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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 201 VALLEY ROAD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: MONTCLAIR, NJ 07042

D Employer identification number: 23-7365263

E Telephone number: (973) 746-9800

G Gross receipts $ 44,632,032.

F Name and address of principal officer: THOMAS W. NAMMACK
201 VALLEY ROAD MONTCLAIR, NJ 07042

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.MKA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974 M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	460.
6	Total number of volunteers (estimate if necessary)	6	500.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,841,501.	4,848,706.
9	Program service revenue (Part VIII, line 2g)	33,548,800.	34,114,885.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	687,594.	1,854,031.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,303.	10,071.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,099,198.	40,827,693.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,420,252.	3,470,910.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,971,063.	21,530,070.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	21,713.	14,635.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 485,016.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,490,907.	10,464,512.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,903,935.	35,480,127.
19	Revenue less expenses Subtract line 18 from line 12	3,195,263.	5,347,566.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	68,036,557.	75,334,643.
21	Total liabilities (Part X, line 26)	10,864,890.	10,417,950.
22	Net assets or fund balances Subtract line 21 from line 20	57,171,667.	64,916,693.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer: Richard M Sunshine — Date: 2/13/2015

▶ Type or print name and title: Richard M. Sunshine
Asst. Headmaster & Chief Financial Officer

Paid Preparer Use Only

Print/Type preparer's name: RICHARD A SACKIN	Preparer's signature: Richard A Sackin	Date: 02/11/2015	Check ☐ if self-employed	PTIN: P00184276
Firm's name ▶ EISNERAMPER LLP			Firm's EIN ▶ 13-1639826	
Firm's address ▶ 111 WOOD AVE SO , STE 600 ISELIN, NJ 08830-2700			Phone no 732-243-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

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Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ 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? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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 $ 25,006,166 including grants of $ 3,470,910) (Revenue $ 32,048,089)
EDUCATION: PRIMARY, MIDDLE AND UPPER SCHOOL EDUCATION. NUMBER OF STUDENTS- 1,021

4b (Code _____) (Expenses $ 2,202,489 including grants of $ _____) (Revenue $ _____)
PLANT: REPAIRS, REPLACEMENT & IMPROVEMENTS OF EXISTING GROUNDS & FACILITIES. NUMBER OF STUDENTS- 1,021

4c (Code _____) (Expenses $ 1,267,731 including grants of $ _____) (Revenue $ 2,066,796)
AUXILIARY OPERATIONS. NUMBER OF STUDENTS- 1,021

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 28,476,386.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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	X	
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	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	X	
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	X	
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	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	X	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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 .	2a	460		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
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			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	28		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section 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	1a 26		
	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	1b 26		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NJ,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042 973-746-9800

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 X

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, and 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL V. JOHNSON OFFICER: PRESIDENT	5.00	X		X				0	0	0
(2) EVELYN M. COLBERT OFFICER: VICE PRESIDENT	5.00	X		X				0	0	0
(3) TRACY E. HIGGINS OFFICER: VICE PRESIDENT	5.00	X		X				0	0	0
(4) STEVEN C. MILKE OFFICER: TREASURER	5.00	X		X				0	0	0
(5) MICHAEL P. FRIEZO OFFICER: SECRETARY	5.00	X		X				0	0	0
(6) JOSEPH V. AMATO MEMBER TRUSTEE	5.00	X						0	0	0
(7) MERRICK G. ANDLINGER MEMBER TRUSTEE	5.00	X						0	0	0
(8) KENNETH W. BARRETT MEMBER TRUSTEE	5.00	X						0	0	0
(9) TIMOTHY J. BOZIK MEMBER TRUSTEE	5.00	X						0	0	0
(10) JAMES L. BROMLEY MEMBER TRUSTEE	5.00	X						0	0	0
(11) DANIEL B. CARSON MEMBER TRUSTEE	5.00	X						0	0	0
(12) CHRISTINA A. COTTON MEMBER TRUSTEE	5.00	X						0	0	0
(13) DAVID A. CRICHLOW MEMBER TRUSTEE	5.00	X						0	0	0
(14) CAROLYN N. EVERSON MEMBER TRUSTEE	5.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN T. GAFFNEY MEMBER TRUSTEE	5.00	X						0	0	0
(16) KATHLEEN M. LOGAN MEMBER TRUSTEE	5.00	X						0	0	0
(17) ERIC F. S. PAI MEMBER TRUSTEE	5.00	X						0	0	0
(18) KENNETH S. RIVLIN MEMBER TRUSTEE	5.00	X						0	0	0
(19) LUKE A. SARSFIELD III MEMBER TRUSTEE	5.00	X						0	0	0
(20) RICHARD G. STANTON MEMBER TRUSTEE	5.00	X						0	0	0
(21) JEFFREY G. SZILAGYI MEMBER TRUSTEE	5.00	X						0	0	0
(22) LINDA H. STERLING MEMBER TRUSTEE	5.00	X						0	0	0
(23) JONATHAN M. STRAIN MEMBER TRUSTEE	5.00	X						0	0	0
(24) CHIMING TSE MEMBER TRUSTEE	5.00	X						0	0	0
(25) ELIZABETH D. WEISWASSER MEMBER TRUSTEE	5.00	X						0	0	0
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								1,222,892.	0	505,034.
d Total (add lines 1b and 1c) ▶								1,222,892.	0	505,034.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 18

