column (A), lines 3, 4, and   | d7d)                              |                  | 93,104                       | 1 5  | 36,969    |
| _                              | 11             |                 | revenue (Part VIII, column (A ), lines 5, 6d, 8c, 9c,   |                                   |                  | 150,622                      | 2 1  | 86,126    |
|                                | 12             |                 | evenue—add lines 8 through 11 (must equal Part V  |                                   | e                | 10,595,199                   | 11,6   | 28,740    |
|                                | 13             |                 | and similar amounts paid (Part IX, column (A), line   |                                   |                  | 484,663                      | <u> </u>                                       | 87,735    |
|                                | 14             |                 | ts paid to or for members (Part IX, column (A), line  | •                                 |                  | (                            |  |           |
| 88                             | 15             | Saları<br>5–10) | es, other compensation, employee benefits (Part IX  | (, column (A), lines              |                  | 6,367,384                    | 6,6  | 83,880    |
| Expenses                       | 16a            | Profes          | sional fundraising fees (Part IX, column (A), line 11   | 1e)                               |                  | (                            |  | C         |
| ੜੇ                             | Ь              | Total fu        | ndraising expenses (Part IX, column (D), line 25) 🕨 433,138   |                                   |                  |                              |  |           |
| ت                              | 17             |                 | expenses (Part IX, column (A), lines 11a–11d, 11t   | f-24e)                            |                  | 3,656,215                    | 5 4,1  | 10,234    |
|                                | 18             | Total e         | xpenses Add lines 13–17 (must equal Part IX, co   | olumn (A), line 25)               |                  | 10,508,262                   | 11,2   | 81,849    |
|                                | 19             | Reven           | ue less expenses Subtract line 18 from line 12 .  |                                   | _                | 86,937                       | 7 3  | 46,891    |
| net Assets or<br>Fund Balances |                |                 |   |                                   | Beginn           | ing of Current<br>Year       | End of Yea                                     | ar        |
| 15 est                         | 20             | Totala          | ussets (Part X, line 16)  |                                   |                  | 38,844,946                   | 39,6   | 71,200    |
| 4 B                            | 21             |                 | iabilities (Part X, line 26)  |                                   |                  | 5,723,816                    | -  | 02,300    |
| žŽ                             | 22             |                 | sets or fund balances Subtract line 21 from line 20   |                                   |                  | 33,121,130                   | +  | 68,900    |
| Pai                            | t II           |                 | ature Block   |                                   |                  |                              |  |           |
| Jnde<br>ny ki                  | r pen<br>nowle | alties of       | perjury, I declare that I have examined this return, pelief, it is true, correct, and complete Declaration                        |                                   |                  |                              |  |           |
|                                |                | ****            |   |                                   |                  | 2013-09-20                   |  |           |
| Sign                           |                | Signa           | ture of officer   |                                   |                  | Date                         |  |           |
| Her                            |                |                 | A CONROY Director of Finance  |                                   |                  |                              |  |           |
|                                |                | <u> </u>        | or print name and title   |                                   |                  |                              |  |           |
|                                |                |                 | rınt/Type preparer's name Preparer's signature ICHARD A SACKIN  | Ţ                                 |                  | heck if PT                   | IN   |           |
| Paid                           |                | F               | ım's name ► EISNERAMPER LLP   | <b>_</b>                          |                  | ım's EIN 🟲                   |  |           |
|                                | pare           |                 |   |                                   |                  | L                            | 12.7000  |           |
| Jse                            | On             | ıly   「         | ım's address ► 111 WOOD AVE SO STE 600  |                                   | P                | hone no (732) 2 <sup>2</sup> | 13-/000  |           |
|                                |                |                 |   |                                   |                  |                              |  |           |

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

✓ Yes ☐ No

| Par                |                                 | <b>ent of Program Servi</b><br>Schedule O contains a resp                | ce Accomplishments onse to any question in this   | Part III                                   |                                  |                                    |
|--------------------|---------------------------------|--|---|--|----------------------------------|------------------------------------|
| 1                  | Briefly describe                | the organization's mission   |   |  |                                  |                                    |
| AND<br>CAP<br>PREF | A RIGOROUS AN<br>ACITY FOR DISC | ND INSPIRATIONAL ACA<br>IPLINED LEARNING AND                             | T BE GUIDED BY VALUES DEMIC PROGRAM, THE PE CONSIDERATION OF OTI ED IN SECONDARY SCHO     | CK SCHOOL STRIVES T<br>HERS WITH DEDICATEI | O BUILD IN EAC<br>D FACULTY AND  | H STUDENT THE FAMILIES, WE         |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
| 2                  | the prior Form 99               | 90 or 990-EZ?  | nt program services during  |  |                                  | ┌ Yes ┌ No                         |
|                    | If "Yes," describ               | e these new services on Sc   | hedule O  |  |                                  |                                    |
| 3                  | services?                       |  |   | now it conducts, any progi                 |                                  | ┌ Yes ┌ No                         |
|                    | If "Yes," describ               | e these changes on Schedu  | le O  |  |                                  |                                    |
| 4                  | expenses Section                | on 501(c)(3) and 501(c)(4  | e accomplishments for each<br>) organizations are required<br>each program service report | to report the amount of gr                 |                                  |                                    |
| 4a                 |                                 | ) (Expenses \$<br>., FOUNDED IN 1893, IS AN INDE<br>IROUGH EIGHTH GRADES | 8,460,317 including grants<br>PENDENT COEDUCATIONAL DAY SO                                |  | (Revenue \$<br>ELEMENTARY EDUCAT | 9,816,126 )<br>TION TO STUDENTS IN |
| 4b                 | (Code                           | ) (Expenses \$   | ıncludıng grants  | of \$ ) (F                                 | Revenue \$                       | )                                  |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
| 4c                 | (Code                           | ) (Expenses \$   | ıncludıng grants  | of \$ ) (F                                 | Revenue \$                       | )                                  |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    | -                               |  |   |  |                                  |                                    |
|                    | -                               |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
|                    |                                 |  |   |  |                                  |                                    |
| 4d                 | Other program<br>(Expenses \$   | services (Describe in Sche<br>incli                                      | dule O )<br>uding grants of \$  | ) (Revenue \$                              |                                  | )                                  |
| 4e                 | Total program s                 | service expenses 🟲   | 8,460,317   |  |                                  |                                    |

| art IV | Check | dist of | Required | Schedules |
|--------|-------|---------|----------|-----------|
|        |       |         |          |           |

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

| Par | t IV Checklist of Required Schedules (continued)  |     |                 |        |
|-----|---|-----|-----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |                 | No     |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes             |        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | Yes             |        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25                             | 24a | Yes             |        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |                 | Νo     |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |                 | No     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                 | Νo     |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                 | No     |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b |                 | No     |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, 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 |                 | No     |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |                 | No     |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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  |                 | No     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |                 | No     |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |                 | No     |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |                 |        |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes             |        |
|     |   | F   | orm <b>99</b> 0 | (2012) |

| Fai | Statements Regarding Other IRS Filings and Tax Compliance  |           |      | _       |
|-----|--|-----------|------|---------|
|     | Check if Schedule O contains a response to any question in this Part V   | •         | Yes  | l<br>No |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0  |           | 1 05 | 110     |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |           |      |         |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | 1         |      |         |
|     | gaming (gambling) winnings to prize winners?   | 1c        |      |         |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |           |      |         |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 1         |      |         |
| _   | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b        | Yes  |         |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За        |      | Νo      |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b        |      |         |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a        |      | No      |
| ь   | If "Yes," enter the name of the foreign country  |           |      |         |
|     | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |           |      |         |
|     |  |           |      |         |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .  | 5a        |      | Νo      |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b        |      | Νo      |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |           |      |         |
|     |  | 5c        |      |         |
|     | 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        |      | No      |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b        |      |         |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |           |      |         |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a        |      | Νo      |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b        |      |         |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to   |           |      |         |
|     | file Form 8282?  | 7c        |      | Νo      |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |           |      |         |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e        |      | Νo      |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b> |      | Νo      |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g        |      |         |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h        |      |         |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess                     |           | 1:   |         |
|     | business holdings at any time during the year?   | 8         |      |         |
|     | Sponsoring organizations maintaining donor advised funds.  |           |      |         |
|     | Did the organization make any taxable distributions under section 4966?  | 9a        |      |         |
| Ь   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b        |      |         |
| LO  | Section 501(c)(7) organizations. Enter   |           |      |         |
|     | 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  |           |      |         |
| 11  | Section 501(c)(12) organizations. Enter  |           |      |         |
| а   | Gross income from members or shareholders  |           |      |         |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |           |      |         |
| l2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a       |      |         |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |           |      |         |
| L3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | ]         |      |         |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a       |      |         |
|     | 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  |           |      |         |
| С   | Enter the amount of reserves on hand   | [         |      |         |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a       |      | Νo      |
| h   | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0  | 14h       |      |         |

| 36  | ection A. Governing Body and Management   |   |                          |     |
|---|---|---|--------------------------|-----|
|   |   |   | Yes                      | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |   |                          |     |
|   | If there are material differences in voting rights among members of the governing   |   |                          |     |
|   | body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |   |                          |     |
| b   | Enter the number of voting members included in line 1a, above, who are independent  |   |                          |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   |                          | 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   | Yes                      |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a  |                          | No  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b  |                          | Νo  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |   |                          |     |
| а   | The governing body?   | 8a  | Yes                      |     |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes                      |     |
| 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                                       | ıe Cod                   | e.) |
|   |   |   | Yes                      | No  |
| 10a   | Did the organization have local chapters, branches, or affiliates?  |   |                          |     |
|   | Did the organization have local chapters, branches, or anniates.  | 10a   |                          | No  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10a<br>10b                                  |                          | No  |
|   | 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  |   | Yes                      | No  |
| 11a   | 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  | 10b   | Yes                      | No  |
| 11a<br>b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 10b   | Yes                      | No  |
| 11a<br>b<br>12a                                       | 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   | 10b   |                          | No  |
| 11a<br>b<br>12a<br>b                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 10b<br>11a<br>12a                           | Yes                      | No  |
| 11a<br>b<br>12a<br>b                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 10b<br>11a<br>12a<br>12b                    | Yes                      | No  |
| 11a<br>b<br>12a<br>b<br>c                             | 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.   | 10b<br>11a<br>12a<br>12b                    | Yes<br>Yes               | No  |
| 11a<br>b<br>12a<br>b                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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?   | 10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes<br>Yes<br>Yes        | No  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14                 | 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   | 10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes<br>Yes<br>Yes        | No  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15           | 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?  | 10b  11a  12a  12b  12c  13  14             | Yes<br>Yes<br>Yes<br>Yes | No  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15           | 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  | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes  | No  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  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  | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes  | No  |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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?  Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   | 10b  11a  12a  12b  12c  13  14  15a  15b   | Yes Yes Yes Yes Yes Yes  |     |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 | 10b 11a 12a 12b 12c 13 14 15a 15b           | Yes Yes Yes Yes Yes Yes  |     |
| 11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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?  Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   | 10b  11a  12a  12b  12c  13  14  15a  15b   | Yes Yes Yes Yes Yes Yes  |     |

