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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012

OMB No 1545-0047

Open to Public Inspection

		applicable	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3 C Name of organization CALVERT SCHOOL INC	0-2013	D Employer ide	entification number	
☐ Add	dress cl	hange	Doing Business As		_ 52-0591510		
	me cha	_	CALVERT SCHOOL				
	tial retu rminate		Number and street (or P O box if mail is not delivered to street address) Room/su 105 TUSCANY ROAD	E Telephone number (410) 243-6054			
	ended		City or town, state or country, and ZIP + 4 BALTIMORE, MD 21210		(120)210		
Ap ₁	plication	n pending	·		G Gross receipts	\$ 50,063,506	
			F Name and address of principal officer ANDREW D HOLMGREN 105 TUSCANY ROAD		ıs a group returı ates?	n for	
			BALTIMORE, MD 21210			uded? Yes No (see instructions)	
		mpt status	▼ 501(c)(3)	H(c) Gro	up exemption nu	ımber ►	
			W CALVERTSCHOOLMD ORG	, ,			
K For	m of or	rganization	Corporation Trust Association Other ►	L Year of fo		1 State of legal domicile 1D	
Pa	rt I	Sumi	mary				
Activities & Governance		TEACHII INSPIRI CALVER STRONG	T SCHOOL IS DEDICATED TO EDUCATING BOYS AND GIRLS THR NG AND ITS RIGOROUS CURRICULUM PARTICULAR EMPHASIS IS NG A LIFELONG LOVE OF LEARNING, AND INSTILLING ENTHUSIAN T SEEKS TO DEVELOP STUDENTS OF HIGH ACADEMIC ACHIEVER MORAL CHARACTER WITHIN A SUPPORTIVE AND DIVERSE COM	S GIVEN TO ASM, RESPO MENT, INTEL IMUNITY	MASTERING E NSIBILITY, ANI LECTUAL CUR	SSENTIAL SKILLS, D SELF-DISCIPLINE IOSITY, AND	
<u> </u>	3	Number	of voting members of the governing body (Part VI, line 1a)		. з	20	
Ħ	1		of independent voting members of the governing body (Part VI, line 1b)			20	
a ब	5	Total nur	nber of individuals employed in calendar year 2012 (Part V , line 2a)		5	191	
			mber of volunteers (estimate if necessary)		6	250	
	1		related business revenue from Part VIII, column (C), line 12		7a	227,860	
	Ь	Net unrei	ated business taxable income from Form 990-T, line 34		r Year	-375,898	
	8	Contrib	outions and grants (Part VIII, line 1h)			3,740,379	
une	8		outions and grants (Part VIII, line 1h)		3,884,724 29,799,751	3,740,379 23,612,694	
enuevet		Progra Invest	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156	3,740,379 23,612,694 8,181,174	
Rayentle	9 10 11	Progra Invest Other 1	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751	3,740,379 23,612,694	
Revenue	9 10	Progra Invest Other I Total r	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156	3,740,379 23,612,694 8,181,174	
Revenue	9 10 11	Progra Invest Other I Total r 12)	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156 213,262	3,740,379 23,612,694 8,181,174 17,649	
Revenue	9 10 11 12 13 14	Progra Invest Other (Total r. 12) . Grants Benefit	m service revenue (Part VIII, line 2g)	2	3,884,724 29,799,751 2,309,156 213,262 36,206,893	3,740,379 23,612,694 8,181,174 17,649 35,551,896	
	9 10 11 12	Progra Invest Other (Total r. 12) . Grants Benefit	m service revenue (Part VIII, line 2g)	2	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808	
	9 10 11 12 13 14	Progra Invest Other I Total r 12) . Grants Benefit Salarie 5-10)	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808	
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other I Total r. 12) . Grants Benefit Salarie 5-10) Profess	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000	
	9 10 11 12 13 14 15 16a b	Progra Invest Other (12) . Grants Benefit Salarie 5-10) Profess Total fur Other (m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000	
	9 10 11 12 13 14 15 16a b	Progra Invest Other (Total r. 12) . Grants Benefit Salarie 5-10) Profess Total fur Other (Total e	m service revenue (Part VIII, line 2g)		3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173	
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other (Total r. 12) . Grants Benefit Salarie 5-10) Profess Total fur Other (Total e	m service revenue (Part VIII, line 2g)	Beginnin	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723	
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other (12) . Grants Benefit Salarie 5-10) Profess Total fur Other (Total e	m service revenue (Part VIII, line 2g)	Beginnin	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current fear	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723 End of Year	
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other (Total r. 12) . Grants Benefit Salarie 5-10) Profess Total fur Other (Total e Revenu	m service revenue (Part VIII, line 2g)	Beginnin	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current fear 86,240,279	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723 End of Year 93,589,600	
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other (12) . Grants Benefit Salarie 5-10) Profess Total fur Other (Revenue) Total a	m service revenue (Part VIII, line 2g)	Beginnin	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current fear	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723 End of Year	
o Not Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other I Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other G Revenu Total a Total II Net as Signal	m service revenue (Part VIII, line 2g)	Beginnin Y	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current /ear 86,240,279 25,663,034 60,577,245	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723 End of Year 93,589,600 18,111,846 75,477,754	
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A yet Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowlearer ha	Progra Invest Other (12) Grants Benefit Salarie 5-10) Profess Total fur Other (12) Total a Total a Total li Net as Signal alties of padge and bas any kn	ment income (Part VIII, line 2g)	Beginnin ying schedul nan officer) is	3,884,724 29,799,751 2,309,156 213,262 36,206,893 1,650,908 0 16,636,286 144,000 15,171,918 33,603,112 2,603,781 g of Current /ear 86,240,279 25,663,034 60,577,245	3,740,379 23,612,694 8,181,174 17,649 35,551,896 1,428,808 0 11,709,010 138,000 11,819,355 25,095,173 10,456,723 End of Year 93,589,600 18,111,846 75,477,754	
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Part			of Program Se			art III		
1			organization's miss		question in this i			
CALVE ITS RI LOVE (STUDE	RT SCH GOROU OF LEAF NTS OF	OOL IS DEI S CURRICU RNING, AND HIGH ACA	DICATED TO EDU LUM PARTICULA INSTILLING ENT	CATING BOYS R EMPHASIS IS THUSIAM, RESP	GIVEN TO MAS ONSIBILITY, AN	STERING ESSEN ND SELF-DISCIF	TIAL SKILLS, INS	DD OF TEACHING AND SPIRING A LIFELONG SEEKS TO DEVELOP ACTER WITHIN A
			undertake any sign - 990-EZ?					
			se new services or					
s	ervices	·	cease conducting, se changes on Sch		nt changes in ho	wit conducts, an	y program • • • • •	
4 C	escribe xpenses	the organiza Section 50	ation's program ser	rvice accomplish :)(4) organizatior	ns are required to	report the amou		, as measured by locations to others,
4a	(Code) (Expenses \$	9,621,440	ıncludıng grants o	of \$ 1,42	5,903) (Revenue \$	12,491,224)
	DAY SCHO	OOL - 609 STUE	DENTS ATTEND CALVER	T SCHOOL IN BALTIM	IORE, MARYLAND TI	HERE ARE NINE GRA	DES FROM KINDERGAF	RTEN THROUGH EIGHTH GRADE
4b	(Code) (Expenses \$	8,121,031	ıncludıng grants o	 of \$) (Revenue \$	10,529,603)
	EDUCATION WHICH OF TEACHING COACHING AND SERVI FINANCES SUPERVIS PROVIDES SUPPORT NONPROF PROFESSI TO THESE LANGUAGI OF EXPER CALVERT	ON SERVICES TO UTLINE ALL DATE SERVICE, A TO SERVICE, A T	THEY HAVE ACCESS TO LY WORK, AND THE LY ESTING AND ASSESSMETES THEM TO RECEIVE TO THE MATERIALS AND TO THE MATERIALS AND ACADE LY VIRTUAL - CALVERTONS CALVERT PROVIDED GOOMMUNITY IN THE LICH ARE REPORTED ASTONG THIS PROFILE OF THE PROFILE AND THE PROFILE ASTONG THIS PROFILE ASTONG THIS PROFILE ASTONG THIS PROFILE ASTONG THIS PROFILE	OUR GRADE-LEVEL I VE TEACHING SUPPO ENT SERVICE, WHICH A TRANSCRIPT AND MILIES THE PARTNER IND SERVICES RECEIV MIC TRACKING IN A ATES AS A MEMBER OF SCHOOL WORKS IN WES ALL THE MATERIA SAME WAY AS IT DO SUNRELATED BUSIN WAS DEVELOPED THR OF STUDENT IN A C AND SERVICES, ANI	PLACEMENT TESTING RT OF AN EDUCATIO H ALLOWS THEM TO SE CERTIFICATE OF CO ESTIFICATE OF CO ESTIFICATE OF CO FOR PRIVATE PAY HODITION, CALVERT OF THE PROFESSION, PARTNERSHIP WITH ALS, SERVICES, TECH ES FOR GROUP PAR ESS INCOME VERTIC HOUGH A JOINT LEAR BLASSROOM ENVIRON COMBINES THESE	G, AND RECEIVE A CON COUNSELOR THE SUBMIT PERIODIC TO COMPLETION GROUP FOR THE STUDENT ON THE FAMILIES, CALVERT DEVELOPS SUPPLEME AL LEARNING COMMUNICAL VIRTUAL PUI HOLOGY, PROFESSIOTNERS IN ADDITION EXPLEARNING IS A SPICE LEARNING IS A SPICH LEARNING INTITATIVE WIRMENT THE PROGRAMITH THE SPECIALIZ	OMPLETE CURRICULUMY HAVE THE OPTION OF STS AND RECEIVE INFORMATINERS - RECEIVE INFORMATION OF STREET OF THE STREET	TO PAY FOR THEIR OWN INCLUDING LESSON MANUALS F ENROLLING IN THE ADVISORY ORMED GRADE ASSESSMENT A THE SAME CALVERT MATERIALS ROLS THE RELATED PER-STUDE BY TO SUPPORT STUDENT OMEET LOCAL STANDARDS, ES STUDENT INSTRUCTION AND ARE SEPARATE 501(C)(3) AND PARTICIPATES IN THE FERS MANAGEMENT SERVICES OF OPTION FOR CHILDREN WIT NOT FOR PROFIT WITH 40 YEAR E LEARNING COMPETENCIES OF THE SAME MATERIALS
4c	(Code) (Expenses \$	273,370	ıncludıng grants o	 of \$) (Revenue \$	254,176)
	DAY CARE	E - 28 CHILDRE DEPENDENT SC YEARS OLD TO	N ATTENDED KIDDIE C HOOL EMPLOYEES, AND	CALVERT DAY CARE (KCDC) IN BALTIMOR	E, MD THE KCDC PI	ROGRAM IS ONLY OPE	N TO CALVERT SCHOOL AND AT LEAST 12 WEEKS OLD AND
	(Code SUMMER	CAMPS) (Expenses \$	60,968	including grants o	of \$) (Revenue \$	76,210)
		HOOL CARE - 1		45,165 IPATE IN OUR AFTER			2,905) (Revenue \$ GC PROGRAM RAN FRC	246,395) OM 12 15 TO 6 OO P M EACH [
	Other p	_	ces (Describe in S 106,133	chedule O) including grants	of \$	2,905) (Rev	venue \$	322,605)
4e	Total pr	ogram servic	ce expenses 🟲	18,121,97	 4			