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LORI W. YANES MEMBER TRUSTEE	5.00	X						0	0	0
(27) THOMAS W. NAMMACK HEADMASTER	65.00			X				288,525.	0	102,793.
(28) RICHARD M. SUNSHINE ASST. HEADMASTER & CFO	65.00			X				262,553.	0	69,276.
(29) VIRGINIA KRIEGEL HEAD PRIMARY SCHOOL	55 00					X		155,568.	0	25,426.
(30) DAVID FLOCCO HEAD UPPER SCHOOL	55.00					X		133,650.	0	163,357.
(31) RANDY KLEINMAN HEAD MIDDLE SCHOOL	55.00					X		132,345.	0	104,290.
(32) GEORGE FRAKER DIRECTOR COLLEGE COUNSELING	45.00					X		125,676.	0	23,128.
(33) SARAH ROWLAND DIRECTOR OF ADMISSIONS	55.00					X		124,575.	0	16,764.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 18

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	201,768			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	152,962			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,493,976			
	g	Noncash contributions included in lines 1a-1f $ 755,253					
	h	**Total.** Add lines 1a-1f		4,848,706			
Program Service Revenue			**Business Code**				
	2a	TUITION INCOME	900099	30,830,074	30,830,074		
	b	SCHOOL SERVICES & FEES	900099	848,858	848,858		
	c	STUDENT & PARENT ACTIVITY	900099	1,218,015	1,218,015		
	d	LUNCH PROGRAM	722320	790,034	790,034		
	e	BOOKSTORE SALES	451211	427,904	427,904		
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		34,114,885			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		483,644			483,644
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,680,616 / 387,965				
	b	Less cost or other basis and sales expenses	3,698,194				
	c	Gain or (loss)	982,422 / 387,965				
	d	Net gain or (loss)		1,370,387			1,370,387
	8a	Gross income from fundraising events (not including $ 201,768 of contributions reported on line 1c) See Part IV, line 18	ATCH 2 a 85,842				
	b	Less direct expenses	b 85,842				
	c	Net income or (loss) from fundraising events	ATCH 3	0			
	9a	Gross income from gaming activities See Part IV, line 19	a 29,300				
	b	Less direct expenses	b 20,303				
	c	Net income or (loss) from gaming activities		8,997			8,997
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a	MISCELLANEOUS INCOME	900099	1,074	1,074		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		1,074			
	12	**Total revenue.** See instructions		40,827,693	34,115,959		1,863,028

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,470,910.	3,470,910.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	566,260.		566,260.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	16,159,507.	12,491,322.	3,416,873.	251,312.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,200,153.	855,889.	327,593.	16,671.
9 Other employee benefits	2,428,271.	1,849,396.	533,594.	45,281.
10 Payroll taxes	1,175,879.	884,783.	272,424.	18,672.
11 Fees for services (non-employees)				
a Management	27,178.		27,178.	
b Legal	30,739.		30,739.	
c Accounting	79,260.		79,260.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	14,635.			14,635.
f Investment management fees	139,986.		139,986.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,680.		9,680.	
12 Advertising and promotion	179,393.		179,393.	
13 Office expenses	246,999.	1,591.	236,648.	8,760.
14 Information technology	1,051,707.	1,051,707.		
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	456,403.	429,772.	21,980.	4,651.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	403,010.	403,010.		
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 STUDENT ACTIVITIES	895,678.	895,678.		
b ACADEMIC PROGRAM EXPENSES	1,433,508.	1,433,508.		
c UTILITIES	624,931.	624,931		
d MISCELLANEOUS	1,256,871.	613,669.	518,168.	125,034.
e All other expenses ATCH 4	3,629,169.	3,470,220.	158,949.	
25 Total functional expenses. Add lines 1 through 24e	35,480,127.	28,476,386.	6,518,725.	485,016.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	13,229,864.	1	14,017,503.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	2,693,245.	3	3,900,599.
	4	Accounts receivable, net	189,372.	4	297,462.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	28,499.	8	27,742.
	9	Prepaid expenses and deferred charges ATCH 5	425,477.	9	615,903.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 29,911,866.			
	b	Less accumulated depreciation — 10b:	28,443,538.	10c	29,911,866.
	11	Investments - publicly traded securities ATCH 6	15,587,725.	11	18,147,680.
	12	Investments - other securities See Part IV, line 11	5,720,024.	12	7,242,905.
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	1,718,813.	15	1,172,983.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	68,036,557.	16	75,334,643.
Liabilities	17	Accounts payable and accrued expenses	2,384,876.	17	2,563,423.
	18	Grants payable	0	18	0
	19	Deferred revenue	6,836,455.	19	6,758,821.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,643,559.	25	1,095,706.
	26	**Total liabilities.** Add lines 17 through 25	10,864,890.	26	10,417,950.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	45,847,385.	27	52,026,909.
	28	Temporarily restricted net assets	3,497,602.	28	4,716,457.
	29	Permanently restricted net assets	7,826,680.	29	8,173,327.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	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	57,171,667.	33	64,916,693.
	34	Total liabilities and net assets/fund balances	68,036,557.	34	75,334,643.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,827,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,480,127.
3	Revenue less expenses Subtract line 2 from line 1	3	5,347,566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,171,667.
5	Net unrealized gains (losses) on investments	5	2,390,391.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,069.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,916,693.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION	23-7365263