- 17 List the States with which a copy of this Form 990 is required to be filed►NJ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DYANA CONROY 247 SOUTH STREET morristown, NJ (973)539-8660

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

| <b>(A)</b><br>Name and Title       | (B) A verage hours per week (list any hours           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                                 | ess<br>er | (D) Reportable compensation from the organization  | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|------------------------------------|---|--|-----------------------|---------|--------------|---------------------------------|-----------|--|--|--|
|                                    | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director  | Institutional Trustee | Officei | Key employee | Highest compensated<br>employee | Formor    | (W- 2/1099-<br>MISC)   | (W- 2/1099-<br>MISC)                                   | from the<br>organization<br>and related<br>organizations |
| (1) HENRY KLEHM III                | 5 0   | х  |                       | х       |              |                                 |           | 0  | 0  |  |
| PRESIDENT                          |   |  |                       |         |              |                                 |           | , and the second |  |  |
| (2) JENNIFER F MOSS VICE PRESIDENT | 2 0   | х  |                       | x       |              |                                 |           |  |  |  |
| (3) JOSE R CLAXTON                 | 2 0   |  |                       |         |              |                                 |           |  |  |  |
| VICE PRESIDENT                     |   | Х  |                       | Х       |              |                                 |           |  |  |  |
| (4) WILLIAM I BLANCHARD            | 1 0   |  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | X  |                       |         |              |                                 |           |  |  |  |
| (5) DEBORAH BOLLINGER              | 1 0   |  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | X  |                       |         |              |                                 |           |  |  |  |
| (6) JENNIFER NEWMAN BRAZIL         | 1 0   |  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | ×  |                       |         |              |                                 |           |  |  |  |
| (7) KEENEH M COMIZIO               | 1 0   |  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | ×  |                       |         |              |                                 |           |  |  |  |
| (8) JOHN C HAGERTY                 | 2 0   |  |                       |         |              |                                 |           |  |  |  |
| TREASURER                          |   | X  |                       | Х       |              |                                 |           |  |  |  |
| (9) MARY V I COURTEMANCHE          | 1 0   | ,,   |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | ×  |                       |         |              |                                 |           |  |  |  |
| (10) JOHN S DUBEL                  | 1 0   | ×  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | _ ^  |                       |         |              |                                 |           |  |  |  |
| (11) MICHAEL T GILFILLAN           | 1 0   | x  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   |  |                       |         |              |                                 |           |  |  |  |
| (12) JANET K HANLON                | 1 0   | l x  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   |  |                       |         |              |                                 |           |  |  |  |
| (13) T CHANDLER HARDWICK           | 1 0   | x  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   | <u> </u>   |                       |         | <u> </u>     |                                 |           |  |  |  |
| (14) JAMES H HIGGINS III           | 1 0   | ×  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE (15) TOPP W HOUMAN         |   |  |                       |         |              |                                 |           |  |  |  |
| (15) TODD W HOHMAN                 | 1 0   | x  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE (16) GENTRY ASHMORE HOIT   |   |  |                       |         | _            |                                 |           |  |  |  |
|                                    | 1 0   | x  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE (17) KEVIN T KENNY         | 1.0   |  |                       |         | -            |                                 |           |  |  |  |
|                                    | 1 0   | ×  |                       |         |              |                                 |           |  |  |  |
| TRUSTEE                            |   |  |                       |         |              |                                 |           |  |  |  |

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

| <b>(A)</b><br>Name and Title          | ( <b>B</b> )<br>Average   |   |                      |        | not          | chec                            |        | <b>(D)</b><br>Reportable | <b>(E)</b><br>Reportable     | (F<br>Estim       | ated    |
|---------------------------------------|---------------------------|---|----------------------|--------|--------------|---------------------------------|--------|--------------------------|------------------------------|-------------------|---------|
|                                       | hours per<br>week (list   | more than one box, unle<br>person is both an office |                      |        |              |                                 |        | compensation<br>from the | compensation<br>from related | amount o          |         |
|                                       | any hours                 |   |                      |        |              | uste                            |        | organization             | organizations                | from              | the     |
|                                       | for related organizations | 옥호  | <u> </u>             | \      | 줎            | 图盖                              | ᄁ      | (W- 2/1099-<br>MISC)     | (W- 2/1099-<br>MISC)         | organiz<br>and re |         |
|                                       | below                     | 울불  | <u>s</u>             | Office | ت.<br>0      | 뚢휘                              | Former | MISC                     | MISC                         | organiz           |         |
|                                       | dotted line)              | [중달   | ∄                    | -      | 恩            |                                 | ≝      |                          |                              |                   |         |
|                                       |                           | Individual trustee<br>or director                   | Institutional Truste |        | Key employee | ΪŜ                              |        |                          |                              |                   |         |
|                                       |                           | <u>6</u>  | ₹                    |        | Œ:           | 필                               |        |                          |                              |                   |         |
|                                       |                           | σ.  | X ee                 |        |              | Highest compensated<br>employee |        |                          |                              |                   |         |
| (18) ANNE LEBUHN MACCOWATT            | 1 0                       | ,,  |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | Х   |                      |        |              |                                 |        |                          |                              |                   |         |
| (19) JEFFREY L PAGANO                 | 1 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | X   |                      |        |              |                                 |        |                          |                              |                   |         |
| (20) EDWARD J FOLEY IV                | 2 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| SECRETARY                             |                           | Х   |                      | ×      |              |                                 |        |                          |                              |                   |         |
| (21) MARGARET F PLYMPTON              | 1 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | X   |                      |        |              |                                 |        |                          |                              |                   |         |
| (22) PATRICK C RAMSEY                 | 1 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | X   |                      |        |              |                                 |        |                          |                              |                   |         |
| (23) JOHN KOWALIK                     | 60 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| HEADMASTER                            |                           | X   |                      | ×      |              |                                 |        | 484,920                  |                              |                   | 160,390 |
| (24) JENNIFER D SCHMUCKLER            | 1 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | X   |                      |        |              |                                 |        |                          |                              |                   |         |
| (25) MARY ANN V STORMS                | 1 0                       |   |                      |        |              |                                 |        |                          |                              |                   |         |
| TRUSTEE                               |                           | X   |                      |        |              |                                 |        |                          |                              |                   |         |
| (26) DONALD J DIEBOLD                 | 40 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| ATHLETIC DIRECTOR                     |                           |   |                      |        |              | X                               |        | 102,816                  |                              |                   | 32,733  |
| (27) JOAN S MYERS                     | 40 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| DIRECTOR OF ADVANCEMENT               |                           |   |                      |        |              | ×                               |        | 115,822                  |                              |                   | 25,960  |
| (28) NINA SHARMA                      | 40 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| HEAD OF LOWER SCHOOL                  |                           |   |                      |        |              | ×                               |        | 112,624                  |                              |                   | 26,532  |
| (29) DYANA CONROY                     | 40 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| DIR OF FINANCE AND OPERATIONS         |                           |   |                      |        |              | X                               |        | 157,706                  |                              |                   | 16,914  |
| (30) VIC TAYLOR                       | 40 0                      |   |                      |        |              |                                 |        |                          |                              |                   |         |
| DIR CURRICULUM & FACULTY DEV          |                           |   |                      |        |              | X                               |        | 106,485                  |                              |                   | 17,332  |
| 1b Sub-Total                          |                           |   |                      |        | •            | <u> </u>                        |        |                          |                              |                   |         |
| c Total from continuation sheets to   | Part VII, Section A       |   |                      |        |              | ▶                               |        |                          |                              |                   |         |
| d Total (add lines 1b and 1c)         |                           |   |                      |        |              | ▶                               |        | 1,080,373                | 0                            |                   | 279,861 |
| 2 Total number of individuals (includ | ing but not limited to    | those   | liste                |        | bove         | e) who                          | rec    | eived more than          |                              |                   |         |
| \$100,000 of reportable compensa      | tion from the organiz     | ation   | -6                   |        |              |                                 |        |                          |                              |                   |         |
|                                       |                           |   |                      |        |              |                                 |        |                          |                              | Yes               | No      |
| 3 Did the organization list any forme | r officer, director or    | trustee   | e. kev               | v em   | olar         | vee. c                          | r hic  | nhest compensate         | d employee                   |                   |         |

|   |   |   | res | NO |
|---|---|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                      |   |     |    |
|   | of the 14-17-763, complete senerates for such marviatal.  | 3 |     | Νo |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   |     |    |
|   | ındıvıdual  | 4 | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person            | 5 |     | No |

#### **Section B. Independent Contractors**

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

| (A)  | (B)                     | (C)          |
|--|-------------------------|--------------|
| Name and business address  | Description of services | Compensation |
| SAGE DINING SERVICES , 1402 YORK ROAD SUITE 100 LUTHERVILLE MD 21093                     | FOOD SERVICES           | 493,484      |
| CR CLEANING , PO BOX 280 BROOKSIDE NJ 07926  | JANITORIAL SERVICES     | 135,320      |
|  |                         |              |
|  |                         |              |
|  |                         |              |
| - Takal annah ang Candan andank angkarakan Angaladan kakan kakan kalanda da kabana lakat | 1 1 1                   |              |