Part TV	Checklist o	f Required	Schedules
	CHECKHISLU	Reduired	Sciledules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	Yes	
e	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
		11e	Yes	
r	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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
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		N o
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		N o
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 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		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
37		38	Yes	No (2012)

Par				_
	Check if Schedule O contains a response to any question in this Part V	-	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 23		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country •CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			Na
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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 business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
		eveni 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MD
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JOSEPH P MCGRAW 105 TUSCANY ROAD BALTIMORE, MD (410) 243-6054

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CARVILLE B COLLINS	5 00	Х		х				0	0	C
CHAIRMAN										
(2) JAMES B STRADTNER VICE CHAIRMAN	2 00	х		x				0	0	C
(3) WILLIAM S HARRISON	2 00									
TREASURER		Х		×				0	0	C
(4) MARK DEWIRE	2 00									
SECRETARY		Х		Х				0	0	C
(5) GINA ADAMS	2 00									
TRUSTEE		Х						0	0	C
(6) DAVID ALLAN	2 00									
TRUSTEE		Х						0	0	C
(7) CURTIS CAMPBELL	2 00									
TRUSTEE		Х						0	0	C
(8) H WARD CLASSEN	2 00									
TRUSTEE		Х						0	0	C
(9) FRED CROZIER	2 00									
		Х						0	0	C
TRUSTEE (10) FELIX DAWSON	2 00									
		х						0	0	C
TRUSTEE (11) WESLEY FINNERTY	2 00									
		х						0	0	C
TRUSTEE (12) F WHITINGTON FOSTER	2 00			\vdash						
	200	х						0	0	C
TRUSTEE (13) JOSEPH HABERMAN	2 00									
	2 00	х						0	0	C
TRUSTEE (14) EDWARD HART III	2 00									
	200	х						0	0	C
TRUSTEE (15) F BARTON HARVEY III	2 00									
	200	х						0	0	C
TRUSTEE (16) DAVID S KNIPP	2 00									
	2 00	х						0	0	C
TRUSTEE (17) KEVIN A MCCREADIE	2 00									
	2 00	х						0	0	C
TRUSTEE										

