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DLN: 93493318034144

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

		2013 ca applicable	C Name of organization	g 07-01-2013 , 2013, and ending 06	5-30-2014	D Employe	er identific	ation number		
☐ Ad	dress c	hange	Doing Business As			02-022	2227			
	me cha	_	Doing Business As							
_	tial reti rminate		Number and street (or P O box if r 325 PLEASANT STREET	/suite	, ,	E Telephone number (603) 229-4737				
		return n pending	City or town, state or province, cou CONCORD, NH 03301							
ј Ар	plicatio	n penaing	F Name and address of pri	ncinal officer	1 > -	G Gross rec	•	,420,683		
			MICHAEL G HIRSCHFELD 325 PLEASANT STREET	ncipal officer		s this a group roub roubordinates?	eturn for	┌ Yes 🗸 No		
			CONCORD,NH 03301		I	Are all subordina ncluded?	ates	Γ Y es Γ No		
I Ta	ax-exer	mpt statu:	5 ▼ 501(c)(3)	(insert no) 4947(a)(1) or 527	1	f "No," attach a	lıst (see	e instructions)		
			WW SPS EDU		H(c)	Group exemptio	n number	•		
	m of o		n 🔽 Corporation 🗌 Trust 🦳 Association	on Other 🕨	L Year	of formation 1856	M State	e of legal domicile NH		
Г 6			describe the organization's missi	on or most significant activities				_		
Activities & Governance		HUMAI CONCO APPRO	NE BUT RIGOROUS EDUCATIO DRD, NH, ON A BUCOLIC CAMP XIMATELY 535 STUDENTS AN		ATURAL BI	EAUTY THE SC ND PONDS AND	HOOL IS	S LOCATED IN IE TO		
ب عق	2	Check	this box 🔰 if the organization di	scontinued its operations or dispose	d of more th	nan 25% of its n	et assets	5		
ĭ				ning body (Part VI, line 1a)		⊢	3	27		
S S	1			of the governing body (Part VI, line 1		F	4	26		
4			umber of individuals employed in		⊢	5	482			
			•	necessary)		⊢	6 7a	552,411		
				from Form 990-T, line 34		_	7b	551,411		
	 			,		Prior Year	-	Current Year		
	8	Cont	ributions and grants (Part VIII. li	ne 1h)		23,155,19	_	25,178,608		
횰	9				ne 2g)					
Rayenue	10									
ä	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		12,513,23 768,57	_	23,839,363		
	12			(must equal Part VIII, column (A),	line	64,241,76	52	79,443,209		
	13			IX, column (A), lines 1-3)		8,441,21	. 3	9,164,555		
	14	Bene	fits paid to or for members (Part :	IX, column (A), line 4)			0	0		
8	15	Salar 5-10		ee benefits (Part IX, column (A), line	s	25,384,44	15	26,237,284		
Expenses	16a		ssional fundraising fees (Part IX			0	0			
五	Ь		undraising expenses (Part IX, column (D		-					
	17			lines 11a-11d, 11f-24e)	<u> </u>	19,862,72	_	20,735,519		
	18			st equal Part IX, column (A), line 25	•	53,688,37		56,137,358		
	19	Keve	nue less expenses. Subtract line	18 from line 12		10,553,38		23,305,851		
တည္ ကျင္					Begi	nning of Current Year		End of Year		
SS et	20	Total	assets (Part X, line 16)			725,074,26	51	793,334,703		
Net Assets or Fund Balances	21		liabilities (Part X, line 26) .			73,772,00	_	71,899,696		
žĨ	22		ssets or fund balances Subtract			651,302,26	51	721,435,007		
Pa	rt II	Sig	nature Block		·					
my k	nowle	dge and		amined this return, including accomp nplete Declaration of preparer (othei						
		<u></u>				2014-11-14				
Sigr		F Sigi	nature of officer			Date				
Her	е		HELLE L CHICOINE CFO e or print name and title							
		F ''	Print/Type preparer's name	Preparer's signature	Date	Check If F	PTIN			
Pai	d	ļ	JAMES P SWEENEY			self-employed F	01263012			
	u ·pare	_{er}	Firm's name FMCGLADREY LLP			Firm's EIN 🕨 42-	0714325			
	Part On		Firm's address ► 80 CITY SQUARE			Phone no (617)	912-9000			
J 36	<i>,</i> UII		BOSTON, MA 0212937	742						

-0111	11 990 (2013)	Page ∡
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	 চ
1	Briefly describe the organization's mission	
- BELI DIV WHI RES	IEVING THAT EDUCATION IS LIFELONG AND CONTINUES BEYOND THE CLASSROOM, ST PAUL'S SCHOOL INVITES A ERSE GROUP OF APPROXIMATELY 535 STUDENTS AND 330 FACULTY AND STAFF MEMBERS TO CREATE AN EXTENDED ICH RESPECTS (SEE SCHEDULE O FOR CONTINUATION) AND NURTURES INDIVIDUAL TALENT, PERSONAL FREEDOM, AND PONSIBILITY, INTELLECTUAL CURIOSITY AND PUBLIC SERVICE STUDENTS ARE ENCOURAGED TO SEEK THE HIGHES INDARDS OF SCHOLASTIC, ARTISTIC AND PHYSICAL ACHIEVEMENT THROUGH AN INTEGRATED CURRICULUM	ND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 47,971,992 including grants of \$ 9,095,600) (Revenue \$ 28,655,962)	
	ST PAUL'S SCHOOL'S PRIMARY PROGRAM SERVICE IS THE EDUCATION OF STUDENTS IN GRADES 9 THROUGH 12, IN A COEDUCATIONAL FULLY RESIDENT'S CHOOL ENVIRONMENT. THE SCHOOL STRIVES TO BE AN INCLUSIVE, EQUITABLE, AND RICHLY DIVERSE COMMUNITY, ONE THAT IS COMMITTED TO ENSUF EQUAL ACCESS TO OPPORTUNITIES, AS WELL AS PROMOTING INDIVIDUAL GROWTH THROUGH LEARNING ABOUT THE SELF AND THE PERSPECTIVES AND EXPERIENCE OF OTHERS. THE CONCENTRATED ACADEMIC WORK DONE IN COLLABORATION BY THE STUDENTS AND FACULTY AT ST. PAUL'S SCHOOL IS THE HALLMARK OF OUR ACADEMIC PROGRAM. THROUGH THE SCHOOL'S RIGOROUS ACADEMIC STANDARDS, WE ENCOURAGE OUR MOTIVATED STUDENTS TO THE HIGHEST LEVELS OF SCHOLARSHIP AND INTELLECTUAL GROWTH AND DEVELOPMENT.	RING HE
4b	(Code) (Expenses \$ 994,846 including grants of \$ 68,955) (Revenue \$ 1,063,801)	
טד	ST PAUL'S SCHOOL FOUNDED THE ADVANCED STUDIES PROGRAM (ASP) IN 1958 TO PROVIDE TALENTED NEW HAMPSHIRE PUBLIC AND PAROCHIAL HIGH RISING SENIORS WITH CHALLENGING EDUCATIONAL OPPORTUNITIES OTHERWISE UNAVAILABLE TO THEM EACH SUMMER, APPROXIMATELY 260 YOUNG M WOMEN LIVE ON THE ST PAUL'S SCHOOL CAMPUS FOR FIVE AND A HALF WEEKS STUDENTS ARE IMMERSED IN A COLLEGE-LEVEL CURRICULUM AND CHA TO DISCOVER NEW WAYS OF LEARNING ASP OFFERS A WIDE VARIETY OF COURSES FROM SHAKESPEARE TO ASTRONOMY, WHICH THOROUGHLY EXPLORIN SEVERAL DISCIPLINES IN THEIR TIME AT ASP, STUDENTS BECOME IMMERSED IN THEIR SUBJECT OF CHOICE, SETTING THEM UP FOR A LIFELONG UNDERSTANDING OF THE MATERIAL (SEE SCHEDULE O FOR CONTINUATION) ADDITIONALLY, ALL ASP STUDENTS HAVE AN OPPORTUNITY TO ENHANCE TH WRITING SKILLS THROUGH COMPULSORY INTERACTIVE WRITING WORKSHOPS	EN AND LLENGED E TOPICS
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 48,966,838	