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

| Part VIII   |          | Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII |                                       |                   |  |   |  |  |  |  |
|---|----------|--|---------------------------------------|-------------------|--|---|--|--|--|--|
|   |          | Check if Schedule O contains a respo   | nse to any question                   | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |  |  |  |
| 0   | 1a       | Federated campaigns 1a   |                                       |                   |  |   |  |  |  |  |
| ons, Gifts, Grants<br>Similar Amounts                     | ь        | Membership dues 1b   |                                       |                   |  |   |  |  |  |  |
| 9 E   | С        | Fundraising events 10  |                                       |                   |  |   |  |  |  |  |
| βĒ  | d        | Related organizations 1d   |                                       |                   |  |   |  |  |  |  |
| ila<br>Ila  |          |  |                                       |                   |  |   |  |  |  |  |
| ns,<br>Sim  | e        | Government grants (contributions) 1e   | <del></del> !                         |                   |  |   |  |  |  |  |
| iệ a  | f        | All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above       | 892,906                               |                   |  |   |  |  |  |  |
| tributio<br>Other   | g        | Noncash contributions included in lines  | 84,382                                |                   | į                                      |   | i i  |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | h        | 1a-1f \$ <b>Total.</b> Add lines 1a-1f   |                                       | 892,906           |  |   |  |  |  |  |
| <del>ة ت</del>  | ₩        | Total. Add filles Id II  | · · · •                               |                   |  |   |  |  |  |  |
| e⊒  | 22       | TUITION  | Business Code                         | 0.016.136         | 0.016.136                              |   |  |  |  |  |
| Program Serwce Revenue                                    | 2a       | AUXILIARY PROGRAMS   | 611710                                | 9,816,126         | 9,816,126                              |   |  |  |  |  |
| æ<br>æ  | b<br>c   | AUXILIART PROGRAMS   | 611710                                | 196,613           | 196,613                                |   |  |  |  |  |
| Ž.  | d        |  |                                       |                   |  |   |  |  |  |  |
| <u> 3</u>   | e        |  |                                       |                   |  |   |  |  |  |  |
| ra<br>E   | f        | All other program service revenue  |                                       |                   |  |   |  |  |  |  |
| ွိ  |          |  |                                       |                   |  |   |  |  |  |  |
|   |          | Total. Add lines 2a-2f   |                                       | 10,012,739        |  |   |  |  |  |  |
|   | 3        | Investment income (including divider and other similar amounts)                                |                                       | 325,149           |  |   | 325,149  |  |  |  |
|   | 4        | Income from investment of tax-exempt bond  | proceeds                              | 0                 |  |   |  |  |  |  |
|   | 5        | Royalties  | 🟲                                     | 0                 |  |   |  |  |  |  |
|   | -        | (i) Real   | (II) Personal                         |                   |  |   |  |  |  |  |
|   | 6a<br>b  | Gross rents Less rental  |                                       |                   |  |   |  |  |  |  |
|   | _        | expenses Rental income 0   |                                       |                   |  |   |  |  |  |  |
|   | c        | or (loss)  |                                       |                   |  |   |  |  |  |  |
|   | d        | Net rental income or (loss)  | · · · · · · · · · · · · · · · · · · · | 0                 |  |   | <u> </u>   |  |  |  |
|   | 7a       | (i) Securities Gross amount  | (II) O ther                           |                   |  |   |  |  |  |  |
|   |          | from sales of 2,010,211 assets other than inventory  |                                       |                   |  |   |  |  |  |  |
|   | b        | Less cost or other basis and 1,798,391   |                                       |                   |  |   |  |  |  |  |
|   | c        | sales expenses Gain or (loss) 211,820  |                                       |                   |  |   |  |  |  |  |
|   | d        | Net gain or (loss)   |                                       | 211,820           |  |   |  |  |  |  |
| <u>ə</u>  | 8a       | Gross income from fundraising events (not including  |                                       |                   |  |   |  |  |  |  |
| Other Revenue   |          | \$<br>of contributions reported on line 1c)  |                                       |                   |  |   |  |  |  |  |
| ě   |          | See Part IV, line 18   |                                       |                   |  |   |  |  |  |  |
| <u>ū</u>  | <b>.</b> | a  |                                       |                   |  |   |  |  |  |  |
| ₽   | b<br>c   | Less direct expenses <b>b</b> Net income or (loss) from fundraising                            |                                       | 0                 |  |   |  |  |  |  |
| _   |          | Gross income from gaming activities See Part IV, line 19                                       |                                       |                   |  |   |  |  |  |  |
|   |          | a  |                                       |                   |  |   |  |  |  |  |
|   | ь        | Less direct expenses b   |                                       |                   |  |   |  |  |  |  |
|   | С        | Net income or (loss) from gaming act   | ıvıtıes                               | 0                 |  |   |  |  |  |  |
|   | 10a      | Gross sales of inventory, less returns and allowances  |                                       |                   |  |   |  |  |  |  |
|   |          | a  |                                       |                   |  |   |  |  |  |  |
|   | ь        | Less cost of goods sold <b>b</b>   |                                       |                   |  |   |  |  |  |  |
|   | С        | Net income or (loss) from sales of inv   | entory <b>-</b>                       | 0                 |  |   |  |  |  |  |
|   |          | Miscellaneous Revenue  | Business Code                         |                   |  |   |  |  |  |  |
|   | 11a      | OTHER INCOME   | 900099                                | 186,126           | 186,126                                |   |  |  |  |  |
|   | Ь        |  |                                       |                   |  |   |  |  |  |  |
|   | C .      | A.II I   |                                       |                   |  |   |  |  |  |  |
|   | d        | All other revenue  |                                       |                   |  |   | <del>                                     </del>             |  |  |  |
|   | e        | Total. Add lines 11a-11d   | •                                     | 186,126           |  |   |  |  |  |  |
|   | 12       | <b>Total revenue.</b> See Instructions .   | · · · · •                             | 11,628,740        | 10,198,865                             |   | 325,149  |  |  |  |

|    | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All  | other organizati      | ons must comp                         | lete column (A )                          |                                   |
|----|--|-----------------------|---------------------------------------|---|-----------------------------------|
|    | Check if Schedule O contains a response to any question in this Pa   |                       |                                       |   |                                   |
|    | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B</b> ) Program service expenses | (C)<br>Management and<br>general expenses | ( <b>D</b> ) Fundraising expenses |
| 1  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 0                     |                                       |   |                                   |
| 2  | Grants and other assistance to individuals in the United States See Part IV, line 22   | 487,735               | 487,735                               |   |                                   |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 0                     |                                       |   |                                   |
| 4  | Benefits paid to or for members  | 0                     |                                       |   |                                   |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 507,974               | 22,622                                | 462,730                                   | 22,622                            |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 0                     |                                       |   |                                   |
| 7  | Other salaries and wages   | 5,093,677             | 4,058,060                             | 770,842                                   | 264,775                           |
| 8  | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)   | 426,048               | 308,567                               | 100,929                                   | 16,552                            |
| 9  | Other employee benefits  | 259,922               | 79,087                                | 170,835                                   | 10,000                            |
| 10 | Payroll taxes  | 396,259               | 291,037                               | 84,967                                    | 20,255                            |
| 11 | Fees for services (non-employees)  |                       |                                       |   |                                   |
| а  | Management   | 0                     |                                       |   |                                   |
| b  | Legal  | 101,726               |                                       | 101,726                                   |                                   |
| C  | Accounting   | 36,250                |                                       | 36,250                                    |                                   |
| d  | Lobbying   | 0                     |                                       |   |                                   |
| e  | Professional fundraising services See Part IV, line 17   | 0                     |                                       |   |                                   |
| f  | Investment management fees   | 0                     |                                       |   |                                   |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 0                     |                                       |   |                                   |
| 12 | Advertising and promotion  | 0                     |                                       |   |                                   |
| 13 | Office expenses  | 108,423               | 8,939                                 | 75,705                                    | 23,779                            |
| 14 | Information technology   | 0                     |                                       |   |                                   |
| 15 | Royalties  | 0                     |                                       |   |                                   |
| 16 | Occupancy  | 0                     |                                       |   |                                   |
| 17 | Travel   | 0                     |                                       |   |                                   |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |                                       |   |                                   |
| 19 | Conferences, conventions, and meetings   | 44,077                | 6,373                                 | 35,617                                    | 2,087                             |
| 20 | Interest   | 145,176               | 145,176                               |   |                                   |
| 21 | Payments to affiliates   | 0                     |                                       |   |                                   |
| 22 | Depreciation, depletion, and amortization  | 891,246               | 802,122                               | 62,387                                    | 26,737                            |
| 23 | Insurance  | 735,062               | 661,556                               | 51,454                                    | 22,052                            |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                   |                       |                                       |   |                                   |
| а  | FACILITIES   | 669,601               | 602,641                               | 46,872                                    | 20,088                            |
| b  | FOOD SERVICE   | 402,453               | 402,453                               | 0   | 0                                 |
| c  | GENERAL ADMINISTRATION EXPENS  | 378,303               | 0                                     | 378,303                                   | 0                                 |
| d  | INSTRUCTION  | 341,088               | 341,088                               | 0   | 0                                 |
| e  | All other expenses   | 256,829               | 242,861                               | 9,777                                     | 4,191                             |
| 25 | Total functional expenses. Add lines 1 through 24e   | 11,281,849            | 8,460,317                             | 2,388,394                                 | 433,138                           |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |                                       |   |                                   |

Part X Balance Sheet

|              | T X | Check if Schedule O contains a response to any question in thi  | s Part           | х           | <u> </u>                 | <u>.</u> .  | <u></u>                   |
|--------------|-----|---|------------------|-------------|--------------------------|-------------|---------------------------|
|              |     |   |                  |             | (A)<br>Beginning of year |             | <b>(B)</b><br>End of year |
|              | 1   | Cash—non-interest-bearing   |                  |             | 1,740,393                | 1           | 343,650                   |
| <u>s</u>     | 2   | Savings and temporary cash investments  | 2,438,144        | 2           | 2,564,937                |             |                           |
|              | 3   | Pledges and grants receivable, net  |                  |             | 0                        | 3           | 0                         |
|              | 4   | Accounts receivable, net  |                  |             | 60,428                   | 4           | 71,288                    |
|              | 5   | Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L   | 0                | 5           | 0                        |             |                           |
|              | 6   | Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule | buting employers |             |                          | 0           |                           |
| Assets       | 7   | Notes and loans receivable, net   |                  |             | 0                        |             |                           |
| Ą            | 8   | Inventories for sale or use   |                  |             | 0                        |             |                           |
|              | 9   |   | 44,405           | <b>└</b> Ŭ  | 217,504                  |             |                           |
|              | 10a | Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   |                  | 00.404.040  |                          | 9           | 217,504                   |
|              | ь   | Less accumulated depreciation   | 10b              |             | 22.214.330               | 100         | 21,597,778                |
|              | 11  | Investments—publicly traded securities  |                  | <u> </u>    | 10,217,978               |             | 12,304,337                |
|              | 12  | Investments—other securities See Part IV, line 11   | 1,839,744        |             | 2,295,705                |             |                           |
|              | 13  | Investments—program-related See Part IV, line 11  | 0                |             | 0                        |             |                           |
|              | 14  | Intangible assets   | 0                | 1           | 0                        |             |                           |
|              | 15  | Other assets See Part IV, line 11   | 289,524          |             | 276,001                  |             |                           |
|              | 16  | Total assets. Add lines 1 through 15 (must equal line 34).  | 38,844,946       | <del></del> | 39,671,200               |             |                           |
|              | 17  | Accounts payable and accrued expenses   | 1,104,271        |             | 951,932                  |             |                           |
|              | 18  | Grants payable  | 1,104,271        | <del></del> | 001,002                  |             |                           |
|              | 19  | Deferred revenue  | 671,036          |             | 716,521                  |             |                           |
|              | 20  |   | 3,363,000        |             | 3.207.000                |             |                           |
|              |     | Tax-exempt bond liabilities   |                  |             | 3,303,000                |             | 3,207,000                 |
| es           | 21  | Escrow or custodial account liability Complete Part IV of Sch   |                  |             | 21                       |             |                           |
| Liabiliti    | 22  | Loans and other payables to current and former officers, direct<br>key employees, highest compensated employees, and disquali   | ıfıed            | ·           |                          |             |                           |
| <u> </u>     |     | persons Complete Part II of Schedule L  |                  |             | 0                        | <del></del> | 0                         |
|              | 23  | Secured mortgages and notes payable to unrelated third partie   |                  |             | 0                        |             | 0                         |
|              | 24  | Unsecured notes and loans payable to unrelated third parties  |                  |             | 0                        | 24          | 0                         |
|              | 25  | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D  | art X o          | f Schedule  | 585,509                  | 25          | 426,847                   |
|              | 26  | Total liabilities. Add lines 17 through 25  |                  |             | 5,723,816                |             | 5,302,300                 |
| — —          | 20  | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.  |                  |             | 5,125,515                | 20          |                           |
| Ę.           | 27  | Unrestricted net assets   | _                |             | 30,117,143               | 27          | 31,196,188                |
| <u>8</u>     | 28  | Temporarily restricted net assets   | 2,362,845        |             | 2,531,570                |             |                           |
| Fund Balance | 29  | Permanently restricted net assets   | 641,142          |             | 641,142                  |             |                           |
| ŭ            |     | Organizations that do not follow SFAS 117 (ASC 958), check h  |                  |             | 041,142                  | -           | O+1, 1+2                  |
| ш<br>L       |     | complete lines 30 through 34.   | icie P           | ) and       |                          |             |                           |
| 0            | 30  | Capital stock or trust principal, or current funds  |                  |             |                          | 30          |                           |
| Assets       | 31  | Paid-in or capital surplus, or land, building or equipment fund   |                  |             |                          | 31          |                           |
| 45.5         | 32  | Retained earnings, endowment, accumulated income, or other  |                  |             |                          | 32          |                           |
| Net /        | 33  | Total net assets or fund balances   |                  |             | 33,121,130               |             | 34,368,900                |
| Ź            | 34  | Total liabilities and net assets/fund balances  |                  |             | 38,844,946               | $\vdash$    | 39,671,200                |
|              |     | rocal habilities and het assets/land balances   | <u> </u>         | • •         | 1 30,044,940             | 34          | 33,011,200                |