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099-		organiz	lated
(18) LEE H RILEY III	2 00	×						0		o		(
TRUSTEE (19) AMY T SETO	2 00									+		
TRUSTEE		X						0		0		(
(20) MATTHEW W WYSKIEL III	2 00	Х						0		0		
TRUSTEE		_ ^						0		<u> </u>		
(21) ANDREW D MARTIRE	40 00			x				399,181		0		96,520
HEAD MASTER/DAY SCHOOL (22) JOSEPH P MCGRAW	40 00									+		
CFO/DAY SCHOOL	10 00			Х				182,424		0		76,034
(23) RICHARD N RASMUS	40 00			x				710,660		0		59,366
PRESIDENT/CES								710,660		<u> </u>		39,300
(24) STEVEN BROWN	40 00				х			315,699		0		52,411
V P OF TECH & OPS / CES (25) IRVING QUIMBY	40 00									+		
, ,	40 00					х		132,162		0		30,772
DIRECTOR OF OPERATIONS (26) JOHN ZABETAKIS	40 00									+		
CONTROLLER						X		263,340		0		32,091
(27) DAVID SHOOTS	40 00					х		168,637		0		27,136
MANAGER, SCHOOL DEVELOPMENT								100,037				27,130
(28) KERRY JOHNSTON	40 00					×		125,179		0		57,800
DIR OF DEVELOPMENT (29) R BRADY LOCHER JR	40 00									+		
DIR OF PARTNERSHIP DEV	10 00					Х		164,866		0		54,389
1b Sub-Total				<u>. </u>		<u> </u>				十		
c Total from continuation sheets to Part	VII, Section A					▶ -				H		
d Total (add lines 1b and 1c)		•				▶		2,462,148	0			486,519
Total number of individuals (including b \$100,000 of reportable compensation)				ed al	bove	e) who	rec	eived more than				
									_		Yes	No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			e, key	y em	nplo [.]	yee, o	r hig	ghest compensate	d employee	3		No
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	4	Yes	
5 Did any person listed on line 1a receive	or accrue com	pensat	ion f	rom	anv	unrel	latec	d organization or u	ndividual for	-	162	
services rendered to the organization?										5		No
Section B. Independent Contracto	ors											
1 Complete this table for your five highes		ındene	nder	nt co	ntra	actors	that	t received more th	nan \$100 000 (n f		

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

(A) Name and business address	(B) Description of services	(C) Compensation
MULLAN CONTRACTING COMPANY 2330 W JOPPA ROAD SUITE 210 OUTHERVILLE MD 21093	CONSTRUCTION	1,508,385
CHARTWELLS COMPASS GROUP USA PO BOX 417632 BOSTON MA 02241	FOOD SERVICES	681,903
HORD COPLAN MACHT INC 750 E PRATT STREET SUITE 1100 BALTIMORE MD 21202	ARCHITECT	458,363
WILMERHALE PO BOX 7247-8760 PHILADELPHIA PA 19170	LEGAL	289,220
MCGLADREY & PULLEN LLP 100 INTERNATIONAL DRIVE SUITE 1400 BALTIMORE MD 21202	ACCOUNTING & TAX	144,737

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►9

	·····		of Revenue ule O contains a respon	se to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512,513,or 514
ts Its	1a	Federated cam	paigns 1a					
ran	b	Membership du	les 1b					
s, G Am	С	Fundraising eve	ents 1c	80				
Giffe ilar	d		zations 1d					
ns, Simi	е	Government grant	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	3,740,299				
tribi	g	Noncash contribution	ons included in lines	410,439	į			
Cont and	h		s 1 a - 1 f	🕍	3,740,379			
				Business Code				
enne	2a	SCHOOL TUITION		511190	22,928,103	22,706,677	221,426	
Rev	b	DAY CARE		611710	254,176	254,176		
Program Serwce Revenue	c	AFTER SCHOOL CA	ARE	611710	246,395	246,395		
Ser	d	SUMMER CAMPS		611710	76,210	76,210		
ranı	e f	All other progra	am service revenue	900099	55,177 52,633	55,177 52,633		
^લ					·	32,033		
	g 3		s 2a-2f	+	23,612,694			
		and other simil	ar amounts)	<u>•</u> [1,696,265		6,434	1,689,831
	4 5		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory Less cost or	13,833,459	7,103,494				
	b	other basis and sales expenses	12,772,185	1,679,859				
	С	Gain or (loss)	1,061,274	5,423,635				
	d	Net gain or (los	· .		6,484,909			6,484,909
nue	8a	events (not inc \$	80					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a	77,215				
the	b	Less direct ex	penses b	59,566				
Ò	c		(loss) from fundraising (events 🛌	17,649			17,649
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c		penses b	/ities				
	10a	Gross sales of returns and allo	owances .					
	Ь		a oods sold b	nton.				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a							
	b							
	С							
	d		ue [
	e	Total. Add lines		· · · •				
	12	Total revenue.	See Instructions	· · · •	35,551,896	23,391,268	227,860	8,192,389 Form 990 (2012)

	IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	nrt IX			<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,428,808	1,428,808		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,420,806	910,929	439,268	70,609
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	7,835,393	5,015,854	2,421,972	397,567
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,407	77,551	36,979	4,877
9	Other employee benefits	1,856,286	1,205,592	574,877	75,817
10	Payroll taxes	477,118	298,188	147,671	31,259
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,202	7,768	12,434	
c	Accounting	44,420		44,420	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	138,000			138,000
f	Investment management fees	150,378		150,378	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	834,337	580,204	251,633	2,500
12	Advertising and promotion	1,030,361	918,020	80,642	31,699
13	Office expenses	4,997,605	4,737,119	210,245	50,241
14	Information technology	178,979	85,015	85,015	8,949
15	Royalties				
16	Occupancy	1,254,701	803,115	451,586	
17	Travel	35,520	27,471	4,790	3,259
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,495	96,517	66,499	22,479
20	Interest	134,296		134,296	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,137,220	961,666	175,554	
23	Insurance	140,585	112,468	28,117	
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	ADMINISTRATIVE	566,673	391,004	175,669	
b	MISCELLANEOUS	442,747	61,637	376,509	4,601
c	STUDENT SERVICES	176,795	176,667		128
d	ADVISORY TEACHING SERVI	165,072	165,072		
e	All other expenses	323,969	61,309	170,783	91,877
25	Total functional expenses. Add lines 1 through 24e	25,095,173	18,121,974	6,039,337	933,862
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

Pai	LA	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,916	1	1,050
	2	Savings and temporary cash investments	5,514,756	2	5,921,816
	3	Pledges and grants receivable, net	2,915,135	3	2,933,414
	4	Accounts receivable, net	992,574	4	239,686
	5	Loans and other receivables from current and former officers, directors, trustees, kemployees, and highest compensated employees. Complete Part II of Schedule L	ey 144,295	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under sect $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employe and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	nion ers	6	
88	7	Notes and loans receivable, net	384,890		
₹	8	Inventories for sale or use	4.804.061		67,343
	9	Prepaid expenses and deferred charges	941,106	9	263,233
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 39,930	,154	_	<u> </u>
	ь	Less accumulated depreciation 10b 9,855	,392 29,505,239	10c	30,074,762
	11	Investments—publicly traded securities	23,985,450	11	28,306,738
	12	Investments—other securities See Part IV, line 11	14,415,444	12	18,931,016
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,635,413	15	6,850,542
	16	Total assets. Add lines 1 through 15 (must equal line 34)	86,240,279	16	93,589,600
	17	Accounts payable and accrued expenses	4,080,790	17	1,574,737
	18	Grants payable		18	
	19	Deferred revenue	3,901,190	19	2,292,041
	20	Tax-exempt bond liabilities	8,704,949	20	11,510,000
ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	0.070.405	-	2 725 000
		D	8,976,105 25,663,034		2,735,068
	26	Total liabilities. Add lines 17 through 25	25,665,034	26	18,111,846
ĭ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	52,115,783	27	66,854,680
or Fund Balances			4,025,963		4,017,752
<u>~</u>	28	Temporarily restricted net assets	4,435,499		
ĭ	29	Permanently restricted net assets	4,435,499	29	4,605,322
or FL		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Ξ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ď.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z et	33	Total net assets or fund balances	60,577,245	33	75,477,754
	34	Total liabilities and net assets/fund balances	86,240,279	34	93,589,600