Part IV	Checklist of	Required	Schedules

			Voc	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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? <i>If "Yes," complete Schedule C, Part III</i>	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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No			
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J.</i>	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 25a						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III </i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes				
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? <i>If "Yes," complete Schedule R, Part I</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	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
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	Yes				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

Part V Statements Regarding Other IRS Filings and Tax Compliance

- C	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V	- 1	Yes	▽ No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 266			110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	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	
Ba	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" to line 3b, provide an explanation in Schedule O	3b		Νo
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	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?			
_	The state of the state of state of state of state of the	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	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			N. o
	file Form 8282?	7 c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
3	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		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
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		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

►DEBORAH J BRANN CONTROLLER 325 PLEASANT STREET

CONCORD, NH 03301 (603) 229-4737

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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 for related organizations below dotted line)	more t	han o	one l both	box, an d r/tru	heck sofficer (stee) Highest compensated	Former	(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 organizations

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

	Name and Title A verage hours per week (list any hours A verage hours per week (list any hours A verage hours position (do not check more than one box, unless compe from and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	ted fother ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate rganıza	ed
											\vdash		
1b	Sub-Total				<u> </u>	<u> </u>							
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				۰					
d	Total (add lines 1b and 1c) .				•	•		<u> </u>	1,669,959				656,647
2	Total number of individuals (in \$100,000 of reportable compe	_					a abov	e) w	no received more th	an			
												Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ											, 03	
	individual			•	•	•		•			4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ction B. Independent Co												
1	Complete this table for your five compensation from the organization											ax year	
		(A)		• . 1				, -		(B)	1	(C	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAMBRIDGE ASSOCIATES INC 100 SUMMER ST BOSTON MA 021102112	INVESTMENT CONSULTANT	287,337
JOHN BRYANT BISBEE, 9300 COLLEGE STATION BRUNSWICK ME 04011	ARTIST	175,000
BANK OF NEW YORKMELLON 135 SANTILLI HIGHWAY EVERETT MA 02149	INVESTMENT CUSTODIAN	121,677
SIMPSON GUMPERTZ & HEGER INC 41 SEYON STREET WALTHAM MA 02453	ENGINEERING CONSULTANT	110,437
MARK A EDWARDS & COMPANY INC 75 GARDNER ROAD BROOKLINE MA 02445	PUBLIC RELATIONS	103,425
• Table our bound of the description of the control		

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 ►5

Part V	/++1	Statement of Check of Schedu	of Revenue ule O contains a respo	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ω 2</u>	1a	Federated cam	paigns 1a					
ant	b	Membership du	ıes 1b					
90 m	c	Fundraising ev	ents 1c					
ffs, ⊨A	d	Related organiz	zations 1d					
ig i	e	Government grant						
Contributions, Giffs, Grants and Other Similar Amounts								
utic ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above	25,178,608				
혈	g	Noncash contributi 1a-1f \$	ons included in lines	2,118,604				
n d u	h	Total. Add line:	s 1 a - 1 f		25,178,608			
				Business Code				
nne	2a	TUITION & FEES		611710	29,678,015	29,678,015		
e ve	ь			011/10	23,070,013	25,070,013		
ъ Н	c							
9. Y	d							
ਔ E	е		_					
Program Service Revenue	f	All other progra	am service revenue					
Š	g	Total. Add line:	s 2a-2f		29,678,015			
	3		ome (including dividen					2.042.054
	_		ar amounts) stment of tax-exempt bond		2,042,851			2,042,851
	4 5	Royalties .		proceeds				
		itoyanings i	(ı) Real	(II) Personal				
	6a	Gross rents	9,500					
	b	Less rental expenses	0					
	С	Rental income or (loss)	9,500					
	d		me or (loss)		9,500			9,500
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	195,597,779	2,792				
	b	Less cost or other basis and	173,483,438	320,621				
	c	sales expenses Gain or (loss)	22,114,341	-317,829				
	d	Net gain or (los	ss)		21,796,512		552,411	21,244,101
e re	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV , lir						
<u> </u>	ь	Loca dimast si	apenses b					
₹	C		(loss) from fundraising	L				
	9a	Gross income f	from gaming activities ne 19					
	Ь	Less directles	apenses b					
	l		(loss) from gaming acti					
	10a	Gross sales of returns and allo		213,698				
	ь	Less costofa	oods sold b	173,415				
	l		(loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·	40,283			40,283
		Miscellaneou		Business Code				
	11a	CHILDREN'S L		624410	655,692	•		655,692
	b	MISCELLANEO	DUS REVENUE	900099	41,748	41,748		
	C	A 11 - +1-						
	d e	All other reven Total. Add lines		▶				
	12			_	697,440			
] **	rocar revenue.	See Instructions .		79,443,209	29,719,763	552,411	23,992,427

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 9,164,555 9,164,555 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 995,002 438,799 213,401 342,802 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 139,617 5,010 37,111 97,496 described in section 4958(c)(3)(B) Other salaries and wages 18,295,445 15,425,360 979,698 1,890,387 Pension plan accruals and contributions (include section 401(k) 2,277,619 1,913,842 134,632 and 403(b) employer contributions) 229.145 3,159,904 2,600,709 213,505 Other employee benefits 345,690 10 1,369,697 79,567 1,144,258 145,872 11 Fees for services (non-employees) Management 75,457 75,457 Legal 103,860 103,860 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 418,732 418,732 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 128,897 86,457 Schedule O) 42.440 Advertising and promotion . . 169,599 17,189 12 233,316 46,528 13 Office expenses 556,514 242,902 62,961 250,651 547,836 80,980 14 Information technology . . 653,212 24,396 15 Royalties . 4,455,706 4,415,172 19,454 21,080 16 Occupancy **17** 714,447 468,034 24,491 221,922 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 52,485 35,210 15,979 1,296 20 1,932,440 1,835,818 19,324 77,298 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 6,628,034 6,295,905 66,426 265,703 23 716,922 390,200 310,205 16,517 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) a SUPPLIES FOR PROGRAMS 1,711,729 1,711,729 **EDU SUPPORT FOR PROGRAM** 1,412,157 1,412,157 ENTERTAINMENT/SPEC EVNT 733,195 566,532 66,036 100,627 d DUES AND MEMBERSHIPS 208,416 183,211 11,156 14,049 e All other expenses Total functional expenses. Add lines 1 through 24e 25 56,137,358 48,966,838 3.036.621 4,133,899 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			· · ·
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,246,981	1	2,742,673
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	31,972,085	3	32,951,026
	4	Accounts receivable, net	309,493	4	167,474
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	5	6	
Š	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,729,619	9	2,011,327
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 253,308,09	2		
	ь	Less accumulated depreciation	2 185,138,867	10c	185,246,870
	11	Investments—publicly traded securities	54,925,446	11	81,901,435
	12	Investments—other securities See Part IV, line 11	436,564,324	12	478,110,877
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,187,446	15	10,203,021
	16	Total assets. Add lines 1 through 15 (must equal line 34)	725,074,261	16	793,334,703
	17	Accounts payable and accrued expenses	4,486,058	17	3,959,427
	18	Grants payable	, ,	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	54,775,063	-	54.618.775
	21	Escrow or custodial account liability Complete Part IV of Schedule D	, ,	21	, ,
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
\exists	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			
		D	14,510,879	H	13,321,494
	26	Total liabilities. Add lines 17 through 25	73,772,000	26	71,899,696
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
an D	27	Unrestricted net assets	260,647,678	27	277,994,469
<u> </u>	28	Temporarily restricted net assets	242,927,469	28	276,849,346
2	29	Permanently restricted net assets	147,727,114	29	166,591,192
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
₹	33	Total net assets or fund balances	651,302,261	33	721,435,007
_	34	Total liabilities and net assets/fund balances	725,074,261	34	793,334,703

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		79,4	143,209
2	Total expenses (must equal Part IX, column (A), line 25)	2		56 1	137,358
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		23,3	305,851
7	Net assets of faile balances at beginning of year (must equal rate X, fine 55, column (A))	4		651,3	302,261
5	Net unrealized gains (losses) on investments	5		44.9	914,536
6	Donated services and use of facilities			· · ·	
7	Investment expenses	6			
,		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			35,007
Par	t XII Financial Statements and Reporting			, ,	,
	Check if Schedule O contains a response or note to any line 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	ved or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				1
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 separate basis, consolidated basis, or both	rate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	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?	2	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:**