| Pai | 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        |             | 11,6 | 528,740            |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        |             | 11,  | 281,849            |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3        |             |      |                    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4        |             |      | <del>-</del>       |
| 5   | Net unrealized gains (losses) on investments  | 5        |             | -    | 121,130<br>547,464 |
| 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        |             | 2    | 253,415            |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10       |             | 34,3 | 368,900            |
| Par | t XII Financial Statements and Reporting  | <u> </u> |             | •    | •                  |
|     | 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  |          |             |      |                    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |          | 2a          |      | No                 |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both   | ewed or  | ו           |      |                    |
|     | 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  |          |             |      |                    |
| С   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of th | e <b>2c</b> | Yes  |                    |
|     | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O   | ın       |             |      |                    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th<br>Single Audit Act and OMB Circular A-133?  | ne       | 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  | d <b>3b</b> |      |                    |

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As Filed Data -

DLN: 93493309011663

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

The Peck 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

|                                  |          |   |   |  |   |                             |   |                            | 22-1487                                 |                      |                   |  |  |  |
|----------------------------------|----------|---|---|--|---|-----------------------------|---|----------------------------|---|----------------------|-------------------|--|--|--|
| Pai                              |          |   |   | ıblic Charity Sta  |   |                             |   |                            |   | instructions         | ·                 |  |  |  |
| The o                            | rganı:   |   |   | te foundation becaus   |   |                             |   |                            |   |                      |                   |  |  |  |
| 1                                |          |   | •   | ion of churches, or a  |   |                             |   | ection 170                 | (b)(1)(A)(i).                           |                      |                   |  |  |  |
| 2                                | 굣        | A possible of a second structure possible service organization described in section 170(b)(1)(A)(iii)   |   |  |   |                             |   |                            |   |                      |                   |  |  |  |
| 3                                |          | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>  |   |  |   |                             |   |                            |   |                      |                   |  |  |  |
| 4                                | Г        | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state |   |  |   |                             |   |                            |   |                      |                   |  |  |  |
| 5                                | Г        | Anorg   | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |   |                             |   |                            |   |                      |                   |  |  |  |
|                                  | ·        |   | section 170(b)(1)(A)(iv). (Complete Part II)  |  |   |                             |   |                            |   |                      |                   |  |  |  |
| 6                                | $\Gamma$ | A fede  | ral, state, or  | local government o   | r government  | tal unit desc               | ribed in <b>sect</b>                          | ion 170(b)                 | (1)(A)(v).                              |                      |                   |  |  |  |
| 7                                |          |   |   | at normally receives   |   |                             |   |                            |   | from the gen         | eral public       |  |  |  |
| 8                                | _        | describ   | oed in <b>sect ic</b>   | on 170(b)(1)(A)(vi).<br>: described in <b>sectio</b> i                       | (Complete F   | art II)                     |   | _                          |   | J                    | ·                 |  |  |  |
| 9                                | Ė        |   |   | at normally receives   |   |                             | -   | -                          | ibutions, mer                           | nbership fees        | s, and gross      |  |  |  |
| _                                | •        | _   |   | rities related to its e  |   |                             | 7.7   |                            | · ·                                     | · ·                  | -                 |  |  |  |
|                                  |          |   |   | oss investment inco  |   |                             |   |                            |   |                      |                   |  |  |  |
|                                  |          |   |   | ganızatıon after June  |   |                             |   |                            |   | ,                    |                   |  |  |  |
| 10                               | Г        |   |   | ganized and operated   |   |                             |   |                            |   |                      |                   |  |  |  |
| 11                               | Γ        | one or<br>the box   | more public<br>cthat descr  | ganized and operated<br>ly supported organiz<br>ibes <u>the</u> type of supp | ations descr<br>orting organ                                    | ibed in sect<br>ization and | ion 509(a)(1<br>complete line                 | ) or section<br>s 11e thro | n 509(a)(2) :<br>ugh 11h                | See <b>section</b> ! | 509(a)(3). Check  |  |  |  |
|                                  |          |   |   | <b>b</b> Type II <b>c</b>  |   |                             |   |                            |   |                      |                   |  |  |  |
| е                                | Γ        | other t   |   | ox, I certify that the ion managers and ot                                   |   |                             |   |                            |   |                      |                   |  |  |  |
| f                                |          | If the c  |   | received a written d   | etermınatıon  | from the IF                 | S that it is a                                | Type I, Ty                 | pe II, or Typ                           | e III support        | ing organization, |  |  |  |
| g                                |          |   |   | 2006, has the organ  | ızatıon accer   | oted any gift               | t or contributi                               | on from an                 | y of the                                |                      | ,                 |  |  |  |
| _                                |          | followir  | ng persons?   | , -  |   | , -                         |   |                            |   |                      |                   |  |  |  |
|                                  |          |   |   | irectly or indirectly o  | •   |                             | =   | persons d                  | escribed in (i                          |                      | Yes No            |  |  |  |
|                                  |          |   |   | governing body of th   |   | _                           | n?  |                            |   |                      | g(i)              |  |  |  |
|                                  |          |   | •   | er of a person descr   | • •   |                             |   |                            |   |                      | ı(ii)             |  |  |  |
| _                                |          |   |   | lled entity of a perso   |   |                             |   |                            |   | 11g                  | (iii)             |  |  |  |
| h                                |          | Provide   | e the followi   | ng information about   | the supporte  | ed organizat                | tion(s)                                       |                            |   |                      |                   |  |  |  |
| (i) Name<br>support<br>organizat |          | rted  | organization organization in  |  | (v) Did you notify the organization in col (i) of your support? |                             | (vi) Is<br>organiza<br>col (i) or<br>in the l | tion in<br>ganized         | (vii) A mount of<br>monetary<br>support |                      |                   |  |  |  |
|                                  |          |   |   | instructions))   | Yes   | No                          | Yes   | No                         | Yes                                     | No                   |                   |  |  |  |
|                                  |          |   |   |  |   |                             | <u> </u>                                      |                            |   |                      |                   |  |  |  |
| Total                            |          |   |   |  |   |                             |   |                            |   |                      | +                 |  |  |  |

| Sch    | edule A (Form 990 or 990-EZ) 2012   |                  |                    |                  |                    |                  |           | Page <b>2</b>  |
|--------|---|------------------|--------------------|------------------|--------------------|------------------|-----------|----------------|
| Pa     | (Complete only if you o   | hecked the bo    | x on line 5, 7,    | or 8 of Part I o | r if the organiza  | ation faile      | ed to q   |                |
|        | Part III. If the organiza ection A. Public Support                          | tion fails to qu | alify under the    | tests listed bel | ow, please com     | <u>iplete Pa</u> | rt III.)  |                |
|        | endar year (or fiscal year beginning  |                  |                    |                  |                    | 1                |           |                |
|        | in) ►   | (a) 2008         | <b>(b)</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<br>behalf  |                  |                    |                  |                    |                  |           |                |
| 3      | The value of services or facilities   |                  |                    |                  |                    |                  |           |                |
| •      | furnished by a governmental unit to   |                  |                    |                  |                    |                  |           |                |
|        | the organization without charge   |                  |                    |                  |                    |                  |           |                |
| 4      | <b>Total.</b> 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) <b>Public support.</b> Subtract line 5 from                             |                  |                    |                  |                    |                  |           |                |
|        | line 4  |                  |                    |                  |                    |                  |           |                |
| S      | ection B. Total Support   |                  |                    |                  |                    |                  |           |                |
| Cal    | endar year (or fiscal year beginning  | (a) 2008         | <b>(b)</b> 2009    | (c) 2010         | (d) 2011           | (e) 20           | )12       | (f) Total      |
| _      | in) ► A mounts from line 4  |                  | . ,                |                  | . ,                | , ,              |           | . ,            |
| 7<br>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     | <b>First five years.</b> If the Form 990 is this box and <b>stop here</b>   |                  |                    |                  |                    |                  |           | 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 <b>stop here.</b> The organization qua                                  |                  |                    |                  | me 1 1 13 33 1/3/0 | or more,         | JIICCK CI | <b>►</b> □     |
| b      | <b>33</b> 1/3% support test—2011. If the                                    |                  |                    |                  | and line 15 is 33  | 3 1/3% or n      | nore, ch  | eck this       |
|        | box and <b>stop here.</b> The organization                                  |                  |                    |                  |                    |                  | . 4 4     | ▶□             |
| 1/a    | 10%-facts-and-circumstances test-<br>is 10% or more, and if the organizat   |                  |                    |                  |                    |                  |           | •              |
|        | in Part IV how the organization mee   |                  |                    |                  |                    |                  |           |                |
|        | organization  |                  |                    |                  | 4                  | r                | ,rF3      | <b>▶</b> □     |
| b      | 10%-facts-and-circumstances test-   |                  |                    |                  |                    |                  |           |                |
|        | 15 is 10% or more, and if the organ<br>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<br>▶□       |
| 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  |                  |                    |                  |                    |                  |           | <b>▶</b> ┌     |

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<br>behalf                       |                     |                    |                      |                   |                 |                         |
| 5          | The value of services or facilities                        |                     |                    |                      |                   |                 |                         |
| 3          | furnished by a governmental unit to                        |                     |                    |                      |                   |                 |                         |
|            | the organization without charge                            |                     |                    |                      |                   |                 |                         |
| 6          | <b>Total.</b> 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>(b)</b> 2009    | (c) 2010             | ( <b>d)</b> 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,<br>►         |
|            | check this box and stop here                               | a Cunnaut Da        |                    |                      |                   |                 | <u> </u>                |
|            | ction C. Computation of Public                             |                     |                    | 12                   |                   | 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<br>▶□ |