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)			35 1	551,896
2	Total expenses (must equal Part IX, column (A), line 25)			<u> </u>	
3	Revenue less expenses Subtract line 2 from line 1	2		25,0	095,173
3		3		10,4	156,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		60,!	577,245
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	5		1,5	587,802
_		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	\vdash			
		9		2,8	355,984
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		75,4	177,754
Par	t XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: Software Version:

EIN: 52-0591510

Name: CALVERT SCHOOL INC

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	ndent Contra	ectors	s, ı rı	uSTE	:es,	, key	, EN	npioyees, nigne	5 (1
(A) Name and Title	(B) Average hours per week (list any	dıre	than	not one son i er an trust	box s bo d a 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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
CARVILLE B COLLINS CHAIRMAN	5 00	X		x				0	0	0
JAMES B STRADTNER VICE CHAIRMAN	2 00	х		х				0	0	0
WILLIAM S HARRISON TREASURER	2 00	х		х				0	0	0
MARK DEWIRE SECRETARY	2 00	х		х				0	0	0
GINA ADAMS TRUSTEE	2 00	х						0	0	0
DAVID ALLAN TRUSTEE	2 00	х						0	0	0
CURTIS CAMPBELL TRUSTEE	2 00	х						0	0	0
H WARD CLASSEN TRUSTEE	2 00	х						0	0	0
FRED CROZIER TRUSTEE	2 00	х						0	0	0
FELIX DAWSON TRUSTEE	2 00	х						0	0	0
WESLEY FINNERTY TRUSTEE	2 00	х						0	0	0
F WHITINGTON FOSTER TRUSTEE	2 00	×						0	0	0
JOSEPH HABERMAN TRUSTEE	2 00	×						0	0	0
EDWARD HART III TRUSTEE	2 00	х						0	0	0
F BARTON HARVEY III TRUSTEE	2 00	x						0	0	0
DAVID S KNIPP TRUSTEE	2 00	×						0	0	0
KEVIN A MCCREADIE TRUSTEE	2 00	х						0	0	0
LEE H RILEY III TRUSTEE	2 00	х						0	0	0
AMY T SETO TRUSTEE	2 00	х						0	0	0
MATTHEW W WYSKIEL III TRUSTEE	2 00	х						0	0	0
ANDREW D MARTIRE HEAD MASTER/DAY SCHOOL	40 00			х				399,181	0	96,520
JOSEPH P MCGRAW CFO/DAY SCHOOL	40 00			х				182,424	0	76,034
RICHARD N RASMUS PRESIDENT/CES	40 00			х				710,660	0	59,366
STEVEN BROWN V P OF TECH & OPS /CES	40 00				х			315,699	0	52,411
IRVING QUIMBY DIRECTOR OF OPERATIONS	40 00					х		132,162	0	30,772

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

40 00

R BRADY LOCHER JR

DIR OF PARTNERSHIP DEV

(A) Name and Title	(B) Average hours per week (list		than	o not n one son i er an	box s bot d a	,	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)						related organizations		
JOHN ZABETAKIS CONTROLLER	40 00					х	263,340	0	32,091
DAVID SHOOTS MANAGER, SCHOOL DEVELOPMENT	40 00					х	168,637	0	27,136
KERRY JOHNSTON DIR OF DEVELOPMENT	40 00					х	125,179	0	57,800

164,866

54,389

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135028514

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

CALVERT SCHOOL INC

Public Charity Status and Public Support

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

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

Open to Public Inspection

									52-05915		
	t I			blic Charity Sta						nstructions	5.
The c	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	lines 1 throi	ıgh 11, check	only one b	ox)		
1	Г		· ·	ion of churches, or a				ection 170(b)(1)(A)(i).		
2		A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ibed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	iction with a	hospital des	cribed in se	tion 170(b)(1)(A)(iii).	Enter the
_	_			ity, and state	* - 6 11		*·· -···				
5	ı	_	•	erated for the benefi	_	e or universi	ty owned or o	perated by	a governmeni	tai unit des	cribed in
•	_			(A)(iv). (Complete P	•	tal unit dage	wheelve acat	170(h)(:	1)(4)()		
6	<u> </u>		•	local government o	_						مالطينة المسا
7	ļ			at normally receives on 170(b)(1)(A)(vi).			support from	a governme	ental unit or fi	rom the ger	ierai public
8	Γ			described in sectio			mplete Part II	.)			
9	Γ								outions, mem	bership fee	s, and gross
	An organization that normally receives (1) more than 331/3% of its support from contributions, membership receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than										
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ın	come (less	section 511	tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete Pa	rt III)		
10	Γ	An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See sectio	n 509(a)(4).		
11	Γ			ganized and operate							
				ly supported organiz						ee section :	509(a)(3). Check
			that descr Type I	ibes the type of supp b Type II c						n-function	ally integrated
e	\vdash		• •	ox, I certify that the			=				=
	,			ion managers and ot							
		section	n 509(a)(2)								
f				received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organization,
g			this box August 17	2006, has the organ	ization accer	nted any diff	or contributi	on from any	of the		ı
9			ng persons?		.zacion acce,	stea any gni	. or continuati	on nom un,	01 1110		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons de	scribed in (ii)		Yes No
		and (111) below, the	governing body of th	ne supported	organızatıo	n?			119	g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				119	y(ii)
		(iii) A	35% contro	lled entity of a perso	on described	ın (ı) or (ıı)	above?			11 g	(iii)
h		Provide	e the followi	ng information about	the support	ed organızat	ion(s)				
			I	I			1		1		T
-) Nan uppoi		(ii) EIN	(iii) Type of organization	(iv) Is organizati		(v) Did you the organiz	•	(vi) Is to organizate		(vii) A mount of monetary
		ation		(described on	col (i) lis		in col (i) o		col (i) org		support
				lines 1 - 9 above	your gove		suppor		ın the U		''
				or IRC section	docume	nt?					
				(see instructions))				1			_
				instructions))	Yes	No	Yes	No	Yes	No	
Total			1	ĺ	1	1	1	1	1	1	1

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(c) 2010	(d) 2011	(e) 20)12	(f) Total	
_	in) ► A mounts from line 4		(b) 2009		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135028514