EIN: 02-0222227

Name: ST PAUL'S SCHOOL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (c nan o n is b	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		-,,	related organizations
DR LAUREL D ABBRUZZESE TRUSTEE	3 00	х						0	0	0
MR REX W BATES	3 00	×						0	0	0
TRUSTEE MR WILLIAM J BENNINGTON	3 00	х						0	0	0
TRUSTEE MR E PEROT BISSELL IV TRUSTEE	3 00	х						0	0	0
MRS EMILY L BOGLE	3 00	х						0	0	0
TRUSTEE MRS CANDACE E BROWNING-PLATT	3 00	×						0	0	0
TRUSTEE THE REV PETER G CHENEY	3 00	х						0	0	0
TRUSTEE MR HYUN-JOON CHO TRUSTEE	3 00	х						0	0	0
MR ARCHIBALD COX JR	3 00	Х						0	0	0
TRUSTEE MR JAMES A DIAMOND	3 00	Х						0	0	0
TRUSTEE MR JAMES M FRATES	3 00	х		х				0	0	0
TREASURER MS SABRINA WING-YEE FUNG TRUSTEE	3 00	х						0	0	0
MS CATHERINE A GELLERT TRUSTEE	3 00	х						0	0	0
MR CHRISTOPHER D HEINZ TRUSTEE	3 00	х						0	0	0
MS LUCY C HODDER TRUSTEE	3 00	х						0	0	0
MR JAMES DEK HOUGHTON TRUSTEE	3 00	х						0	0	0
MR PHILIP L LAIRD TRUSTEE	3 00	х						0	0	0
MR JOHN A LECHNER TRUSTEE	3 00	х						0	0	0
MS JANICE YK LEE TRUSTEE	3 00	х						0	0	0
MR VICTOR M LOPEZ-BALBOA TRUSTEE	3 00	х						0	0	0
MRS SARAH BANKSON NEWTON TRUSTEE	3 00	х						0	0	0
MR SAMUEL S REID TRUSTEE	3 00	х						0	0	0
MR DOUGLAS SCHLOSS PRESIDENT	3 00	х		х				0	0	0
MR JAMES M WATERBURY JR CLERK	3 00	х		х				0	0	0
MR REEVE B WAUD TRUSTEE	3 00	х						0	0	0
	•				•	1	•			

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

Compensated Employees, and Inde	pendent Cor	ntracto	rs					1	1	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
VICTOR C YOUNG	3 00	х						0	0	0
TRUSTEE		_ ^						0	0	
WILLIAM R MATTHEWS JR	3 00						х	112,111	0	22,496
FORMER RECTOR MICHAEL G HIRSCHFELD	60.00									
	60 00	х		х				355,406	0	176,438
RECTOR MICHELLE L CHICOINE	50 00									
VR FOR OPERATIONS & FINANCE	50 00			х				270,558	0	63,097
WILLIAM L KISSICK	50 00				х			211,203	0	36,862
DIR OF ALUMNI & DEVELOPMENT								,		
DR JOHN C BASSI MEDICAL DIRECTOR	50 00					х		188,969	0	99,867
WILLIAM F MITCHELL DIRECTOR OF CAPITAL GIVING	50 00					х		142,488	0	34,112
JADA L HEBRA VICE RECTOR FOR FACULTY	50 00					х		133,448	0	113,718
ROBERT H RETTEW	50 00					х		131,284	0	72,032
EXEC DIR ALUMNI ASSN DEVELOPMENT DEBORAH J BRANN	50 00									
CONTROLLER						x		124,492	0	38,025
	-				•					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318034144

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

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ST	PAU	l'S	SCHO	OOL					

Employer identification number

									02-0222		
	rt I			blic Charity Sta						<u>nstructions</u>	<u>.</u>
	organı			e foundation becaus	•		-	•	-		
1	<u>_</u>		•	on of churches, or a				ection 170(b)(1)(A)(i).		
2	굣	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedı	ule E)				
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descri	ıbed ın sectio	n 170(b)(1))(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se e	ction 170(b)(1)(A)(iii). E	nter the
_	_			ty, and state							
5	J	_		erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_			A)(iv). (Complete P							
6	<u>_</u>			local government or	-						
7	Г			at normally receives			support from	a governme	ental unit or f	rom the gene	eral public
8	Г	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
	•	=		ities related to its ex					· <u>-</u> '	-	-
				oss investment inco	•	-		•	` '		
			=	janızatıon after June				-		•	
10	Г			, ganızed and operateo							
11	Ė	_		ganized and operated			•			o carry out t	the purposes of
	'			ly supported organiz							
				bes the type of supp							
		a [Type I	b	┌ Type II	I - Function	ally integrate	d d	Type III - N	on-functiona	lly integrated
e	Γ		_	ox, I certify that the	_		•		•	•	•
				on managers and ot	her than one	or more pub	olicly support	ed organiza	tıons descrıb	ed in sectioi	າ 509(a)(1) or
f			509(a)(2)	received a written de	otormination	from the IP	C that it is a	Type I Typ	a II or Typa	III cupporti	na oraznization
•			his box	received a writteri di	ecerminacion	nom the 1K	5 tilat it is a	турет, тур	e II, or Type	III supporti	
g				2006, has the organi	ızatıon accep	ted any gift	or contributi	on from any	of the		•
			ng persons?								
				irectly or indirectly o			_	persons de	scribed in (ii)		Yes No
		and (III) below, the	governing body of th	ie supported	organization	1?			11g	(i)
		(ii) A fa	amily memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g(<u>(iii) </u>
h		Provide	the followi	ng information about	the supporte	ed organizat	ıon(s)				
		_					T		T		T
•	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of
	suppor rganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat col (i) org		monetary support
Ū	ryaniza	ation		lines 1- 9 above	your gove		suppor		in the U		Support
				or IRC section	docume	_		•			
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
							1				
							<u> </u>				1
									+	-	

Sch	edule A (Form 990 or 990-EZ) 2013						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 failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	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 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

	Facts And Circumstances Test
Return Reference	Explanation
PART I, REASON FOR PUBLIC CHARITY STATUS	THE SCHOOL HISTORICALLY HAS USED THE GREATER THAN \$5,000 OR 2% RULE IN REPORTING CONTRIBUTORS IN COMPLIANCE WITH THE SCHEDULE B INSTRUCTIONS DUE TO THE BROAD NATURE OF SUPPORT, THE SCHOOL MEETS THE PUBLIC SUPPORT TEST UNDER CURRENT GUIDANCE AND THEREFORE QUALIFIES FOR THE SPECIAL RULE UNDER SECTION 509(A)(1) FOR SCHEDULE B REPORTING

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493318034144

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public 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

	me of the organization PAUL'S SCHOOL			Employer iden	tification number
				02-0222227	
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c), except section 50	1(c)(3).
1		ended by the filing organization for			\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to	other organization	s for section 527	.
_	·			F	>
3	l otal exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 1/b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid front directly delivered	om the filing organization's I to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

filed Form 5768 (election und	ler section 501(h)).	(:	a)	(b)	
For each "Yes" response to lines 1a through 1i below, protectivity.	vide in Part IV a detailed description of the lobbying	Yes	No No	Amou	
During the year, did the filing organization attem legislation, including any attempt to influence put through the use of	pt to influence foreign, national, state or local ublic opinion on a legislative matter or referendum,				
a Volunteers?			No		
b Paid staff or management (include compensation	n in expenses reported on lines 1c through 1i)?		No		
c Media advertisements?			No		
d Mailings to members, legislators, or the public?			No		
e Publications, or published or broadcast stateme	nts?		No		
f Grants to other organizations for lobbying purpo	ses?		Νo		
g Direct contact with legislators, their staffs, gove	ernment officials, or a legislative body?		Νo		
$\boldsymbol{h} \text{Rallies, demonstrations, seminars, conventions,} \\$	speeches, lectures, or any similar means?		No		
i Other activities?		Yes			21,90
j Total Add lines 1c through 1i					21,90
2a Did the activities in line 1 cause the organization	n to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred ur	nder section 4912				
${f c}$ 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?				
Part III-A Complete if the organization 501(c)(6).	is exempt under section 501(c)(4), section	501(c)(5), o	r sectio	n
				Yes	No
1 Were substantially all (90% or more) dues recei	•			1	↓
2 Did the organization make only in-house lobbyin				2	
3 Did the organization agree to carry over lobbying	 			3	
	is exempt under section 501(c)(4), section TH Part III-A, lines 1 and 2, are answered '				
Dues, assessments and similar amounts from m	embers	1			
· · · · · · · · · · · · · · · · · · ·	cical expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was	naid)	1 1			