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: 93493309011663

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

| Name of the organization The Peck School |   |  | Employer identification number |                               |  |  |  |  |
|--|---|--|--------------------------------|-------------------------------|--|--|--|--|
| THE                                      | reck School   |  | 22-                            | 1487293                       |  |  |  |  |
| Pa                                       | rt I Organizations Maintaining Donor Ad   |  | unds                           | or Accounts. Complete if the  |  |  |  |  |
|  | organization answered "Yes" to Form 990   | ), Part IV, line 6.  (a) Donor advised funds   | 1                              | (h) [da and ather accounts    |  |  |  |  |
|  | Total number at and of year   | (a) Donor advised lunds  |                                | (b) Funds and other accounts  |  |  |  |  |
| 1  | Total number at end of year   |  |                                |                               |  |  |  |  |
| 2<br>3                                   | Aggregate contributions to (during year)  |  |                                |                               |  |  |  |  |
|  | Aggregate grants from (during year)   |  |                                |                               |  |  |  |  |
| 4<br>-                                   | Aggregate value at end of year  |  | <del></del>                    |                               |  |  |  |  |
| 5  | Did the organization inform all donors and donor advis<br>funds are the organization's property, subject to the o   |  | ior advi                       | Yes No                        |  |  |  |  |
| 6  | Did the organization inform all grantees, donors, and c<br>used only for charitable purposes and not for the bene<br>conferring impermissible private benefit?  |  |                                |                               |  |  |  |  |
| Pa                                       | rt III Conservation Easements. Complete i   | f the organization answered "Yes" t  | o Forn                         | n 990, Part IV, line 7.       |  |  |  |  |
| 1<br>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 | n or education)  Preservation of an Preservation of a                                  | certifie                       | d historic structure          |  |  |  |  |
|  | easement on the last day of the tax year  |  |                                |                               |  |  |  |  |
|  |   |  |                                | Held at the End of the Year   |  |  |  |  |
| а  | Total number of conservation easements  |  | 2a                             |                               |  |  |  |  |
| b  | Total acreage restricted by conservation easements  |  | 2b                             |                               |  |  |  |  |
| С  | Number of conservation easements on a certified hist  | , ,  | 2c                             |                               |  |  |  |  |
| d  | Number of conservation easements included in (c) ac<br>historic structure listed in the National Register   | quired after 8/17/06, and not on a   | 2d                             |                               |  |  |  |  |
| 3  | Number of conservation easements modified, transfer   | red, released, extinguished, or terminate  | ed by th                       | ne organization during        |  |  |  |  |
|  | the tax year 🛌  |  |                                |                               |  |  |  |  |
| 4  | Number of states where property subject to conservat  | tion easement is located 🛌   |                                |                               |  |  |  |  |
| 5  | Does the organization have a written policy regarding enforcement of the conservation easements it holds?   | the periodic monitoring, inspection, han   | dling of                       | violations, and Yes No        |  |  |  |  |
| 6  | Staff and volunteer hours devoted to monitoring, insper   | ecting, and enforcing conservation easer   | ments o                        | during the year               |  |  |  |  |
|  | A mount of expenses incurred in monitoring, inspectin   | a and onforcing concorvation oacoment  | c durin                        | g the year                    |  |  |  |  |
| 7  | ►\$   | g, and emoreing conservation easement.   | 5 dullin                       | g the year                    |  |  |  |  |
| 8  | Does each conservation easement reported on line 2(<br>and section 170(h)(4)(B)(ii)?  | d) above satisfy the requirements of sec   | tion 17                        | 70(h)(4)(B)(ı)                |  |  |  |  |
| 9  | In Part XIII, describe how the organization reports co<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easem  | ne footnote to the organization's financia   |                                |                               |  |  |  |  |
| Par                                      | Organizations Maintaining Collection Complete if the organization answered "  | ns of Art, Historical Treasures,   | or Ot                          | her Similar Assets.           |  |  |  |  |
| 1a                                       | If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote   | 116 (ASC 958), not to report in its reve<br>ets held for public exhibition, education, | or rese                        | arch in furtherance of public |  |  |  |  |
| b  | If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the   | ets held for public exhibition, education,   |                                |                               |  |  |  |  |
|  | (i) Revenues included in Form 990, Part VIII, line 1  |  |                                | <b>-</b> \$                   |  |  |  |  |
|  | (ii) Assets included in Form 990, Part X  |  |                                | <b>►</b> \$                   |  |  |  |  |
| 2  | If the organization received or held works of art, histo following amounts required to be reported under SFAS   |  |                                | · -                           |  |  |  |  |
| а  |   | (  |                                | <b>b.</b> #                   |  |  |  |  |
| _  | Revenues included in Form 990, Part VIII, line 1  |  |                                | <b>►</b> \$                   |  |  |  |  |

**b** Assets included in Form 990, Part X

| ┌ No       |
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| ears back  |
| .0,173,655 |
| 97         |
| 1,717,939  |
| 87,905     |
| 281,291    |
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| 8,086,617  |
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| ok value   |
| 52,096     |
| 0,916,463  |
|            |
| 629,219    |
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| 1,597,778  |
|            |

| (a) Description of security or category  | ee Form 990, Part X, line 12.          |                                  |
|--|--|----------------------------------|
|  | (b)Book value                          | (c) Method of valuation          |
| (including name of security)   |  | Cost or end-of-year market value |
| 1 )Financial derivatives   |  |                                  |
| 2 )Closely-held equity interests   |  |                                  |
| 3)Other  |  |                                  |
| A)PARTNERSHIP FUND OF FUNDS  | 471,662                                | F                                |
| )\   | 1 024 042                              | -                                |
| 3) ALTERNATIVE INVESTMENTS   | 1,824,043                              | F                                |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
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|  |  |                                  |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 12)  | 2,295,705                              |                                  |
| art VIII Investments—Program Related. S  | See Form 990, Part X, line 13.         |                                  |
| (a) Description of investment type   | (b) Book value                         | (c) Method of valuation          |
|  |  | Cost or end-of-year market value |
|  |  |                                  |
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| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )   | <b>F</b>                               |                                  |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X,   |  |                                  |
|  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| Part IX Other Assets. See Form 990, Part X,  | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| art IX Other Assets. See Form 990, Part X,   | , line 15.                             | (b) Book value                   |
| Other Assets. See Form 990, Part X, (a) Des  | , line 15.                             | (b) Book value                   |
| Other Assets. See Form 990, Part X, (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line  | , line 15. cription                    |                                  |
| Other Assets. See Form 990, Part X, (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line  | , line 15. cription                    |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability  Other Liability   | t X, line 25.  (b) Book value          |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability  ederal income taxes   | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes  | t X, line 25.  (b) Book value          |                                  |
| otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes  | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability  ederal income taxes   | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability  ederal income taxes   | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability ederal income taxes  | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability  ederal income taxes   | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description of liability ederal income taxes  | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Description  Otal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |
| Other Assets. See Form 990, Part X,  (a) Descontal. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  ederal income taxes | e 15.)  Ct X, line 25.  (b) Book value |                                  |

|      | (  |       | , age •    |
|------|--|-------|------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue                 | er R  | eturn      |
| 1    | Total revenue, gains, and other support per audited financial statements                     | 1     | 10,929,185 |
| 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 <b>2a</b> through <b>2d</b>  | 2e    | -487,735   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     | 11,416,920 |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$             |       |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                        |       |            |
| b    | Other (Describe in Part XIII ) 4b 211,820  |       |            |
| C    | Add lines <b>4a</b> and <b>4b</b>  | 4c    | 211,820    |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)  | 5     | 11,628,740 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses                | s per | Return     |
| 1    | Total expenses and losses per audited financial statements                                   | 1     | 10,794,114 |
| 2    | A mounts included on line 1 but not on Form 990, Part IX, line 25                            |       |            |
| а    | Donated services and use of facilities   |       |            |
| b    | Prior year adjustments   |       |            |
| C    | Other losses   |       |            |
| d    | Other (Describe in Part XIII).............. 2d   |       |            |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e    |            |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     | 10,794,114 |
| 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 <b>4a</b> and <b>4b</b>  | 4c    | 487,735    |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18) | 5     | 11,281,849 |

#### 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 V, LINE 4                           |                  | THE PRIMARY PURPOSE OF THE PECK SCHOOL ENDOWMENT FUND IS TO PROVIDE THE SCHOOL WITH RECURRENT AND GROWING FINANCIAL SUPPORT TO BE USED TO SUPPORT THE OPERATIONS OF THE SCHOOL  |
| 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 POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE SCHOOL RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY THERE WERE NO INCOME TAX-RELATED INTEREST AND PENALTIES RECORDED FOR JUNE 30, 2013 AND 2012 THE INCOME TAX RETURNS OF THE SCHOOL FOR JUNE 30, 2011, 2011 AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS AND OTHER VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS  |                  | FINANCIAL AID -487,735  |
| PART XI, LINE 4B - OTHER<br>ADJUSTMENTS  |                  | NET REALIZED GAIN ON SALE OF INVESTMENTS 211,820  |
| PART XII, LINE 4B - OTHER<br>ADJUSTMENTS |                  | FINANCIAL AID 487,735   |

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OMB No 1545-0047

2012

2012

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

The Peck 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

22-1487293

| 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?  |           |            |           |
|        | Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 4a 4b     | Yes<br>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        |           |
| 5<br>a | Does the organization discriminate by race in any way with respect to Students' rights or privileges?  | 5a        |            | No        |
| b      | Admissions policies?   | 5b        |            | No        |
| c      | Employment of faculty or administrative staff?   | 5c        |            | No        |
|        | Scholarships or other financial assistance?  | 5d        |            | No        |
|        | Educational policies?  | 5e        |            | No        |
|        | Use of facilities?   | 5f        |            | No        |
| _      | Athletic programs?   | 5g        |            | No        |
| h      | Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II  | <u>5h</u> |            | <u>No</u> |
|        | Does the organization receive any financial aid or assistance from a governmental agency?  | 6a        | Yes        |           |
|        | Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05  | 6b        |            | No        |
|        | 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<br>3  |   | THE PECK SCHOOL PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS ADVERTISING IN LOCAL NEWSPAPERS, BROCHURES, AND CATALOGS   |
| Part I, Line<br>6a | EXPLANATION OF<br>GOVERNMENT<br>FINANCIAL AID | THE PECK SCHOOL RECEIVES FUNDS FROM THE STATE DEPARTMENT OF EDUCATION FOR TEXTBOOKS, TECHNOLOGY AND NURSING SERVICES MORRIS COUNTY, ON BEHALF OF THE STATE OF NEW JERSEY DEPARTMENT OF EDUCATION, PAYS DIRECTLY FOR THE TEXTBOOKS, TECHNOLOGY AND NURSING SERVICES |

Schedule E (Form 990 or 990-EZ) 2012

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2012

DLN: 93493309011663

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number The Peck School 22-1487293 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other)