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CALVERT SCHOOL INC 52-0591510 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► T if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	88,750	
c	Total lobbying expenditures (add lines 1a and 1i	o)	88,750	
d	Other exempt purpose expenditures		24,393,110	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	24,481,860	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 3,000,000 Lobbying ceiling amount 4,500,000 (150% of line 2a, column(e)) 128,909 88,750 Total lobbying expenditures 187,376 405,035 Grassroots nontaxable amount 250,000 250,000 250,000 750,000 Grassroots ceiling amount 1,125,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493135028514

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	me of the organ	ization		Employ	yer identification number
				52-05	91510
Pa		nizations Maintaining Donor Adv		ınds or	Accounts. Complete if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(h) Funds and other accounts
1	Total number a	at end of year	(a) Donor advised funds	(,,	y runus and other accounts
2		tributions to (during year)			
3	33 3	nts from (during year)			
4		ue at end of year			
5	Did the organiz	zation inform all donors and donor advisor organization's property, subject to the or		or advise	d Yes No
6	Did the organia	zation inform all grantees, donors, and de charitable purposes and not for the benef	onor advisors in writing that grant funds		,,
		ermissible private benefit?	to or the donor of donor davisor, or for an	iy ociici p	☐ Yes ☐ No
Pa	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	Form	990, Part IV, line 7.
1	Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat	<u> </u>		ally important land area
	_	on of open space	j. Treservation of a c	ertinea i	nstoric structure
_	·	·			
2		s 2a through 2d if the organization held a he last day of the tax year	a qualified conservation contribution in t	ne form c	of a conservation
		,			Held at the End of the Year
а	Total number o	of conservation easements		2a	1
b	Total acreage	restricted by conservation easements		2b	1 00
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	1
d		servation easements included in (c) acquire listed in the National Register	juired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the	organızatıon durıng
	the tax year ►	<u> </u>			
4	Number of stat	tes where property subject to conservat	ion easement is located 🛌 👤 1		
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of vi	olations, and Yes V No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents dur	ring the year
_	A mount of exp	——— enses incurred in monitoring, inspecting	and enforcing conservation easements	durina t	he vear
7	· ·	103	,, and amoreing conservation casements	auning c	ne , eu
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(ı)
9		lescribe how the organization reports cor , and include, if applicable, the text of the			
		on's accounting for conservation easeme			
Par	Compl	lizations Maintaining Collection ete If the organization answered "Y	es" to Form 990, Part IV, line 8.		
1a	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or resear	ch in furtherance of public
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues i	included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets inc	luded in Form 990, Part X			▶ \$
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r financia	'
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$
	ACVENUES INCH	adda iii i oiiii 550, i dit viii, iiile i			r +

b Assets included in Form 990, Part X

	Organizations Maintaining Co										<u>intinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	as, cn	еск а	•	_		_	se or	its	
а	Public exhibition		d	ı	Loan or ex	change progr	ams				
b	Scholarly research		е	Γ	Other						
C	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	v they	further the	e organization	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit							nılar	_	.,	-
Dat	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang		-		_			oc" to Form	,	Yes	│ No
	Part IV, line 9, or reported an an					on answere	u i	es to roili	1 990	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	forco	ntributions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving ta	ble						
									A mou	ınt	
С	Beginning balance						1 c				
d	Additions during the year					L	1d				
e	Distributions during the year					L	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has been	provided in P	art)	XIII			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year		Prior ye		Two years back				Four y	ears back
1a	Beginning of year balance	40,004,455		40,9	38,083	36,053,637		33,711,94	13	4	13,242,907
b	Contributions	5,077,736			22,973	1,557,440		197,18	31		478,323
С	Net investment earnings, gains, and losses	4,169,872		4	57,891	7,359,660		3,871,96	50	-	-8,161,657
d	Grants or scholarships								-		
e	Other expenditures for facilities and programs	1,441,890		1,4	74,492	3,982,654	-	1,727,44	17		1,847,630
f	Administrative expenses	47.040.470		40.0	24.455	40.000.003	_	26.052.65			22711 042
g	End of year balance	47,810,173		-	04,455	40,988,083	<u>' </u>	36,053,63	37		33,711,943
2	Provide the estimated percentage of the cur		ce (lın	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨	88 220 %									
b	Permanent endowment ► 9 630 %										
c	Temporarily restricted endowment ► 2 1 The percentages in lines 2a, 2b, and 2c sho	50 % uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation t	that a	re held and	administered	d for	the			
	organization by (i) unrelated organizations							Га	Ba(i)	Yes	No No
	(ii) related organizations			•			•	-	a(ii)		No
b	If "Yes" to 3a(II), are the related organization						٠.	`. `. `. <u> </u>	3b		İ
4	Describe in Part XIII the intended uses of th	ne organization's en	dowm	ent fu	nds						
Pai	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa			_					
	Description of property				Cost or other (Investment)			(c) Accumulat depreciation		(d) Bo	ok value
1a	Land					12,087	,718		\neg	1	2,087,718
b	Buildings					25,720	,640	8,122,	390	1	7,598,250
c	Leasehold improvements										
	Equipment					2 121	,796	1,733,	002		388,794
a				1		2,121					
	Other					2,121					

Part VIII Investments—Other Securities. See F	<u>-orm 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b) Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)LIMITED PARTNERSHIPS	6,180,104		F
<u>, , , , , , , , , , , , , , , , , , , </u>	, ,		
(B) PREFERRED STOCK IN A LIMITED LIABILITY	4.625.000		_
COMPANY	4,625,000		F
(C) VANGUARD INSTL INDEX FD (VINIX)	8,125,912		F
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	18,931,016		
Part VIII Investments—Program Related. See			- d - 6 1
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		000000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descript			(b) Book value
(1) CONSTRUCTION IN PROGRESS			4,520,230
(2) CAPITALIZED BOND COSTS			139,474
(3) PERPETUAL CHARITABLE TRUST			1,590,838
(4) ESCROW FROM SALE			600,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		6,850,542
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED PENSION OBLIGATION	2,735,068		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,735,068		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text		nization's financial state	monts that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	19,666,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,647,368
3	Subtract line 2e from line 1	3	18,019,488
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 141,992		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	17,532,408
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	35,551,896
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	13,376,286
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	59,566
3	Subtract line 2e from line 1	3	13,316,720
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 141,992		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	11,778,453
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,095,173
	Supplemental Information		<u> </u>