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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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

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

Return Reference	Explanation
PART II-B, LINE 1	ST PAUL'S SCHOOL IS A MEMBER OF A NUMBER OF ASSOCIATIONS SUCH AS THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS, COUNCIL OF ADVANCEMENT AND SUPPORT OF EDUCATION, THE NATIONAL ASSOCIATION OF COLLEGE & UNIVERSITY BUSINESS OFFICERS AND THE COALITION FOR RESIDENTIAL EDUCATION, WHICH MAY USE A PORTION OF MEMBERSHIP DUES TO LOBBY ON BEHALF OF ITS MEMBERS ST PAUL'S SCHOOL ALSO PAID RATH, YOUNG AND PIGNATELLI FOR LEGAL SERVICES REGARDING LEGISLATIVE ISSUES AS PART OF A GROUP OF NEW HAMPSHIRE INDEPENDENT SCHOOLS TOTAL DUES AND FEES PAID TO THESE TYPES OF ORGANIZATIONS WAS \$21,906 IN FISCAL YEAR 2014 THE PORTION OF DUES AND FEES ALLOCATED TO LOBBYING ACTIVITIES IS NOT DETERMINABLE

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3	r age -		
Part IV Supplemental Information	on <i>(continued)</i>		
Return Reference	Explanation		

Schedule D (Form 990) 2013

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Department of the Treasury

DLN: 93493318034144

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Interna	al Revenue Service	and its instruc	tions is at <u>www.irs.gov/form990</u> .			Inspec	tion
	me of the organ	ization		Emplo	yer identifica	tion number	er
31	FAOLS SCHOOL			02-0	22227		
Pa			vised Funds or Other Similar F			. Comple	te if the
	organi	zation answered "Yes" to Form 990					
	T - t - 1		(a) Donor advised funds	(1) Funds and o	theraccou	
1	Total number a						:
2		etributions to (during year)					
3		nts from (during year)					245,26
4		ue at end of year				5,	086,90
5	funds are the o	organization's property, subject to the o			ea	┌ Yes	ר No
6	used only for c conferring imp	charitable purposes and not for the bene ermissible private benefit?	lonor advisors in writing that grant funds fit of the donor or donor advisor, or for a	ny other		┌ Yes	√ No
Pa	rt III Conse	ervation Easements. Complete if	f the organization answered "Yes" t	o Form	990, Part I\	/, line 7.	
2	Preservation Preservation Complete lines	of natural habitat on of open space s 2a through 2d if the organization held	ganization (check all that apply) n or education)	certified	historic struc	ture	
	easement on t	he last day of the tax year			11-14 -4 41-	F., J., £ & b.,	
_	Total number	of conservation easements		-	Held at the	Ena or the	Year
a		restricted by conservation easements		2a			
b		restricted by conservation easements is servation easements on a certified hist	oric structure included in (a)	2b 2c			
d	Number of con	nservation easements included in (c) acc cure listed in the National Register		2d			
3			red, released, extinguished, or terminate	ed by the	organization	during	
	the tax year ►						
4	Number of state	tes where property subject to conservat	tion eacement is located .				
5	Does the orga	· · · · ·	the periodic monitoring, inspection, han	—— dling of v	riolations, and	┌ Yes	┌ No
6	Staff and volur	nteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments du	ring the year		
7	A mount of exp	enses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durıng	the year		
	► \$						
8		nservation easement reported on line 2(70(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction 17()(h)(4)(B)(ı)	☐ Yes	┌ No
9	balance sheet		inservation easements in its revenue an ne footnote to the organization's financia ents				
Par		nizations Maintaining Collection lete	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Oth	er Similar	Assets.	
1a	works of art, h	istorical treasures, or other similar asse	116 (ASC 958), not to report in its reve ets held for public exhibition, education, to its financial statements that describe	or resea	rch in furthera		
b	works of art, h		116 (ASC 958), to report in its revenue ets held for public exhibition, education, se items				lıc
	(i) Revenues i	included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X					
2	If the organiza	ation received or held works of art, histor	rical treasures, or other similar assets for 116 (ASC 958) relating to these items				
а	_	uded in Form 990, Part VIII, line 1	· , ·		► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, Hist	orical T	reasui	res, or O	ther	Similar Ass	sets (conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	·		_		ignificant use	of its	
а	Public exhibition		d	┌ Loan	or exch	ange progra	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	ın how	they furth	er the o	rganızatıon'	's exe	mpt purpose 11	า	
5	During the year, did the organization solicit									
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang									No
Fell	Part IV, line 9, or reported an ar					answered	ı 1 .	5 (0101111)	<i>5</i> 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	dıary f	or contrib	utions o	r other ass	ets no		Yes	No
b	If "Yes," explain the arrangement in Part XI	II and complete the	followi	ng table		_				
							_	Am	ount	
с	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e f	Distributions during the year					 	1e			
f n-	Ending balance	0.00 B V	212			L	1f	-	- v	
2a	Did the organization include an amount on F	orm 990, Part X, line	217					ļ	Yes	No
ь	If "Yes," explain the arrangement in Part XI									<u>' </u>
Pa	rt V Endowment Funds. Complete	if the organization (a)Current year		vered "Ye or year					(e)Four years	hack
1a	Beginning of year balance	483,836,757		132,930,343		440,968,798	(d)	381,381,552		20,647
b	Contributions	20,006,809		11,684,799		10,001,733		14,074,366	6,5	47,171
c	Net investment earnings, gains, and losses	68,273,408		58,407,783		-102,251		62,509,390	45,9	86,761
d	Grants or scholarships	3,952,558		3,684,190		3,421,917		3,242,650	2,9	19,625
е	Other expenditures for facilities and programs	15,783,872		15,038,489		14,125,000		13,370,365	13,8	53,902
f	Administrative expenses	415,309		463,489		391,020		383,495		99,500
g	End of year balance	551,965,235	4	183,836,757		432,930,343		440,968,798	381,3	881,552
2	Provide the estimated percentage of the cur	•	e (line	1g, colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment ►	29 000 %								
b	Permanent endowment ► 71 000 %									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	0 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	nat are hel	d and a	dmınıstered	for th	ne		
	organization by (i) unrelated organizations							3a(i		<u> </u>
	(ii) related organizations		• •					3a(i		 No
ь	If "Yes" to 3a(II), are the related organization		on Sc	:hedule R?				3b		
4	Describe in Part XIII the intended uses of t	he organization's end	dowme	nt funds						
Par	t VI Land, Buildings, and Equipme		he or	ganızatıo	n answ	ered 'Yes'	to F	orm 990, Pa	rt IV, lıne	
	11a. See Form 990, Part X, line Description of property	10.		(a) Cost or basis (inves		(b)Cost or oth basis (other		(c) Accumulated depreciation	(d) Book v	value
					+	4,697,	490		4.6	97,490
	Buildings		.			217,904,		52,207,774	· ·	96,755
	Leasehold improvements		.					//	155,0	-,. 55
	Equipment		.			22,935,	342	12,833,627	10,10	01,715
_е	Other		<u>. </u>			7,770,	731	3,019,821	4,7	50,910
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part X	(, colun	nn (B), line	10(c).)				185,2	46,870
ıota	. Add lines ia through le (Column (d) must e	equal Form 990, Part X	k, colun	nn (B), line	: 10(C).)			► Schedule D		