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar 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 include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts 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, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Calendar 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 include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **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).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number: 23-7365263

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	*Number of conservation easements on a certified historic structure included in (a)*	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,626,310.	16,564,994.	16,615,177.	14,140,316.	12,813,086.
b Contributions	396,767.	352,489.	377,126.	582,816.	304,850.
c Net investment earnings, gains, and losses	3,415,687.	2,236,470.	80,634.	2,416,644.	1,553,646.
d Grants or scholarships	10,575.	9,175.	9,050.	8,975.	8,775.
e Other expenditures for facilities and programs	473,000.	435,000.	429,000.	465,000.	490,000.
f Administrative expenses	117,795.	83,468.	69,893.	50,624.	32,491.
g End of year balance	21,837,394.	18,626,310.	16,564,994.	16,615,177.	14,140,316.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 62.5700 %
b Permanent endowment ▶ 37.4300 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,977,157.		2,977,157.
b Buildings		23,784,682.		23,784,682.
c Leasehold improvements				
d Equipment		3,150,027.		3,150,027.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				29,911,866.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(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) PRIVATE PLACEMENTS	3,819,133.	FMV
(B) HEDGE FUNDS	3,187,885.	FMV
(C) PRIVATE EQUITY	167,042.	FMV
(D) POOLED INCOME FUND	68,845.	FMV
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	7,242,905.	

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPUTER EQUIPMENT LEASE PAYABLE	1,095,706.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,095,706.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	39,754,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,390,388.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	7,069.		
e	Add lines 2a through 2d			2e	2,397,457.
3	Subtract line 2e from line 1			3	37,356,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,470,910.		
c	Add lines 4a and 4b			4c	3,470,910.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	40,827,693.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	32,009,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	32,009,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,470,910.		
c	Add lines 4a and 4b			4c	3,470,910.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	35,480,127.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D PART V #4

USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE SCHOOL'S INVESTMENT OBJECTIVES ARE TO ACHIEVE CONSISTENT LEVELS OF RETURN THROUGH GROWTH IN PRINCIPAL AND INCOME ON INVESTMENTS. THIS APPROACH ATTEMPTS TO MAXIMIZE RETURNS FOR EACH CLASS OF ASSETS WHILE PROVIDING SUFFICIENT DIVERSIFICATION IN THE PORTFOLIO TO DAMPEN THE EFFECTS OF MARKET FLUCTUATIONS ON THE PORTFOLIO'S OVERALL RETURN. THE SCHOOL'S CURRENT SPENDING POLICY IS TO APPROPRIATE APPROXIMATELY 3% OF THE ENDOWMENT FUND PORTFOLIO'S AVERAGE MARKET VALUE FROM THE PREVIOUS THREE YEARS, TO BE USED FOR DONOR AND BOARD SPECIFIED PROGRAMS. THE BALANCE OF THE TOTAL RETURN IS AVAILABLE FOR APPROPRIATION IS REINVESTED IN THE PORTFOLIO.