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

ınformation		
Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	ASSETS ARE RECORDED AT COST AND INCLUDED IN THE VALUE OF LAND ON THE SCHOOL'S BALANCE SHEET
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT SPECIFIC PURPOSES IDENTIFIED BY DONORS AND THE OVERALL OPERATION OF THE SCHOOL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY AS OF JUNE 30, 2013 AND 2012, AND FOR THE YEARS THEN ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST THE SCHOOL IS NO LONGER SUBJECT TO US FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING AND GAMING EXPENSE NETTED ON THE FINANCIAL STATEMENT 59,566
PART XI, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID EXPENSES NETTED WITH TUITION ON FINANCIAL STATEMENTS 1,428,808 GAIN ON DISPOSAL OF CALVERT EDUCATION SERVICES, LLC 5,423,635 CALVERT EDUCATION SERVICES, LLC INCOME 10,537,973
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING AND GAMING EXPENSE NETTED ON THE FINANCIAL STATEMENT 59,566 RECOVERY OF BAD DEBT
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID EXPENSES NETTED WITH TUITION ON FINANCIAL STATEMENTS 1,428,808 CALVERT EDUCATION SERVICES, LLC EXPENSES 10,207,653
		Schedule D (Form 990) 2012

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As Filed Data -

DLN: 93493135028514

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

ALVE	RT SCHOOL INC	1.51.0		
Pa	rt I 52-059	1510	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charte	er hylaws		
•	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 it brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?	 	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast med the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe If please explain If you need more space use Part II	lia during a way "No,"		
	please explain 11 you need more space use rait 11	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscr basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public deal with student admissions, programs, and scholarships?	ing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
_	Use of facilities?	<u>5f</u>	+	No
	Athletic programs? Other extracurricular activities?	5 <u>g</u>		N C
-	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	gh 4 05		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	NONDISCRIMINATORY POLICY IS PUBLISHED IN SCHOOL BROCHURES, APPLICATIONS FOR ADMISSION AND IN THE LOCAL TRADE NEWSPAPERS AND PERIODICALS

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493135028514

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CALVERT SCHOOL INC 52-0591510 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) is (a) Region (b) Number of (c) Number of (f) Total expenditures a program service, describe offices in the employees. region (by type) (e.g., for and investments agents, and fundraising, program services, specific type of region in region independent investments, grants to service(s) in region contractors in recipients located in the region region) CENTRAL AMERICA AND THE 0 0 INVESTMENTS 8,050,198 CARIBBEAN ol 0 8.050.198 3a Sub-total b Total from continuation sheets 0 to Part I c Totals (add lines 3a and 3b) 8,050,198

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2		Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										
3	Enter total nu	Enter total number of other organizations or entities										

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

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

Identifier	ReturnReference	Explanation

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

DLN: 93493135028514

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

Open to Public

Internal Revenue Service	Inspection
Name of the organization	Employer identification number
CALVERT SCHOOL INC	
	52-0591510

_	—	iizatioii raiseu lulius i	illough a	•	=	* * *				
а	Mail solicitations				Solicitation of non-					
b	Internet and email sol	ıcıtatıons		f	, constant of government grants					
С	3 , - p									
d	✓ In-person solicitations	5								
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII) st paid individuals or	or entity entities (f	ın connec	ction with professional fu	ındraısıng services?	V Yes 			
•	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No						
	CCS 461 FIFTH AVENUE 3RD FLOOR	CAMPAIGN FEASIBILITY STUDY		No	2,464,534	138,000	2,326,534			
	NEW YORK, NY 10017									
	-									
			1							
			<u> </u>							
			1							
Tota	il			-	2,464,534	138,000	2,326,534			
3	List all states in which the licensing	organization is regist	tered or lı	censed to	solicit funds or has bee	en notified it is exempt	from registration or			
МD										

		G (Form 990 or 990-EZ) 2012				Page 2		
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribution					
		<u> </u>	(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CORKS FOR CALVERT (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))		
Reveilue	1	Gross receipts	23,860	53,435		77,295		
	2	Less Contributions	80			80		
	3	Gross income (line 1 minus line 2)	23,780	53,435		77,215		
	4	Cash prizes		5,000		5,000		
60	5	Noncash prizes	15,038	594		15,632		
Expenses	6	Rent/facility costs	21,369			21,369		
ង	7	Food and beverages .						
Drea	8	Entertainment						
à	9	Other direct expenses .	1,576	15,989		17,565		
	10	10 Direct expense summary Add lines 4 through 9 in column (d) (59,566						
	11 Net income summary Combine line 3, column (d), and line 10							
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
Revenue		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/Instant oingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>2</u>	1	Gross revenue						
enses	2	Cash prizes						
cbeü	3	Non-cash prizes						
Direct Exp	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor		┌ Yes	│ Yes │ No	_		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	8 Net gaming income summary Combine lines 1 and 7 in column (d)						
9 a b	Ist	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?						
		re any of the organization's gaming l Yes," explain	icenses revoked, suspen	ded or terminated during	the tax year?			

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No				
.2		neficiary or trustee of a trust or a men						
	formed to administer charitable o	gamıng [,]		· · · · Fyes F No				
.3	Indicate the percentage of gamir	ng activity operated in						
а	The organization's facility			13a				
b	An outside facility			13b				
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ▶							
	Address 🟲							
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
	amount of gaming revenue retained by the third party 🕨 \$							
С	If "Yes," enter name and address of the third party							
	Name •							
	Address ▶							
. 6	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🟲 \$							
	Description of services provided 🟲							
	☐ Director/officer	Employee	☐ Independent contractor					
.7	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?							
b								
	<u> </u>	activities during the tax year > \$						
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical					
	Identifier	Return Reference	Explana	tion				

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493135028514

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Governments and Individuals in the United States

Name of the organization						Employer identificati	on number
CALVERT SCHOOL INC						52-0591510	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance? .			the grants or assista	ance, and	▽ Yes ┌ N
Part II Grants and Other A					nplete if the organ	nization answered "Y	es" to
				rt II can be duplicate			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 53 Enter total number of other org						. _	
				0			

IN THE U S

(a)Type of grant or assistance

(b) Number of

recipients

(f)Description of non-cash assistance

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

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

(c)A mount of

cash grant

(1) FINANCIAL AID		142		1,428,808		FMV			
	ental Informat								
Complete this part to provide				column (b), an	d any other additional inf	formation			
Identifier	Return Reference	e e	Explanation						
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2			HEDULE I, PART I, LINE 2 ALL GRANTS REDUCE THE TUITION BILL OF STUDENTS NO CASH IS GIVEN RECTLY TO STUDENTS					