Part VII Investments—Other Securities. Con See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) US EQUITY	86,839,345	F
(B) INTERNATIONAL EQUITY	111,084,748	F
(C) MARKETABLE ALTERNATIVES	171,899,994	F
(D) NON-MARKETABLE ALTERNATIVES	60,396,874	F
(E) INFLATION HEDGING	47,889,916	F
Part VIII Investments—Program Related. Co	478,110,877 omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	 	
Part IX Other Assets. Complete if the organization		
(a) Descri	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	inization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	2 726 074	
ADVANCE DEPOSITS LIABILITIES UNDER SPLIT INTEREST AGREEMENTS	2,736,974 3,349,420	
INTEREST RATE SWAP AGREEMENT	7,235,100	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	13,321,494	

B	December of D	Andited Financial Chatamanta With D		- · · · · · · · · · · · · · · · · · · ·	- to one of the of
Par		evenue per Audited Financial Statements With R vered 'Yes' to Form 990, Part IV, line 12a.	evenue p	er Ke	eturn Complete if
1		r support per audited financial statements		1	136,276,003
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12			· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains on invest	ments	4,914,536		
b	Donated services and use of fa	ocilities 2b			
С	Recoveries of prior year grants	2c			
d			2,400,534		
e	Add lines 2a through 2d .			2e	57,315,070
3	Subtract line 2e from line 1 .		🕇	3	78,960,933
4		O, Part VIII, line 12, but not on line 1			· · ·
а		uded on Form 990, Part VIII, line 7b 4a			
b	·	4b	482,276		
С				4c	482,276
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)		5	79,443,209
Part		xpenses per Audited Financial Statements With I		per	
		swered 'Yes' to Form 990, Part IV, line 12a.			
1	Total expenses and losses per	audited financial statements		1	66,143,257
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25			
а	Donated services and use of fa	cilities 2a			
b	Prior year adjustments				
С	Otherlosses				
d	Other (Describe in Part XIII)		0,244,878		
e	Add lines 2a through 2d		[2e	20,244,878
3	Subtract line ${f 2e}$ from line ${f 1}$.		[3	45,898,379
4	Amounts included on Form 99), Part IX, line 25, but not on line 1:			
а	Investment expenses not incl	ıded on Form 990, Part VIII, lıne 7b 4a	418,732		
b	Other (Describe in Part XIII)	4b	9,820,247		
c	Add lines 4a and 4b		[4c	10,238,979
5	Total expenses Add lines 3 ar	d 4c. (This must equal Form 990, Part I, line 18)		5	56,137,358
Par	Supplemental Inf	ormation			
Part	ide the descriptions required for V, line 4, Part X, line 2, Part XI mation	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete $\frac{1}{2}$	s 1b and 2b, this part to p	provid	le any additional
	Return Reference	Explanation			
PART	I, LINE 5 & 6	THE SCHOOL HAS NO DONOR ADVISED FUNDS PART V, FUNDS ARE USED IN PERPETUITY TO FUND THE SPS PRO INVESTED FOR LONG-TERM GROWTH TO PRESERVE THE ENDOWMENT ASSETS FOR THE USE OF PRESENT AND FU PART X, LINE 2 THE SCHOOL FOLLOWS FASB ASC 740, I ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WIFOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING TAX POSITION IS REQUIRED TO MEET BEFORE BEING RESTATEMENTS IT ALSO PROVIDES GUIDANCE ON DERECTIVEREST AND PENALTIES, ACCOUNTING IN INTERIM PERANSITION MANAGEMENT BELIEVES THAT THE SCHOUNCERTAINTIES IN INCOME TAXES THE SCHOOL IS NO EXAMINATIONS BY THE US FEDERAL, STATE, OR LOCAL BEFORE 2011 PART XI, LINE 2D - OTHER ADJUSTMENTS SPENDING POLICY 19,736,430 ACTUARIAL ADJUSTMENT	GRAMS TH PURCHASI TURE GENE NCOME TAX HICH CLARI THE RECOC ECOGNIZED OGNITION ERIODS, DI OL HAS NO LONGER S LONGER S TAX AUTH	IE PRI NG PO FRATI XES, F IFIES GNITI D IN T , CLA SCLC MATI UBJEO ORIT L AIL	INCIPAL IS OWER OF THE CONS OF STUDENTS REGARDING THE ACCOUNTING ON THRESHOLD A THE FINANCIAL SSIFICATION, OSURE, AND ERIAL CT TO INCOME TAX TIES FOR YEARS O -9,164,555

665,692 FINANCIAL AID 9,164,555 TOTAL \$9,820,247

418,732 TOTAL \$12,400,534 PART XI, LINE 4B - OTHER ADJUSTMENTS COST OF GOODS SOLD -173,416 CHILDREN'S LEARNING CENTER REVENUE 655,692 TOTAL \$482,276 PART XII, LINE 2D - OTHER ADJUSTMENTS SPENDING POLICY 19,736,430 COST OF GOODS SOLD 173,416 UNREALIZED LOSS ON INTEREST RATE SWAP 335,032 TOTAL \$20,244,878 PART XII, LINE 4B - OTHER ADJUSTMENTS CHILDREN'S LEARNING CENTER EXPENSES

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493318034144

OMB No 1545-0047

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

ST PAUL'S SCHOOL 02-0222227 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4**c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? <u>5g</u> Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information. 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)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	OUR POLICY IS PUBLISHED ANNUALLY IN A REGIONAL NEWSPAPER, INCLUDED IN ALL PROSPECTIVE STUDENT LITERATURE AND DISTRIBUTED TO STUDENTS IN OUR STUDENT HANDBOOK THE POLICY IS ALSO NOTED ON OUR WEBSITE, AND IS INCLUDED WITH ALL EMPLOYMENT ADVERTISEMENTS INCLUDED IN NEWSPAPERS OR OTHER PUBLICATIONS
SCHEDULE E, PART I, LINE 6	MONIES RECEIVED ARE FROM VARIOUS FEDERAL OR STATE FOOD SUBSIDY PROGRAMS

Schedule E (Form 990 or 990-EZ) 2013

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DLN: 93493318034144

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization				Employer ident	ification number
ST PAUL'S SCHOOL				02-022227	
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the o			to substantiate the a	mount of its grants ai	nd
other assistance, the grantee	es' eligibility fo	r the grants o	r assistance, and the s	selection criteria used	
to award the grants or assista	ance?				┌ Yes ┌ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
	1		T	Τ	Т
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			247,610
b Total from continuation sheets to Part I	0	0			244,183,737
c Totals (add lines 3a and 3b)	0	0			244,431,347
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Sched	ule F (Form 990) 2013

Pa						ited States. Compl duplicated if additior			to Form 990,
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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)	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
	1			l .				

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)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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	।ন	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	⊽	Yes	Γ	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ঘ	Yes	Г	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)	굣	Yes	Γ	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	굣	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation			
PART I, LINE 3, COLUMN (E)	REGIONS CENTRAL AMERICA AND THE CARIBBEAN, EAST ASIA AND THE PACIFIC, EUROPE, NORTH AMERI CA, MIDDLE EAST AND NORTH AFRICA, AND SOUTH ASIA (E) SPECIFIC TYPES OF SERVICES IN REGION PROGRAM SERVICE ACTIVITIES INCLUDE ADMISSION AND COLLEGE ADVISING TRAVEL, FACULTY PROFES SIONAL DEVELOPMENT, AND OFF-CAMPUS PROGRAM STUDENT TRIPS			

Additional Data

Software ID: Software Version:

EIN: 02-0222227

Name: ST PAUL'S SCHOOL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			FUNDRAISING	N/A	42,453
EUROPE			FUNDRAISING	N/A	10,887
NORTH AMERICA			FUNDRAISING	N/A	390

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside Tl</u>	he United States			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
CENTRAL AMERICA & THE CARIBBEAN			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	36,350	
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	27,061	
EUROPE			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	121,308	

Form 990 Schedule F I	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	2,202							
NORTH AMERICA			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	6,959							
SOUTH ASIA			PROGRAM SERVICES	PROGRAM SERVICES (SEE PART V)	2,642							

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS	N/A	229,244,192						
EUROPE			INVESTMENTS	N/A	14,936,903						

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990

Employer identification number

DLN: 93493318034144 OMB No 1545-0047

> Open to Public Inspection

T PAUL'S SCHOOL						02-0222227	
Part I General Information Does the organization maintain the selection criteria used to avoid the process of	records to substanti ward the grants or as:	ate the amount of the			the grants or assista	ance, and	✓ Yes
Part II Grants and Other A Form 990, Part IV, lir							es" to
(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 gra or assistance
Enter total number of section 5Enter total number of other orga						. –	