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

| (a)Type of grant or             | assistance        | <b>(b)</b> Number of recipients | <b>(c)</b> A mount of cash grant | <b>(d)</b> A mount of non-cash assistance | (e)Method of valuation (book FMV, appraisal, other) | , <b>(f)</b> Description of non-cash assistance |
|---------------------------------|-------------------|---------------------------------|----------------------------------|---|---|---|
| (1) FINANCIAL AID AW<br>TUITION | ARDS FOR          | 19                              | ı                                | 487,735                                   | FMV   | TUITION DISCOUNT                                |
|                                 |                   |                                 |                                  |   |   |   |
|                                 |                   |                                 |                                  |   |   |   |
|                                 |                   |                                 |                                  |   |   |   |
|                                 |                   |                                 |                                  |   |   |   |
|                                 |                   |                                 |                                  |   |   |   |
|                                 |                   |                                 |                                  |   |   |   |
|                                 | ental Information |                                 | ne 2, Part III, column (b), a    | ınd any other addıtıonal ın               | formation   |   |
| Identifier                      | Return Reference  |                                 | Explanation                      | ,   |   |   |
| SCH I, PART I, LINE 2           |                   |                                 | Financial aid grants are dec     | ducted directly by the Sch                | ool from the studenT's tuition                      |   |

DLN: 93493309011663

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

**Schedule J** (Form 990)

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

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization The Peck School 22-1487293

| Рa | rt I     | Questions Regarding Compensation   | <u>n</u>      |   |    |     |    |
|----|----------|--|---------------|---|----|-----|----|
|    |          |  |               |   |    | Yes | No |
| La |          |  |               | ny of the following to or for a person listed in Form ide any relevant information regarding these items  |    |     |    |
|    |          | First-class or charter travel  | <u>.</u><br>ज | Housing allowance or residence for personal use   |    |     |    |
|    | Γ.       | Travel for companions  |               | Payments for business use of personal residence   |    |     |    |
|    | <u> </u> | Tax idemnification and gross-up payments   | Г             | Health or social club dues or initiation fees   |    |     |    |
|    |          | Discretionary spending account   | Γ             | Personal services (e g , maid, chauffeur, chef)   |    |     |    |
| b  |          | y of the boxes in line 1a are checked, did the or<br>bursement or provision of all of the expenses de  |               |   | 1b | Yes |    |
| 2  |          | he organization require substantiation prior to r<br>ctors, trustees, and the CEO/Executive Director   |               | ing or allowing expenses incurred by all officers,<br>ling the items checked in line 1a?  | 2  | Yes |    |
|    |          |  |               |   |    |     |    |
| 3  | orga     | ate which, if any, of the following the filing orgai<br>nization's CEO/Executive Director Check all th<br>by a related organization to establish compens | nat apply     |   |    |     |    |
|    | _        | Compensation committee   | 굣             | Written employment contract   |    |     |    |
|    |          | Independent compensation consultant  | Ţ.            |   |    |     |    |
|    |          | Form 990 of other organizations  | <u> </u>      | Approval by the board or compensation committee   |    |     |    |
| 4  |          | ng the year, did any person listed in Form 990, l<br>related organization  | Part VII      | , Section A , line 1a with respect to the filing organization $% \left( 1\right) =\left( 1\right) \left( 1\right$ |    |     |    |
| а  | Rece     | eive a severance payment or change-of-control  | paymen        | t?  | 4a |     | No |
| b  | Parti    | cipate in, or receive payment from, a supplemen  | ntal non      | qualified retirement plan?  | 4b | Yes |    |
| c  | Parti    | cipate in, or receive payment from, an equity-ba   | ased coi      | mpensation arrangement?   | 4c |     | Νo |
|    | If"Y     | es" to any of lines 4a-c, list the persons and pr  | ovide th      | e applicable amounts for each item in Part III  |    |     |    |
|    | Only     | 501(c)(3) and 501(c)(4) organizations only mu  | ıst comp      | olete lines 5-9.  |    |     |    |
| 5  |          | persons listed in Form 990, Part VII, Section A poensation contingent on the revenues of   | , line 1a     | , did the organization pay or accrue any  |    |     |    |
| а  | The      | organization?  |               |   | 5a |     | No |
| b  | Any      | related organization?  |               |   | 5b |     | Νo |
|    |          | es," to line 5a or 5b, describe in Part III  |               |   |    |     |    |
| 5  |          | persons listed in Form 990, Part VII, Section A, persons to contingent on the net earnings of  | , line 1a     | , did the organization pay or accrue any  |    |     |    |
| а  | The      | organization?  |               |   | 6a |     | No |
| b  | Any      | related organization?  |               |   | 6b |     | Νo |
|    | If"Y     | es," to line 6a or 6b, describe in Part III  |               |   |    |     |    |
| 7  |          | persons listed in Form 990, Part VII, Section A,<br>nents not described in lines 5 and 6? If "Yes," o  |               |   | 7  |     | No |
| 3  | Were     | any amounts reported in Form 990, Part VII, p  | oaid or a     | ccured pursuant to a contract that was  |    |     |    |
|    | subje    | ect to the initial contract exception described in   |               | tions section 53 4958-4(a)(3)? If "Yes," describe   |    |     |    |
|    | ın Pa    | rt III   |               |   | 8  |     | Νo |
| 9  |          | es" to line 8, did the organization also follow the<br>ion 53 4958-6(c)?   | e rebutta     | able presumption procedure described in Regulations   | 9  |     |    |

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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>(B)</b> Breakdown of  | W-2 and/or 1099-MIS                       | · · · · · · · · · · · · · · · · · · ·     | (C) Retirement and             | ` '      | (E) Total of columns | ` '                                       |
|---|-------------|--------------------------|---|---|--------------------------------|----------|----------------------|---|
|   |             | (i) Base<br>compensation | (ii) Bonus &<br>ıncentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits | (B)(ı)-(D)           | reported as deferred<br>in prior Form 990 |
| (1)JOHN KOWALIK<br>HEADMASTER                       | (i)<br>(ii) | 279,150                  |   | 205,770                                   | 91,971                         | 68,419   | 645,310              | 61,905                                    |
| (2)DYANA CONROY<br>DIR OF FINANCE AND<br>OPERATIONS | (i)<br>(ii) | 157,706                  |   |   | 16,522                         | 392      | 174,620              |   |

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   |
|-----------------|------------------|---|
| PART I, LINE 1A |                  | THE HEADMASTER, AS A CONDITION OF EMPLOYMENT, IS REQUIRED TO RESIDE IN SCHOOL HOUSING INCLUDED IN PART II, (B)(III), THE HEADMASTER RECEIVES A TUITION BENEFIT WHICH IS SUBJECT TO GROSS-UP |
| Part 1, Line 4b |                  | JOHN KOWALIK - SUPPLEMENTAL NONQUALIFIED 457(b)PLAN - \$17,000  |

Schedule J (Form 990) 2012

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DLN: 93493309011663

2012

Open to Public

**Inspection** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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.

Name of the organization

Employer identification number

| The | Peck School                               |                                       |                    |                 |             |         |              |              |              | - 1           | -14872 |      | icion nan           | DCI |               |
|-----|---|---------------------------------------|--------------------|-----------------|-------------|---------|--------------|--------------|--------------|---------------|--------|------|---------------------|-----|---------------|
| Pa  | rt I Bond Issues                          |                                       |                    |                 |             |         |              |              |              |               |        |      |                     |     |               |
|     | (a) Issuer name                           | (b) Issuer EIN                        | <b>(c)</b> CUSIP # | (d) Date issued | (e) Issue p | orice   | (f           | Descriptio   | n of purpose | <b>(g)</b> De | feased | beha | On<br>alf of<br>uer |     | Pool<br>ncing |
|     |   |                                       |                    |                 |             |         |              |              |              | Yes           | No     | Yes  | No                  | Yes | No            |
| A   | New jersey economic development authority | 22-2045817                            |                    | 06-15-2005      | 13,00       | 0 000 1 | finan<br>new | cing the con | struction of |               | х      |      | x                   |     | х             |
| Pa  | rt III Proceeds                           |                                       |                    |                 |             |         |              |              |              |               |        |      |                     |     |               |
|     |   |                                       |                    |                 |             | 1       |              | E            | 3            |               | С      |      |                     | D   |               |
| _1  | A mount of bonds retired                  |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
|     | Amount of bonds legally defea             | ised                                  |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| _3  | Total proceeds of issue                   |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 4   | Gross proceeds in reserve fun             |                                       |                    |                 | :           | 13,000, | ,000         |              |              |               |        |      |                     |     |               |
| 5   | Capitalized interest from proc            |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 6   | Proceeds in refunding escrows             |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 7   | Issuance costs from proceeds              | S                                     |                    |                 |             | 143,    | ,185         |              |              |               |        |      |                     |     |               |
| 8   | Credit enhancement from proc              | ceeds                                 |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 9   | Working capital expenditures              | from proceeds                         |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 10  | Capital expenditures from pro             | ceeds                                 |                    |                 | :           | 12,856, | ,815         |              |              |               |        |      |                     |     |               |
| 11  | Other spent proceeds                      |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 12  | Other unspent proceeds                    |                                       |                    |                 |             |         | 0            |              |              |               |        |      |                     |     |               |
| 13  | Year of substantial completion            | n                                     |                    |                 | 20          | 07      |              |              | <u> </u>     |               |        | •    |                     |     |               |
|     |   |                                       |                    |                 | Yes         | No      | ,            | Yes          | No           | Yes           | N      | lo   | Yes                 |     | No            |
| 14  | Were the bonds issued as part             | t of a current refundır               | ng issue?          |                 |             | Х       |              |              |              |               |        |      |                     |     |               |
| 15  | Were the bonds issued as part             | t of an advance refun                 | ıdıng ıssue?       |                 |             | Х       |              |              |              |               |        |      |                     |     |               |
| 16  | Has the final allocation of prod          | ceeds been made?                      |                    |                 | Х           |         |              |              |              |               |        |      |                     |     |               |
| 17  | Does the organization maintai             | ın adequate books an                  | nd records to supp | ort the final   | Х           |         |              |              |              |               |        |      |                     |     |               |
| Par | t 💵 Private Business U                    | Jse                                   |                    |                 |             |         |              |              |              |               |        |      |                     |     |               |
|     |   |                                       |                    |                 |             |         |              | E            |              |               | C      |      |                     | D   |               |
| ـ ا | Was the ergarization and the              | , , , , , , , , , , , , , , , , , , , | n momber of a sell | C which award   | Yes         | No      | ·            | Yes          | No           | Yes           | l N    | lo   | Yes                 | -   | No            |
| 1   | Was the organization a partne             | r in a partnership, or                | a member of an Li  | LC, which owned |             | Х       |              |              |              |               |        |      |                     |     |               |

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

property financed by tax-exempt bonds?

financed property?