DLN: 93493135028514

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CALVERT SCHOOL INC

Employer identification number

52-0591510

Pa	rt I Questions Regarding Compensati	on				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	<u> - - - - - - - - - -</u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	<u> - </u>	Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direct			_	.,	
	unectors, trustees, and the CLO/Executive Direct	tor, regard	and the items thether in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compe	that apply				
	∇ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	nust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b	Yes	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII	, paid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described		itions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
_		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)ANDREW D MARTIRE HEAD MASTER/DAY SCHOOL	(i) (ii)	279,984 0	0	119,197 0	34,853 0	61,667 0	495,701 0	0
(2)JOSEPH P MCGRAW CFO/DAY SCHOOL	(i) (ii)	162,209 0	9,500 0	10,715 0	26,096 0	49,938 0	258,458 0	0
(3)RICHARD N RASMUS PRESIDENT/CES	(i) (ii)	293,858 0	o 0	416,802 0	33,000 0	26,366 0	770,026 0	0
(4)STEVEN BROWN V P OF TECH & OPS /CES	(i) (ii)	175,917 0	o 0	139,782 0	35,39 4 0	17,017 0	368,110 0	0
(5)IRVING QUIMBY DIRECTOR OF OPERATIONS	(i) (ii)	130,578 0	0	1,58 4 0	7,987 0	22,785 0	162,934 0	0
(6)JOHN ZABETAKIS CONTROLLER	(i) (ii)	123,558 0	0 0	139,782 0	3,900 0	28,191 0	295,431 0	0
(7)DAVID SHOOTS MANAGER, SCHOOL DEVELOPMENT	(i) (ii)	97,458 0	70,909 0	270 0	4,950 0	22,186 0	195,773 0	0
(8)KERRY JOHNSTON DIR OF DEVELOPMENT	(i) (ii)	112,674 0	4 ,500 0	8,005 0	15,307 0	42,493 0	182,979 0	0
(9)R BRADY LOCHER JR DIR OF PARTNERSHIP DEV	(i) (ii)	163,834 0	0	1,032 0	32,648 0	21,741 0	219,255 0	0

Part IIII Supplemental Information

PART I, LINE 4A

PART I, LINE 5

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

Identifier	Return Reference	Explanation
	,	ANDREW MARTIRE, THE HEAD MASTER, RECEIVES THESE BENEFITS TAX INDEMNIFICATION AND GROSS UP PAYMENTS THAT INCLUDED IN HIS TAXABLE WAGES SOCIAL CLUB DUES, HOUSING AND PERSONAL

\$60,000 00 PER ANNUM

SERVICES ARE NONTAXABLE BENEFITS

STEVEN BROWN \$138,750 JOHN ZABETAKIS \$138,750

THE INDIVIDUALS LISTED BELOW RECEIVED A SEVERANCE PACKAGE FROM CALVERT SCHOOL THAT WAS WITHIN THE TERMS AND CONDITIONS OF THE CONTRACT THE SEVERANCE WAS BASED ON LENGTH OF SERVICE AND RESPONSIBILITIES ADDITIONAL TERMS AND CONDITIONS OF THE CONFIDENTIAL SEVERANCE AGREEMENTS WILL BE PROVIDED TO THE IRS UPON REQUEST RICHARD RASMUS \$416,250

DAVID SHOOTS RECEIVED A BI-WEEKLY COMMISSION FROM CALVERT EDUCATION SERVICES, A DISREGARDED ENTITY OF CALVERT SCHOOL, INC , EQUAL TO \$2,727 27 (ANNUALIZED TO \$60,000 FOR

FY12) AFTER FY12 THE COMMISSION AT 100% QUOTA ATTAINMENT WILL BE EQUIVALENT TO

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 52-0591510

Name: CALVERT SCHOOL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3,	raiti	<u>.i - Officers, Direc</u>	itors, rrustees, ke	y Lilipidyces, and	i inghest compens	sateu Lilipioyees		
(A) Name		(B) Breakdown o	fW-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
ANDREW D MARTIRE	(I) (II)	279,984 0	0	119,197 0	34,853 0	61,667 0	495,701 0	0
JOSEPH P MCGRAW	(I) (II)	162,209 0	9,500 0	10,715 0	26,096 0	49,938 0	258,458 0	0
RICHARD N RASMUS	(I) (II)	293,858 0	0	416,802 0	33,000 0	26,366 0	770,026 0	0
STEVEN BROWN	(I) (II)	175,917 0	0	139,782 0	35,394 0	17,017 0	368,110 0	0
IRVING QUIMBY	(I) (II)	130,578 0	0	1,584 0	7,987 0	22,785 0	162,934 0	0
JOHN ZABETAKIS	(I) (II)	123,558 0	0	139,782 0	3,900 0	28,191 0	295,431	0
DAVID SHOOTS	(I) (II)	97, 4 58 0	70,909 0	270 0	4,950 0	22,186 0	195,773 0	0
KERRY JOHNSTON	(I) (II)	112,674 0	4,500 0	8,005 0	15,307 0	42,493 0	182,979 0	0
R BRADY LOCHER JR	(I) (II)	163,834 0	0	1,032 0	32,648 0	21,741 0	219,255	0

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DLN: 93493135028514 OMB No 1545-0047

Open to Public

Inspection

2012

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Internal Revenue Service

Department of the Treasury

(Form 990)

Name	e of the organization VERT SCHOOLINC										Empl	loyer id	entifica	ntion num		
											52-0	05915	10			
Pa	art I Bond Issues		T													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	n of purpose	((g) Def	eased	beh	On alf of uer		Pool ncing
			1								Yes	No	Yes	No	Yes	No
A	MARYLAND INDUSTRIAL DEVELOPMENT FINANCING AUTHORITY	52-6002033	NONEAVAIL	06-01-2011	12,20	0,000	TO F IMPF	O REFUND 2001 BONDS AND O FUND CAPITAL 1PROVEMENTS TO THE ACILITIES		ND		Х		х		Х
Pa	rt III Proceeds															
	A mount of bonds retired				A		200	В			(С			D	
1	Amount of bonds legally defeas		 	690,	000											
2	Total proceeds of issue		 		220											
3	Gross proceeds in reserve fund		ļ	12,200,	000											
4	Capitalized interest from proce				 											
5	<u> </u>				 											
6	Proceeds in refunding escrows				<u> </u>											
7	Issuance costs from proceeds				<u> </u>											
8	Credit enhancement from proce				<u> </u>											
9	Working capital expenditures fr	<u> </u>			<u> </u>											
10	Capital expenditures from proc	:eeds			3,200,000											
11	O ther spent proceeds				9,000,000											
12	Other unspent proceeds															
13	Year of substantial completion	, 				-						_				
i					Yes	No		Yes	No	Y	es_	N	0	Yes		No
14	Were the bonds issued as part	of a current refundi	ng issue?		Х											
15	Were the bonds issued as part	of an advance refur	ıdıng ıssue?			Х										_
16	Has the final allocation of proce	eeds been made?				Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				×											
Part III Private Business Use												<u> </u>				
					A			В				С			D	
l					Yes	No		Yes	No	Y	'es	N	<u> </u>	Yes	+	No
1	Was the organization a partner		a member of an LL(C, 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 2
Par	Private Business Use (Continued)									
				A		В		C		D
	A bloom	h	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (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								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		х							
Do-										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
<u>-</u>	Rebate not due yet?		Х							
b	Exception to rebate?		X							
	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed						I			
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									_
				•			· ·			

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	х							
Pa	art VI Supplemental Information. Complete this part to pr	ovide addition	<u>ial informati</u>	on for respon	ises to quest	ions on Sche	dule K (see	instructions)	•

Schedule K (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135028514

N: 93493133028314

OMB No 1545-0047

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.