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

(a)Type of grant or assistance		(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
(1) FINANCIAL AID ASSISTANCE ATTEND ST PAUL'S SCHOOL	ТО	200				FINANCIAL AID ASSISTANCE AWARDED TO ATTEND ST PAUL'S SCHOOL		
Part IV Supplemental Inf	ormat	ion. Provide the info	rmation required in F	Part I, line 2, Part III,	column (b), and any othe	r addıtıonal ınformatıon.		
Return Reference	Explanat	tion						
	ANY STUDENT OR APPLICANT REQUESTING FINANCIAL AID FROM ST PAUL'S SCHOOL MUST COMPLETE THE PERSONAL FINANCIAL STATEMENT (PFS) OFFERED BY THE SCHOOL AND STUDENT SERVICES - NAIS, AS WELL AS PROVIDE COPIES OF RECENT TAX							

INFORMATION BY A SPECIFIED DEADLINE THE SCHOOL'S DIRECTOR OF FINANCIAL AID EVALUATES ALL APPLICATIONS USING BOTH ITHE PFS FORMULA AND INSTITUTIONAL POLICY TO DETERMINE THE FINANCIAL NEED OF EACH APPLICANT STUDENTS WHO ARE

DETERMINED TO HAVE FINANCIAL NEEDS ARE AWARDED GRANT FUNDS TO MEET 100% OF THEIR DETERMINED NEED

DLN: 93493318034144

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ST PAUL'S SCHOOL

Employer identification number

02-0222227

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

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)WILLIAM R MATTHEWS JR FORMER RECTOR	(i) (ii)	0 0	o 0	112,111 0	17,681 0	4,815 0	134,607 0	46,542 0
(2)MICHAEL G HIRSCHFELD RECTOR	(i) (ii)	355,316 0	o 0	90 0	30,600 0	145,838 0	531,844 0	0
(3)MICHELLE L CHICOINE VR FOR OPERATIONS & FINANCE	(i) (ii)	270,300 0	0	258 0	30,600 0	32,497 0	333,655 0	0
(4)WILLIAM L KISSICK DIR OF ALUMNI & DEVELOPMENT	(i) (ii)	210,945 0	0	258 0	25,728 0	11,134 0	248,065 0	0
(5)DR JOHN C BASSI MEDICAL DIRECTOR	(i) (ii)	182,969 0	0 0	6,000 0	22,796 0	77,071 0	288,836 0	0 0
(6)WILLIAM F MITCHELL DIRECTOR OF CAPITAL GIVING	(i) (ii)	142,398 0	o 0	90	17,779 0	16,333	176,600 0	0
(7)JADA L HEBRA VICE RECTOR FOR FACULTY	(i) (ii)	133,358 0	o 0	90 0	16,800 0	96,918 0	247,166 0	0
(8)ROBERT H RETTEW EXEC DIR ALUMNI ASSN DEVELOPMENT	(i) (ii)	130,888 0	0	396 0	16,660 0	55,372 0	203,316	0
(9)DEBORAH J BRANN CONTROLLER	(i) (ii)	124,234 0	 0 0	258 0	15,692 0	22,333	162,517 0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

riss complete this pare for any addit	onal information
Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - NONTAXABLE TRAVEL EXPENSES UNDER THE SCHOOL'S ACCOUNTABLE PLAN INCURRED FOR BONA FIDE BUSINESS PURPOSES ON BEHALF OF A FAMILY MEMBER OF MICHAEL G HIRSCHFELD WERE PAID BY THE SCHOOL HOUSING ALLOWANCE - ST PAUL'S SCHOOL IS A COEDUCATIONAL FULLY RESIDENTIAL SCHOOL AS A REQUIREMENT OF EMPLOYMENT, ALL FACULTY MEMBERS MUST LIVE ON CAMPUS AND ARE PROVIDED NONTAXABLE HOUSING BY THE SCHOOL LISTED EMPLOYEES WHO RECEIVED SCHOOL HOUSING ARE AS FOLLOWS - MR MICHAEL G HIRSCHFELD - \$28,800 - MS MICHELLE L CHICOINE - \$28,800 - DR JOHN C BASSI - \$28,800 - MS JADA L HEBRA - \$28,800 - MR ROBERT H RETTEW - \$28,800
PART I, LINE 8	MR HIRSCHFELD'S EMPLOYMENT CONTRACT CONTAINS A FIXED SALARY PAYMENT WHICH WOULD BE SUBJECT TO THE INITIAL CONTRACT EXCEPTION MR HIRSCHFELD WAS NOT A DISOUALIFIED PERSON PRIOR TO ENTERING THE CONTRACT AS THE NEW RECTOR

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 02-0222227

Name: ST PAUL'S SCHOOL

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

(A) Name	Ī	<u> </u>	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WILLIAM R MATTHEWS JR FORMER RECTOR	(I) (II)	0	0	112,111 0	17,681 0	4,815 0	134,607 0	46,542 0
MICHAEL G HIRSCHFELD RECTOR ((ı) (ıı)	355,316 0	0	90 0	30,600 0	145,838 0	531,844 0	0
	(ı) (ıı)	270,300 0	0	258 0	30,600 0	32,497 0	333,655 0	0
	(ı) (ıı)	210,945 0	O O	258 0	25,728 0	11,134 0	248,065 0	0 0
	(I) (II)	182,969 0	0	6,000 0	22,796 0	77,071 0	288,836 0	0
	(ı) (ıı)	142,398 0	0 0	90 0	17,779 0	16,333 0	176,600 0	0 0
	(ı) (ıı)	133,358 0	0 0	90 0	16,800 0	96,918 0	247,166 0	0 0
	(ı) (ıı)	130,888 0	0	396 0	16,660 0	55,372 0	203,316 0	0
	(I) (II)	124,234 0	0		15,692 0	22,333 0	162,517 0	0

(Form 990)

2

financed property?

Department of the Treasury

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493318034144

Open to Public **Inspection**

Internal Revenue Service Name of the organization **Employer identification number** ST PAUL'S SCHOOL 02-0222227 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (f) Description of purpose (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No NHHEFA REVENUE BONDS ST PAUL'S SCHOOL 02-0279866 644614G45 09-30-2010 15,217,879 | SEE PART VI Χ Χ Χ Part II **Proceeds** В С D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 15,217,879 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 Issuance costs from proceeds 7 213,618 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 15,004,261 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2012 Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

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

	edule K (Form 990) 2013									Page ∠
Par	Private Business Use (Continued)	I		_	I	_	1		1	_
		-	Yes	A No	Yes	B No.	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private bus of bond-financed property?	sıness use	res	X	res	No	res	140	res	140
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth outside counsel to review any management or service contracts relating to th property?									
С	Are there any research agreements that may result in private business use of bond-financed property?			Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth outside counsel to review any research agreements relating to the financed pr									
4	Enter the percentage of financed property used in a private business use by e other than a section $501(c)(3)$ organization or a state or local government	entities ►				•		•		•
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of				I				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х							
Pai	tt IV Arbitrage									
	_	Α	1		В		С		D	
		Yes	No	Yes	No	<u> </u>	'es	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		Х							
ь	Exception to rebate?	Х								
С	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
_с	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Part IV Arbitrage (Continued)

SCHEDULE K, PART I, COLUMN (F)

D

		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b	Name of provider	NATIXIS FU CORP	NDING				•		
С	Term of GIC	1 1666	66700000						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x							
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?	×							
Pa	rt V Procedures To Undertake Corrective Action								
			1	В	;	C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program is self-remediation is not available under applicable regulations?	f	Х						
P	Supplemental Information. Provide additional	information for res	ponses to qu	<u>iestions on S</u>	<u>Schedule K (</u>	see instructio	ns).		
	Return Reference			Explanation					