| Sche | dule K (Form 990) 2012   |               |     |         |          |          |     |          |     | Page <b>2</b> |
|------|--|---------------|-----|---------|----------|----------|-----|----------|-----|---------------|
| Par  | Private Business Use (Continued)   |               |     |         |          |          |     |          | 1   |               |
|      |  |               |     | A       |          | В        |     | <u>C</u> |     | D             |
| 3a   | Are there any management or service contracts that may result in private   | business use  | Yes | No<br>X | Yes      | No       | Yes | No       | Yes | No            |
| b    | of bond-financed property?  If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?              |               |     |         |          |          |     |          |     |               |
| С    | Are there any research agreements that may result in private business us financed property?  | e of bond-    |     | Х       |          |          |     |          |     |               |
| d    | If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper  |               |     |         |          |          |     |          |     |               |
| 4    | Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government   |               |     | 0%      |          | %        |     | %        |     | %             |
| 5    | Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth (c)(3) organization, or a state or local government |               |     | %       |          | %        |     | %        |     | %             |
| 6    | Total of lines 4 and 5   |               |     | %       |          | %        |     | %        |     | %             |
| 7    | Does the bond issue meet the private security or payment test?   |               |     | Х       |          |          |     |          |     |               |
| 8a   | Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?  |               |     | х       |          |          |     |          |     |               |
| b    | If "Yes" to line 8a, enter the percentage of bond-financed property sold or  | disposed of   |     | %       |          | %        |     | %        |     | %             |
| С    | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?   | sections      |     | х       |          |          |     |          |     |               |
| 9    | Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements unclean Regulations sections 1 141-12 and 1 145-2?        |               |     | x       |          |          |     |          |     |               |
| Dar  | t IV Arbitrage   |               |     |         |          |          |     |          |     |               |
| ГСІ  | Aibitiage  | Α             |     |         | В        |          | С   |          | D   |               |
|      |  | Yes           | No  | Yes     | No       | Yes      | ;   | No       | Yes | No            |
| 1    | Has the issuer filed Form 8038-T?  |               | Х   |         |          |          |     |          |     |               |
| 2    | If "No" to line 1, did the following apply?  |               | •   |         | <u> </u> |          |     | <u> </u> |     |               |
| а    | Rebate not due yet?  |               |     |         |          |          |     |          |     |               |
| b    | Exception to rebate?   | ×             |     |         |          |          |     |          |     |               |
| С    | No rebate due?   |               |     |         |          |          |     |          |     |               |
|      | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed  |               |     | •       |          | <b>'</b> |     |          |     |               |
| 3    | Is the bond issue a variable rate issue?   | Х             |     |         |          |          |     |          |     |               |
| 4a   | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?   | Х             |     |         |          |          |     |          |     |               |
| b    | Name of provider   | bank of ameri | ca  |         |          |          |     |          |     |               |
| С    | Term of hedge  |               | 15  |         |          |          |     |          |     |               |
| d    | Was the hedge superintegrated?   |               | Х   |         |          |          |     |          |     |               |
| е    | Was a hedge terminated?  |               | X   |         |          |          |     |          |     |               |
|      |  |               |     |         |          |          |     |          |     |               |

Part IV Arbitrage (Continued)

|      |  |  | Δ                 | 1             | В              |                 | С             |                 | D              |    |
|------|--|--|-------------------|---------------|----------------|-----------------|---------------|-----------------|----------------|----|
|      |  |  | Yes               | No            | Yes            | No              | Yes           | No              | Yes            | No |
| 5a   | Were gross proceeds invested in contract (GIC)?  | n a guaranteed investment  |                   | Х             |                |                 |               |                 |                |    |
| b    | Name of provider   |  | 0                 |               |                |                 |               |                 |                |    |
| С    | Term of GIC  |  |                   |               |                |                 |               |                 |                |    |
| d    | Was the regulatory safe harbor f value of the GIC satisfied?   | or establishing the fair market                                      |                   |               |                |                 |               |                 |                |    |
| 6    | Were any gross proceeds invest period?   | ed beyond an available temporary                                     |                   | Х             |                |                 |               |                 |                |    |
| 7    | Has the organization established<br>the requirements of section 148  | ·  |                   | Х             |                |                 |               |                 |                |    |
| Pa   | art V Procedures To Unde   | rtake Corrective Action  |                   |               |                |                 |               |                 |                |    |
|      |  |  | Δ.                | 1             | В              |                 | С             |                 | D              |    |
|      |  |  | Yes               | No            | Yes            | No              | Yes           | No              | Yes            | No |
| 1    | Has the organization established<br>that violations of federal tax requiand corrected through the volun<br>self-remediation is not available | uirements are timely identified<br>tary closing agreement program if | Х                 |               |                |                 |               |                 |                |    |
|      |  |  | •                 | •             |                |                 | •             |                 |                |    |
| Pa   | art VI Supplemental Info   | ormation. Complete this part to p                                    | provide additioi  | nal informati | on for respor  | ises to quest   | tions on Sche | edule K (see    | instructions)  |    |
|      | <b>Ident if ier</b>  | Return Reference   |                   |               |                | Explana         | ation         |                 |                |    |
| Sche | edule K, Part I, Bond Issues   | 0  | (F) Description o | f Purpose Fin | ancing the con | struction of ne | w academic bu | ııldıng and ath | letic facility |    |

Schedule K (Form 990) 2012

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#### DLN: 93493309011663

#### 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.

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| Name of the organ<br>The Peck School | nization    |          |  |          |                                |                                 |                                  |        | <b>1ploye</b><br>-1487 | r ident if       | ication      | numbei                       | r       |
|--------------------------------------|-------------|----------|--|----------|--------------------------------|---------------------------------|----------------------------------|--------|------------------------|------------------|--------------|------------------------------|---------|
|                                      |             |          |  |          |                                |                                 | 501(c)(4) or                     | ganıza | tions                  | only).           |              |                              |         |
| Complet<br><b>1</b> (a) Name o       |             |          |  |          | n Form 990, F<br>p between dis |                                 | 25a or 25b, or <b>(c)</b> Descri |        |                        |                  |              | <u>0b</u><br><b>d)</b> Corre | ected?  |
|                                      | <u> </u>    | '        |  |          | nd organızatı                  |                                 |                                  | '      |                        |                  |              | es                           | No      |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              |                              |         |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              |                              |         |
| 2 Enter the ame 4958 3 Enter the ame |             |          |  |          |                                | · • • •                         |                                  | yearı  | ınder s                | section<br>\$ \$ |              |                              |         |
| Comp                                 | lete if the | organiza |  | ed "Yes" |                                |                                 | , line 38a, or Fo                | orm 99 | 0, Par                 | t IV, lın        | e 26, oı     | r ıf the                     |         |
| (a) Name of interested person        |             | tionship | (c) Purpose                                    |          | an to<br>n the                 | (e)Origin<br>principa<br>amount | al <b>(f)</b> Balance<br>I due   |        | ) In<br>ault?          | A ppro<br>by boa | ved<br>rd or | (i)Wr<br>agreer              |         |
|                                      |             |          |  | То       | From                           |                                 |                                  | Yes    | No                     | Yes              | No           | Yes                          | No      |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              | _                            |         |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              | _                            |         |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              | <del>-</del>                 |         |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              | _                            |         |
|                                      |             |          |  | L .      |                                |                                 |                                  |        |                        | <u> </u>         |              | 7                            |         |
| Total  Part IIII Gran                | ts or As    | sistan   | ce Benefit                                     | ting In  | terested I                     | Persons.                        |                                  |        |                        |                  |              |                              |         |
| Comp                                 | lete if th  | ne organ | nization ans                                   | wered    | "Yes" on Fo                    | rm 990, Pa                      | art IV, line 27                  |        |                        |                  |              |                              |         |
| (a) Name of inte<br>person           | rested      | ınteres  | ationship bet<br>ted person ar<br>organization |          | (c) A mount o                  | of assistance                   | e (d) Type o                     | fassis | tance                  | (e)              | Purpose      | e of ass                     | ıstance |
|                                      |             |          |  |          |                                |                                 |                                  |        |                        |                  |              |                              |         |
|                                      |             |          |  |          |                                |                                 | <u> </u>                         |        |                        |                  |              |                              |         |

| Part IV Business Transactions 1 Complete if the organization |  |                               | ne 28a, 28b, or 28c.           |                                  |               |
|--|--|-------------------------------|--------------------------------|----------------------------------|---------------|
| (a) Name of interested person                                | (b) Relationship<br>between interested<br>person and the<br>organization | (c) A mount of<br>transaction | (d) Description of transaction | (e) Sh<br>of<br>organiz<br>reven | :<br>zatıon's |
|  |  |                               |                                | Yes                              | No            |
| (1) Jeff Pagano  | trustee  | 101,502                       | DIRECTOR OF INVESTMENT FIRM    |                                  | No            |
|  |  |                               |                                |                                  |               |
|  |  |                               |                                |                                  |               |
|  |  |                               |                                |                                  |               |
|  |  |                               |                                |                                  |               |
|  |  |                               |                                |                                  |               |

#### 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 (Form 990 or 990-EZ) 2012

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OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization The Peck School

**Employer identification number** 

|    |  |                                  |  |  | 22-1487293                    |         |     |    |
|----|--|----------------------------------|--|--|-------------------------------|---------|-----|----|
| Pa | rt I Types of Property                                       | 1 1                              |  | <u> </u>   |                               |         |     |    |
|    |  | (a)<br>Check<br>If<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | Method of c<br>noncash contri | letermi | _   | ts |
|    | Art—Works of art   |                                  |  |  |                               |         |     |    |
| 2  | Art—Historical treasures .                                   |                                  |  |  |                               |         |     |    |
| 3  | Art—Fractional interests                                     |                                  |  |  |                               |         |     |    |
| 4  | Books and publications                                       |                                  |  |  |                               |         |     |    |
| 5  | Clothing and household                                       |                                  |  |  |                               |         |     |    |
| c  | goods  |                                  |  |  |                               |         |     |    |
|    | Cars and other vehicles                                      |                                  |  |  |                               |         |     |    |
|    | Boats and planes   |                                  |  |  |                               |         |     |    |
|    | Intellectual property  |                                  | 0  | 04.303   | ENAL /                        |         |     |    |
|    | Securities—Publicly traded .                                 | X                                | 9  | 84,382   | FMV                           |         |     |    |
|    | Securities—Closely held stock . Securities—Partnership, LLC, | <u>'</u>                         |  |  |                               |         |     |    |
| .1 | or trust interests   |                                  |  |  |                               |         |     |    |
| 2  | Securities—Miscellaneous                                     |                                  |  |  |                               |         |     |    |
| .3 | Qualified conservation contribution—Historic                 |                                  |  |  |                               |         |     |    |
| _  | structures   |                                  |  |  |                               |         |     |    |
|    | Qualified conservation contribution—Other                    |                                  |  |  |                               |         |     |    |
|    | Real estate—Residential .                                    |                                  |  |  |                               |         |     |    |
|    | Real estate—Commercial                                       |                                  |  |  |                               |         |     |    |
|    | Real estate—Other  |                                  |  |  |                               |         |     |    |
|    | Collectibles   |                                  |  |  |                               |         |     |    |
|    | Food inventory   |                                  |  |  |                               |         |     |    |
|    | Drugs and medical supplies .                                 |                                  |  |  |                               |         |     |    |
|    | Taxidermy  |                                  |  |  |                               |         |     |    |
| _  | Historical artifacts   |                                  |  |  |                               |         |     |    |
|    | Scientific specimens   |                                  |  |  |                               |         |     |    |
|    | Archeological artifacts                                      |                                  |  |  |                               |         |     |    |
|    | O ther ► ()  |                                  |  |  |                               |         |     |    |
|    | O ther ▶()   |                                  |  |  |                               |         |     |    |
|    | O ther ► () O ther ► ()                                      |                                  |  |  |                               |         |     |    |
|    | Number of Forms 8283 received                                | hu the even                      | nization during the tay year                           | r for contributions  |                               |         |     |    |
| 9  | for which the organization comple                            |                                  |  |  | 29                            |         |     |    |
|    | B  |                                  |  |  | 4 20 11                       | _       | Yes | No |
| 0a | During the year, did the organiza                            |                                  |  |  |                               |         |     |    |
|    | must hold for at least three year                            |                                  |  | on, and which is not required  | d to be used                  |         |     |    |
|    | for exempt purposes for the enti                             |                                  |  |  |                               | 30a     |     | No |
| b  | If "Yes," describe the arrangem                              | ent in Part I                    | I  |  |                               |         |     |    |
| 1  | Does the organization have a gif                             | ft acceptand                     | e policy that requires the                             | review of any non-standard   | contributions?                | 31      | Yes |    |
| 2a | Does the organization hire or us contributions?              | e third parti                    |  | to solicit, process, or sell i   | noncash<br>• • •              | 32a     |     | Νo |
| b  | If "Yes," describe in Part II                                |                                  |  |  |                               |         |     |    |
| 3  | If the organization did not report<br>describe in Part II    | t an amount                      | ın column (c) for a type of                            | property for which column (a   | a) ıs checked,                |         |     |    |