2012

Open to Public Inspection

Name of the organ CALVERT SCHOOL INC									1ploye -0591	r identif	fication	number	•
							501(c)(4) or	ganıza	tions	only).	/ 1 4	0.5	
	f disqualifie				between dis		25a or 25b, or (c) Descri					d) Corre	ected?
			- 1	person an	d organization	on						es	No
2 Enter the amount 4958 3 Enter the amount 1958								year u	inder s •	section \$ - \$ s			
										· · ·			
Comp	lete if the or	ganıza	rom Intere tion answere amount on F	d "Yes" o	n Form 990		line 38a, or Fo	rm 99	0, Par	t IV, line	e 26, oı	rıfthe	
(a) Name of interested person		nship	(c) Purpose of loan		n to the	(e)Origina principal amount			In ult?	(h) Appro by boa commi	ved rd or	or	
				То	From			Yes	No	Yes	No	Yes	No
												_	
												_	
												_	
												_	
T otal				<u> </u>						1		٦	
Part IIII Gran	ts or Assi	stanc	ce Benefit	ting Int	erested F	ersons.	rt IV, line 27						
(a) Name of inte	rested (b) Rela	ationship bet ed person an rganization	ween (f assistance			tance	(e)	Purpose	e of ass	stance

Part IV Business Transactions 1	involving Interested	l Persons.				
Complete if the organization	on answered "Yes" on F	Form 990, Part IV, lin	e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) ANNE C MCGRAW	WIFE OF JOSEPH P MCGRAW, DIRECTOR OF FINANCE & OPERATIONS	53,580	CALVERT SCHOOL TEACHER		No	

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493135028514

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Name of the organization CALVERT SCHOOL INC

Employer identification number

					52-0591510			
Pa	Types of Property			<u> </u>				
	Aut. Marka af aut	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of a noncash contri			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
5	Cars and other vehicles							
	Boats and planes							
3	Intellectual property							
	Securities—Publicly traded .	Х	19	410,439	FAIR MARKET VA	LUE		
)	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
;	Real estate—Residential .							
•	Real estate—Commercial							
,	Real estate—Other							
3	Collectibles							
)	Food inventory							
)	Drugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts					_		
3	Scientific specimens							
1	Archeological artifacts							
5	O ther ► ()							
5	O ther ▶()							
7	O ther ►()							
3	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29			_
_							Yes	No
0a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
1	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	· ·	es or related organizations	to solicit, process, or sell	noncash 	32a		Νo
b	If "Yes," describe in Part II							
	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) is checked.			
-	describe in Part II			, , , , ,	, ,			

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)

DLN: 93493135028514

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 CALVERT SCHOOL INC

Employer identification number

52-0591510

ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	
	FORM 990, PART VI, SECTION B, LINE 11	THE SCHOOL'S FINANCIAL MANAGERS AND STAFF PROVIDE THE NECESSARY INFORMATION TO PREPARE THE TAX RETURN A COMMITTEE OF FOUR BOARD MEMBERS WITH FINANCIAL BACKGROUNDS AND KNOWLEDGE OF THE SCHOOL'S FINANCIAL REPORTING REVIEW A DRAFT OF THE COMPLETED RETURN PRIOR TO FILING T HE RETURN THE ENTIRE BOARD OF TRUSTEES RECEIVES A FULL COPY OF THE RETURN BEFORE IT IS FI LED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF TRUSTEE MEMBERS AND TOP MANAGEMENT OFFICIALS ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT THE STATEMENT REQUIRES DISCLOSURE TO THE EXECUTIVE COMMITTE E OF "ANY MATTER THAT THE BOARD MEMBER BELIEVES MAY INVOLVE A POSSIBLE CONFLICT OF INTERES T AND SHALL THEREAFTER SUPPLEMENT SUCH ANNUAL WRITTEN DISCLOSURE WITH INFORMATION PERTAINI NG TO CONFLICTS OF INTEREST ARISING AFTER THE ANNUAL DISCLOSURE HAS BEEN FILED." EVERY BOA RD MEMBER SHALL DISCLOSE TO THE BOARD AND TO ANY BOARD COMMITTEE ON WHICH HE OR SHE MAY SE RVE ANY CONFLICT OF INTEREST INVOLVING A MATTER BEFORE THE BOARD OR COMMITTEE, AS THE CASE MAY BE, AND SHALL REFRAIN FROM VOTING ON ANY SUCH MATTER A TRUSTEE WHO HAS DISCLOSED A P OSSIBLE CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT THE MEETING AND THE PERTINENT TRANSACTION MAY BE AUTHORIZED, APPROVED OR RATIFIED BY THE AFFI RMATIVE VOTE OF A MAJORITY OF DISINTERESTED TRUSTEES ANY MINUTES OF THE MEETING SHALL REF LECT THAT A DISCLOSURE WAS MADE AND THAT THE AFFECTED TRUSTEE DID NOT VOTE ON THE TRANSACT
	FORM 990, PART VI, SECTION B, LINE 15	THE SCHOOL HAS A COMPENSATION COMMITTEE COMPRISED OF TWO BOARD MEMBERS AND A FORMER BOARD MEMBER THE COMMITTEE MEETS ANNUALLY TO REVIEW THE COMPENSATION OF TOP MANAGEMENT OFFICIAL S AND REVIEWS WRITTEN EMPLOY MENT CONTRACTS WHEN RENEWED OR REVISED AN INDEPENDENT CONSULT ANT IS HIRED TO PREPARE A MARKET STUDY REPORT OF COMPENSATION PACKAGES OF COMPARABLE SCHOO L'S MANAGEMENT THE COMMITTEE REVIEWS THE PERFORMANCE OF MANAGEMENT AND THE INDEPENDENT CO NSULTANT'S REPORT THE COMPENSATION COMMITTEE APPROVES THE COMPENSATION PLANS
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES 2,855,984

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DLN: 93493135028514

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

CALVERT SCHOOL INC				52-059151	0			
Part I Identification of Disregarded Entities (Con	nplete if the organizatio	n answered "Yes" to	Form 990, Par	t IV, line 33.)				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	ets Direct controlling entity			
(1) CALVERT EDUCATION SERVICES LLC 105 TUSCANY ROAD BALTIMORE, MD 21210 27-4297066	EDUCATION	MD	15,961,607		CALVER	T SCHOOL INC		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin		f the organization a	nswered "Yes" t	o Form 990, Pa	rt IV, l	ıne 34 because ı	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)		(f) Direct controlling entity	g Section 51 (13) contr entity	
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.	Cat No 5013	35Y			Schedule R (For	m 990) 2	2012

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
C	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
_	Don't and a firm malabad a management of a				1f		
	Dividends from related organization(s)				_	-	
	Sale of assets to related organization(s)				1g 1h		
	Purchase of assets from related organization(s)						
	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	Sharing of paid employees with related organization(s)				10		
D	Reimbursement paid to related organization(s) for expenses				1p		
-	Reimbursement paid by related organization(s) for expenses				1q		
٦					\vdash	\neg	
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		vered relationships	and transaction thresholds			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt inv	volved	

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

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

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

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

Additional Data Return to Form

Software ID:

Software Version:

EIN: 52-0591510

Name: CALVERT SCHOOL INC

Schedule R (Form 990) 2012

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Part VII Supplemental Information

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