CONSTRUCTION AND/OR RENOVATION OF SCHOOL FACILITIES

Α

В

Schedule K (Form 990) 2013

С

DLN: 93493318034144

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

rt I Exc	plete if the org	anization and								. v		
	ne of disqualifie			nship betweer		(c) Des					(d) Co	rrecte
(a) itali	ic or disquarine	u person		on and organi		(4) 503	cripcion	or tru	i succiói	'	Yes	T No
												_
												_
												_
												_
Enter the	amount of tax ı	ncurred by o	organization	managers or	dısqualıfıed pe	rsons during t	he year	r unde	section	ו		
	· · · · · amount of tax,	· · · · · · · · · · · · · · · · · · ·	e 2, above,	reimbursed by	· · · · · · · · · · · · · · · · · · ·	 ion		•	- \$			
									'			
	ans to and			ed Persons	; .							
			1.0157								6.1	
					990-EZ, Part V		Form 9	90, Pa	art IV, lı	ne 26,	or if the	<u>:</u>
org	ganization repo	rted an amo	unt on Form	990, Part X,	line 5, 6, or 22					ne 26,		
org Name of	ganization repo	rted an amo	unt on Form (d) Loan	990, Part X, to	(e)Original	(f) Balance	(g) In		(h)		(i)W	rıtter'
org Name of terested	ganization repo	rted an amo	unt on Form (d) Loan	990, Part X, to the	line 5, 6, or 22							'rıtter
	ganization repo (b) Relationship	rted an amo (c) Purpose o	unt on Form (d) Loan of or from t	990, Part X, to the	(e)Original principal	(f) Balance	(g) In		(h) Approv		(i)W	'rıtter
org Name of terested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	unt on Form (d) Loan of or from t	990, Part X, to the	(e)Original principal	(f) Balance	(g) In		(h) Approv by board or	ed	(i)W	rıtter'
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	unt on Form (d) Loan of or from t	990, Part X, to the	(e)Original principal	(f) Balance	(g) In		(h) Approv by board or	ed	(i)W	ritter men
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested	ganization repo (b) Relationship with	rted an amo (c) Purpose o	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of erested person	ganization repo (b) Relationship with	rted an amo (c) Purpose of loan	(d) Loan or from t organizati	990, Part X, to the on?	(e)Original principal	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritten
org Name of erested person	ganization repo (b) Relationship with	rted an amo (c) Purpose of loan	(d) Loan of or from t organizati	990, Part X, to the on?	line 5, 6, or 22 (e)Original principal amount	(f) Balance	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritten ement
org Name of Perested Derson	ganization repo (b) Relationship with organization	rted an amo (c) Purpose of loan **Stance Bottom in the stance of the st	unt on Form (d) Loan of or from t organizati To	990, Part X, to the on? From	line 5, 6, or 22 (e)Original principal amount	(f)Balance due	(g) In defaul	t?	(h) Approv by board or commit	ed	(i)W agree	ritter ment
org Name of Perested Person	ganization report (b) Relationship with organization ants or Ass mplete if the	rted an amo (c) Purpose of loan stance Boorganizati	unt on Form (d) Loan of or from t organizati To	990, Part X, to the on? From Intereste ed "Yes" on	(e)Original principal amount	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	(i)W agree	ritten ement
org Name of erested person Grant	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritten ement
Name of erested person The contract of the co	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritten ement
Name of erested person The contract of the co	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritter ement
Name of erested person The contract of the co	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritten ement
org Name of erested erson Grand Co Name of I	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritter ement
Name of erested person The contract of the co	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritter ement
org Name of erested erson Grange	Relation report (b) Relationship with organization ants or Ass mplete if the nterested	Purpose of loan Cooling	enefitting on answereship between	p90, Part X, to the the ton? From Intereste ed "Yes" on to (c) Amou	d Persons.	(f)Balance due	Yes	No	(h) Approv by board or commit Yes	ed tee? No	Yes	ritter ement

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) Sha of organiz revent	: :atıon's	
				Yes	No	
(1) UNITED EDUCATORS	SEE PART V	240,950	SEE PART V		No	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV, BUSINESS	(A) NAMES OF INTERESTED PERSON UNITED EDUCATORS (B) RELATIONSHIP BETWEEN
	INTERESTED PERSON AND THE ORGANIZATION OFFICER, MICHELLE L CHICOINE, SERVES
	AS A DIRECTOR (C) AMOUNT OF TRANSACTION \$240,950(D) DESCRIPTION OF
	TRANSACTION INSURANCE PREMIUMS PAID BY ORGANIZATION(E) SHARING OF
	ORGANIZATION'S REVENUES? NO

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493318034144

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions ▶Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ST PAUL'S SCHOOL

Part I Types of Property

Employer identification number

02-0222227

		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	Method of c noncash contril	determ		nts
1	Art—Works of art	X	1	0				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	142	2.117.139	MARKET VALUE			
	Securities—Closely held stock .		112	2,11,,10,	777777			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (SAW PUZZLE)	Х	13	1,465	MARKET VALUE			
26	O ther ▶()							
27	O ther ▶()							
28	Other ► ()							
29	Number of Forms 8283 received by th							
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowle	dgement 2º	9			
						\longrightarrow	Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr	om the date	e of the initial contribution	, and which is not required	to be used			
	for exempt purposes for the entire ho	ldıng period	?			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	•	related organizations to s	colicit, process, or sell noi	ncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II				·			
or P	aperwork Reduction Act Notice, see the I	nstructions	for Form 990.	Cat No 51227J	Schedule M	(Form	990) (2013)

Supplemental Information. 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.

Hamber of items rec	ceived, of a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
, , ,	THE SCHOOL IS REPORTING THE NUMBER OF CONTRIBUTIONS OF SECURITIES BASED ON THE NUMBER OF GIFTS RECEIVED THE NUMBER OF OTHER CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATIONS
•	ALL STOCK GIFTS ARE RECEIVED, PROCESSED AND SOLD BY THE SCHOOL'S CUSTODIAN BANK
· · · · · · · -, · · -	THE SCHOOL DOES NOT CAPITALIZE ITS COLLECTIONS OF ARTWORK AS ALLOWED UNDER SFAS 116 (ASC 958-360-25)

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493318034144

Employer identification number

OMB No 1545-0047

2013

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

ST PAUL'S SCHOOL	p.o, c
	02-0222227

Return Reference	Explanation
, ,	ST PAUL'S HAS FILED FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN, TO REQUEST AN EXTENSION FOR FORM 990-T FOR THE TAX YEAR ENDING JUNE 30, 2014

Return Reference	Explanation
	THE SCHOOL'S GOVERNING BODY CONSISTED OF TRUSTEES WHO HAVE THE RIGHT TO PARTICIPATE IN THE SCHOOL'S GOVERNANCE. ALL TRUSTEES HAVE THE SAME VOTING RIGHTS. THE FULL BOARD OF TRUSTEES MUST VOTE ON THE REMOVAL OF TRUSTEES OR THE HIRING OR FIRING OF THE RECTOR OR DISSOLUTION OF THE SCHOOL. THE FULL BOARD APPROVES SIGNIFICANT DECISIONS OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CERTAIN DESIGNEES OF THE ALUMNI AND PARENTS ASSOCIATIONS SERVE AS MEMBERS OF THE BOARD OF TRUSTEES OF ST PAUL'S SCHOOL AND HAVE THE SAME AUTHORITY AS OTHER ELECTED MEMBERS