Page 2

| Schedule M | (Form 990) (201: |
|------------|------------------|
| Part II    | Supplem          |

**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

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493309011663

2012

OMB No 1545-0047

Open to Public Inspection

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
The Peck School

Employer identification number

22-1487293

| ldentifier                              | Return<br>Reference | Explanation  |
|---|---------------------|--|
| FORM 990, PART VI, SECTION<br>A, LINE 6 |                     | THE PARENTS OR LEGAL GUARDIANS OF CHILDREN HOLDING ENROLLMENT CONTRACTS ARE MEMBERS OF THE CORPORATION |

| ldentifier                                     | Return<br>Reference | Explanation  |
|--|---------------------|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11 |                     | THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS PROVIDED WITH A COMPLETE COPY OF THE FORM 990 AND APPROVES THE FORM 990 FOR FILING ALL OTHER MEMBERS OF THE CORPORATION'S BOARD OF TRUSTEES ARE PROVIDED WITH THE PUBLIC VERSION OF THE FORM 990 FOR THEIR REVIEW AND COMMENT PRIOR TO THE FILING OF THE FORM THE FULL BOARD HAS THE OPPORTUNITY TO REVIEW THE COMPLETE RETURN UPON REQUEST THE BOARD'S AUDIT COMMITTEE, ALONG WITH THE HEADMASTER AND BUSINESS MANAGER REVIEW IN DETAIL THE FORM 990 WITH THE PREPARER PRIOR TO THE FORM'S FINAL COMPLETION |

| ldentifier                                   | Return<br>Reference | Explanation   |
|--|---------------------|---|
| FORM 990, PART<br>VI, SECTION B,<br>LINE 12C |                     | OFFICERS AND TRUSTEES OF THE CORPORATION, ALONG WITH CERTAIN MEMBERS OF THE ADMINISTRATION ARE ANNUALLY PROVIDED COPIES OF THE CORPORATION'S CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO COMPLETE DISCLOSURE FORMS THE FORMS ARE THEN SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD, THE AUDIT COMMITTEE, AND TO THE CORPORATION'S INDEPENDENT AUDITOR FOR REVIEW |

| ldentifier                                     | Return<br>Reference | Explanation  |
|--|---------------------|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 |                     | THE BOARD OF TRUSTEES DELEGATES TO A COMPENSATION COMMITTEE THE PROCESS FOR REVIEWING AND DETERMINING THE COMPENSATION OF THE HEADMASTER THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE HEADMASTER'S COMPENSATION AGAINST INFORMATION FOR THE HEAD OF SCHOOL OF COMPARABLE ORGANIZATIONS PERIODICALLY, APPROXIMATELY EVERY THREE TO FOUR YEARS, THE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT COMPENSATION CONSULTANT KNOWLEDGEABLE IN THE FIELD TO PROVIDE ADDITIONAL DETAILED INFORMATION REGARDING COMPARABLE COMPENSATION LEVELS AND PRACTICES THE PROCESS AND DISCUSSION IS DOCUMENTED IN THE RECORDS MAINTAINED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE ANNUALLY MAKES A RECOMMENDATION TO THE BOARD MEETING IN EXECUTIVE SESSION REGARDING THE HEADMASTER'S COMPENSATION, WHICH DISCUSSES AND VOTES ON THE COMPENSATION COMMITTEE'S RECOMMENDATION THE HEADMASTER ANNUALLY REVIEWS COMPARABLE INFORMATION FOR KEY EMPLOYEES, AND DISCUSSES THAT INFORMATION WITH THE COMPENSATION COMMITTEE |

| ldentifier                                     | Return<br>Reference | Explanation  |  |  |  |  |  |  |
|--|---------------------|--|--|--|--|--|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 |                     | THE GOVERNING DOCUMENTS OF THE PECK SCHOOL (INCLUDING THE CERTIFICATE OF INCORPORATION, FORM 1023 APPLICATION FOR FEDERAL TAX-EXEMPT STATUS, AND THE FEDERAL TAX-EXEMPT DETERMINATION LETTER), GOVERNANCE POLICIES (INCLUDING THE CONFLICT OF INTEREST POLICY), AS WELL AS FINANCIAL STATEMENTS (INCLUDING AUDITED FINANCIAL STATEMENTS AND PREVIOUSLY FILED FORM 990 ANNUAL INFORMATION RETURNS) ARE AVAILABLE FOR INSPECTION UPON REQUEST COPIES ARE PROVIDED WITHIN 30 DAYS OF THE REQUEST ALL DOCUMENTATION REQUESTS ARE DIRECTED TO THE BUSINESS MANAGER OF THE CORPORATION AT THE ADDRESS LISTED BELOW ATTN DYANA CONROY, DIRECTOR OF FINANCE AND OPERATIONS THE PECK SCHOOL 247 SOUTH STREET MORRISTOWN, NJ 07960 |  |  |  |  |  |  |

| ldentifier  | Return<br>Reference | Explanation   |
|---|---------------------|---|
| FORM 990, PART XI, LINE 9,<br>CHANGES IN NET ASSETS |                     | NET INCREASE IN PARENTS ASSOCIATION \$ 94,754 UNREALIZED GAIN ON INTEREST<br>RATE SWAP 158,661 TOTAL TO FORM 990, PART XI, LINE 9 \$253,415 |

| Identifier                  | Return Reference | Explanation   |
|-----------------------------|------------------|---|
| FORM 990, PART XII, LINE 2C |                  | THE PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR |

| ldentifier                     | Return<br>Reference | Explanation  |  |  |  |  |  |  |
|--------------------------------|---------------------|--|--|--|--|--|--|--|
| FORM 990,<br>PART I, LINE<br>1 |                     | WE BELIEVE THAT, IN LIFE, KNOWLEDGE MUST BE GUIDED BY VALUES THROUGH A COMMITMENT TO CHARACTER FORMATION AND A RIGOROUS AND INSPIRATIONAL ACADEMIC PROGRAM, THE PECK SCHOOL STRIVES TO BUILD IN EACH STUDENT THE capacity for disciplined learning and consideration of others. With dedicated faculty and families, we prepare elementary students to succeed in secondary school and to lead healthy, productive and principled lives. |  |  |  |  |  |  |

Software ID: Software Version:

> **EIN:** 22-1487293 Name: The Peck School

| Form 990, Part VII - Compensation of<br>Compensated Employees, and Indepe | Officers, Dir                                      | ectors                                  | ,Tru                  | uste                                    | ees,                       | , Key                        | En     | nployees, Highe  | st  |  |
|---|--|---|-----------------------|---|----------------------------|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any               | Positio<br>more<br>unless<br>an<br>dire | than                  | o not<br>one<br>son i<br>er an<br>trust | box<br>s bo<br>d a<br>tee) | th                           |        | (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 |
|   | hours for related organizations below dotted line) | Individual trustae<br>or director       | Institutional Trustee | Officei                                 | Key employee               | Highest compensated employee | Former |  |   | organizations  |
| HENRY KLEHM III<br>PRESIDENT  | 5 0  | х                                       |                       | x                                       |                            |                              |        | 0  | 0   |  |
| JENNIFER F MOSS<br>VICE PRESIDENT   | 2 0  | х                                       |                       | х                                       |                            |                              |        |  |   |  |
| JOSE R CLAXTON<br>VICE PRESIDENT  | 2 0  | х                                       |                       | х                                       |                            |                              |        |  |   |  |
| WILLIAM I BLANCHARD<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| DEBORAH BOLLINGER<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JENNIFER NEWMAN BRAZIL<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| KEENEH M COMIZIO<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JOHN C HAGERTY<br>TREASURER   | 2 0  | х                                       |                       | х                                       |                            |                              |        |  |   |  |
| MARY V I COURTEMANCHE<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JOHN S DUBEL<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| MICHAEL T GILFILLAN<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JANET K HANLON<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| T CHANDLER HARDWICK<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JAMES H HIGGINS III<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| TODD W HOHMAN<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| GENTRY ASHMORE HOIT<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| KEVIN T KENNY<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| ANNE LEBUHN MACCOWATT<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JEFFREY L PAGANO<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| EDWARD J FOLEY IV<br>SECRETARY  | 2 0  | х                                       |                       | х                                       |                            |                              |        |  |   |  |
| MARGARET F PLYMPTON<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| PATRICK C RAMSEY<br>TRUSTEE   | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| JOHN KOWALIK<br>HEADMASTER  | 60 0   | х                                       |                       | х                                       |                            |                              |        | 484,920  |   | 160,390  |
| JENNIFER D SCHMUCKLER<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |
| MARY ANN V STORMS<br>TRUSTEE  | 1 0  | х                                       |                       |   |                            |                              |        |  |   |  |

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

| <b>(A)</b><br>Name and Title                  | (B)<br>Average<br>hours<br>per<br>week<br>(list        | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|   | any hours for related organizations below dotted line) | Individual trustee<br>or director  | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former |  |   | related<br>organizations   |
| DONALD J DIEBOLD<br>ATHLETIC DIRECTOR         | 40 0   |  |                       |         |              | x                            |        | 102,816  |   | 32,733   |
| JOAN S MYERS<br>DIRECTOR OF ADVANCEMENT       | 40 0   |  |                       |         |              | х                            |        | 115,822  |   | 25,960   |
| NINA SHARMA<br>HEAD OF LOWER SCHOOL           | 40 0   |  |                       |         |              | х                            |        | 112,624  |   | 26,532   |
| DYANA CONROY<br>DIR OF FINANCE AND OPERATIONS | 40 0   |  |                       |         |              | х                            |        | 157,706  |   | 16,914   |
| VIC TAYLOR<br>DIR CURRICULUM & FACULTY DEV    | 40 0   |  |                       |         |              | х                            |        | 106,485  |   | 17,332   |