Return Reference	Explanation
PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE SCHOOL'S CONTROLLER AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AS WELL AS THE SCHOOL'S OUTSIDE TAX FIRM PRIOR TO BEING PRESENTED TO THE AUDIT COMMITTEE. AN AUDIT COMMITTEE MEETING WAS HELD PRIOR TO THE FILING OF THE FORM 990 AT THIS TIME, THE FORM 990 WAS REVIEWED IN DETAIL AND APPROVED FOR SUBMISSION TO THE INTERNAL REVENUE SERVICE PRIOR TO THE FINAL FORM BEING ELECTRONICALLY SUBMITTED TO THE INTERNAL REVENUE SERVICE A COPY WAS PROVIDED TO ALL THE MEMBERS OF THE BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ST PAUL'S SCHOOL MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS INCLUDED IN THE SCHOOL'S POLICIES AND PROCEDURES MANUAL WHICH IS UPDATED AND DISSEMINATED TO ALL EMPLOYEES AND TRUSTEES ANNUALLY AND IS INCLUDED ON THE SCHOOL'S INTRANET AT THE START OF EACH FISCAL YEAR, THE CHIEF FINANCIAL OFFICER OF THE SCHOOL REQUIRES THAT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM ANY CONFLICTS IDENTIFIED BY THE CONFLICT OF INTEREST DISCLOSURE FORM ARE SUMMARIZED IN A REPORT TO THE PRESIDENT OF THE BOARD OF TRUSTEES AND THE CHAIR OF THE TRUSTEES & GOVERNANCE COMMITTEE. THE BOARD OF TRUSTEES IS NOTIFIED OF ANY CONFLICTS AND ACTION, IF NECESSARY, IS TAKEN BY THE TRUSTEES AT THE CONCLUSION OF THE FISCAL YEAR, PRIOR TO THE SUBMISSION OF THE FORM 990, A GOVERNING BODY MEMBER ANNUAL QUESTIONNAIRE IS PROVIDED TO EACH TRUSTEE, OFFICER AND/OR KEY EMPLOYEE. THIS QUESTIONNAIRE REQUIRES THE DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT MAY HAVE EXISTED DURING THE PRIOR FISCAL YEAR

FORM 990, PART VI, SECTION B, LINE 15 THE COMPENSATION COMMITTEE, CONSISTING SOLELY OF OUTSIDE DIRECTORS, IS RESPONSIBLE FOR ADMINISTERING THE COMPENSATION OF THE RECTOR AND ANY OTHER OFFICERS AND KEY EMPLOYEES THE COMMITTEE MEETS APPROXIMATELY THREE TIMES A YEAR TO 1 SET GOALS FOR THE RECTOR 2 DETERMINE WHAT, IF ANY, OUTSIDE RESOURCES ARE NECESSARY TO SET APPROPRIATE COMPENSATION IN THAT YEAR 3 HIRE ANY NECESSARY OUTSIDE CONSULTANTS 4 REVIEW AND SET COMPENSATION BY A REVIEW OF COMPARABLE OUTSIDE DATA INCLUDING 990 AND PEER SCHOOL INFORMATION 5 REVIEW THE RECTOR'S PERFORMANCE 6 AMEND, IF NECESSARY, THE RECTOR'S	Return Reference	Explanation
EMPLOY MENT CONTRACT 7 SET COMPENSATION FOR RECTOR, OTHER OFFICERS AND KEY EMPLOYEES 8 REVIEW AND APPROVE THE MINUTES OF THE PREVIOUS COMPENSATION COMMITTEE MEETING. THE COMPENSATION COMMITTEE REPORTS ON ITS MEETINGS TO THE FULL BOARD OF TRUSTEES AND THE ACTIONS OF THE COMPENSATION COMMITTEE ARE RATIFIED AT THE NEXT MEETING OF THE FULL BOARD OF TRUSTEES.	PART VI, SECTION B,	COMPENSATION OF THE RECTOR AND ANY OTHER OFFICERS AND KEY EMPLOYEES THE COMMITTEE MEETS APPROXIMATELY THREE TIMES A YEAR TO 1 SET GOALS FOR THE RECTOR 2 DETERMINE WHAT, IF ANY, OUTSIDE RESOURCES ARE NECESSARY TO SET APPROPRIATE COMPENSATION IN THAT YEAR 3 HIRE ANY NECESSARY OUTSIDE CONSULTANTS 4 REVIEW AND SET COMPENSATION BY A REVIEW OF COMPARABLE OUTSIDE DATA INCLUDING 990 AND PEER SCHOOL INFORMATION 5 REVIEW THE RECTOR'S PERFORMANCE 6 AMEND, IF NECESSARY, THE RECTOR'S EMPLOY MENT CONTRACT 7 SET COMPENSATION FOR RECTOR, OTHER OFFICERS AND KEY EMPLOYEES 8 REVIEW AND APPROVE THE MINUTES OF THE PREVIOUS COMPENSATION COMMITTEE REPORTS ON ITS MEETINGS TO THE FULL BOARD OF TRUSTEES AND THE ACTIONS OF THE COMPENSATION COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ST PAUL'S SCHOOL MAKES AVAILABLE TO THE PUBLIC VIA ITS WEBSITE THE FOLLOWING GOVERNING DOCUMENTS - BY-LAWS - INTERNAL REVENUE SERVICE TAX DETERMINATION LETTER - FILED FORM 990 FOR THE THREE MOST RECENT FISCAL YEARS - BOARD OF TRUSTEE COMMITTEE CHARTERS IN ADDITION, ST PAUL'S SCHOOL MAKES THE AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE SCHOOL COMMUNITY (EMPLOYEES, PARENTS AND ALUMNI) VIA OUR SECURED PASSWORD PROTECTED WEBSITE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED LOSS ON INTEREST RATE SWAP-335,032 ACTUARIAL ADJUSTMENT 2,247,391

DLN: 93493318034144

02-0222227

OMB No 1545-0047 2013

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

Internal Revenue Service

ST PAUL'S SCHOOL

(Form 990)

SCHEDULE R

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Name of the organization **Employer identification number**

Part I Identification of Disregarded Entities Complete	ıf the organization a	answered "Yes" on	Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) ST PAUL'S SCHOOL - E BURKE ROSS JR NEW JERSEY FINANCIAL AID FUND LLC 172 SOUTH OCEAN BLVD PALM BEACH, FL 33480 16-1673430	FINANCIAL AID FUND	NJ	369,563	5,086,901	ST PAUL'S SCHOOL		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions Complete ıf tl tax year.	ne organization an	swered "Yes" o	on Form 990, Par	t IV, line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Exempt Code section Public of (if section)		n Public charity sta (if section 501(c)	tus (f) Direct controlling (3)) entity	Section (13) co	ntrolk ity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35Y		Schedule R (Form	1990) 2	013

Part III Identification of Related because it had one or more	l Organizations Taxable e related organizations trea	a s a Partn ated as a par	ership tnership	Compl during	ete ıf g the t	the orga tax year	anızatıon	ansv	vered "Ye	s" on	Form	990, Pa	rt IV	/, lın	e 34			
(a) Name, address, and I related organization	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direc control entit	et ling ii y	(e) Predomina ncome(rela unrelated excluded fr tax unde sections 51 514)	ted, total in d, rom er	e of		(h) Disproprtiona ar allocations?		(i) Code V-U amount in 20 of Schedule I (Form 100	box r	managin partner?		(k) Percentage ownership		
										Yes	No			Yes	No			
Part IV Identification of Related line 34 because it had one of										wered	d "Yes	s" on Fori	m 99	90, F	Part I	٧,		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(c) Legal domicile (state or foreign			(d) Direct controlling entity		(e) Type of entity C corp, S corp, or trust)		(f) Share of total Income	(g) Share of end- year assets		-of- Per	(h) centa nersh	hip		(i) ection 512 (b)(13) ontrolled entity?
(1) CHARITABLE REMAINDER TRUST (7)	CHARITABLE TRUST	NH			ST PAUL'S SCHOOL										Ye	es No		
(2) POOLED INCOME FUND (1)	CHARITABLE TRUST	NH			ST PAUL'S SCHOOL										Ye	25		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule												
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity											
ь	Gift, grant, or capital contribution to related organization(s)											
c	Gift, grant, or capital contribution from related organization(s)											
d	d Loans or loan guarantees to or for related organization(s)											
е	Loans or loan guarantees by related organization(s)				1e		No					
f	f Dividends from related organization(s)											
g	Sale of assets to related organization(s)				1g		No					
h	h Purchase of assets from related organization(s)											
i	i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)												
k	k Lease of facilities, equipment, or other assets from related organization(s)											
ı	l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
0	Sharing of paid employees with related organization(s)				10		No					
р	Reimbursement paid to related organization(s) for expenses				1 p		No					
q	Reimbursement paid by related organization(s) for expenses				1q		No					
r	O ther transfer of cash or property to related organization(s)				1r		No					
s	Other transfer of cash or property from related organization(s)				1s	Yes						
	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including so	varad relationships	and transaction throsholds								
	(a)	(b)	(c)	(d)								
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount ir	nvolved						
1) C	HARITABLE REMAINDER TRUST (1)	S	3,524,199	FAIR VALUE								

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013