SCHEDULE D PART X

UNCERTAIN TAX POSITION UNDER FIN 48:

THE SCHOOL HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE (THE "IRS") AS AN ORGANIZATION DESCRIBED UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SCHOOL AND HAS CONCLUDED THAT AS OF JUNE 30, 2014 AND 2013, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE THE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE SCHOOL RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY. THERE WERE NO INCOME TAX-RELATED INTEREST AND PENALTIES RECORDED FOR THE YEARS ENDED JUNE 30, 2014 AND

Part XIII Supplemental Information *(continued)*

2013. THE INCOME TAX RETURNS OF THE SCHOOL FOR THE YEARS ENDED JUNE 30, 2013, 2012 AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS AND OTHER VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE D PART XI LINE 2D

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: $7,069

SCHEDULE D PART XI LINE 4B

SCHOLARSHIPS AND ALLOWANCES NETTED AGAINST TUITION REVENUE FOR BOOK PURPOSES: $3,470,910

SCHEDULE D PART XII LINE 4B

SCHOLARSHIPS AND ALLOWANCES NETTED AGAINST TUITION REVENUE FOR BOOK PURPOSES: $3,470,910

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION	23-7365263

Part I

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

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)

SCHEDULE E- EXPLANATION FOR LINE 3

A STATEMENT OF POLICY APPEARS IN LOCAL NEWSPAPERS.

SCHEDULE E- EXPLANATION FOR LINE 6A

THE SCHOOL RECEIVES THE STATE OF NEW JERSEY ENTITLEMENTS FOR NURSING AID, TECHNOLOGY AND NON PUBLIC SCHOOL TEXTBOOKS. THESE ENTITLEMENTS ARE BASED UPON THE NUMBER OF STUDENTS.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number
23-7365263

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	GRENZEBACH, GLIER & ASSOC	CONSULTING		X		14,635.	-14,635.
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶					14,635.	-14,635.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NJ,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 AUCTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	287,610.			287,610.
	2 Less Contributions	201,768.			201,768.
	3 Gross income (line 1 minus line 2)	85,842.			85,842.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,050.			43,050.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	42,792.			42,792.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				85,842.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			29,300.	29,300.
Direct Expenses	2 Cash prizes			20,303.	20,303.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100 0000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				20,303.
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				8,997.

9 Enter the state(s) in which the organization operates gaming activities NJ,

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	50.0000 %
b	An outside facility	13b	50.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ EXTERNAL AFFAIRS DEPT., MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Address ▶ 201 VALLEY ROAD MONTCLAIR, NJ 07042

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Gaming manager compensation ▶ $ _____

Description of services provided ▶ THE SCHOOL IS RESPONSIBLE FOR THE RAFFLE ACTIVITY

☐ Director/officerE ☐ mployee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 8,997.

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE G PART 1B(I)

NAME AND ADDRESS OF FUNDRAISER

KATHLEEN KAVANAGH; C/O GRENZEBACH GLIER & ASSOCIATES

401 N. MICHIGAN AVE, SUITE 2800 CHICAGO IL 60611

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number

23-7365263

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
1	NEED-BASED FINANCIAL AID TO 136 STUDENTS	136	3,470,910			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2

GRANTS AND ASSISTANCE TO PRIMARY AND SECONDARY SCHOOL STUDENTS

FINANCIAL AID IS AWARDED AND MONITORED BY THE FINANCIAL AID COMMITTEE THAT CONSISTS OF THE HEADMASTER, DIRECTOR OF ADMISSIONS, ASSOCIATE DIRECTOR OF ADMISSIONS, ASSISTANT HEADMASTER/CFO AND THE HEADS OF THE MIDDLE AND UPPER CAMPUSES FINANCIAL AID GRANTS SHALL BE AWARDED TO STUDENTS WHO HAVE BEEN ACCEPTED TO MKA THROUGH THE NORMAL ADMISSIONS PROCESS AID IS PROVIDED TO STUDENTS/FAMILIES WHO, AS BEST AS CAN BE DISCERNED, VALUE AND SUPPORT EDUCATION GRANTS SHALL BE CONSIDERED ONLY ON THE BASIS OF FINANCIAL NEED AS ATTESTED TO BY "TADS" (TUITION AID AND

Part III **Grants and Other Assistance to Individuals in the United States** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

DATA SERVICES) FORMS MUST BE FILED EACH YEAR FOR WHICH AID IS SOUGHT

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*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number
23-7365263

Part 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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 ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	THOMAS W. NAMMACK	(i)	222,525	66,000	0	19,125	83,668	391,318	0
1	HEADMASTER	(ii)	0	0	0	0	0	0	0
	RICHARD M. SUNSHINE	(i)	208,053	54,500	0	25,500	43,776	331,829	0
2	ASST HEADMASTER & CFO	(ii)	0	0	0	0	0	0	0
	VIRGINIA KRIEGEL	(i)	121,568	34,000	0	15,649	9,777	180,994	0
3	HEAD PRIMARY SCHOOL	(ii)	0	0	0	0	0	0	0
	DAVID FLOCCO	(i)	119,500	14,150	0	13,643	149,714	297,007	0
4	HEAD UPPER SCHOOL	(ii)	0	0	0	0	0	0	0
	RANDY KLEINMAN	(i)	115,345	17,000	0	13,498	90,792	236,635	0
5	HEAD MIDDLE SCHOOL	(ii)	0	0	0	0	0	0	0
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

SCHEDULE J PART I Q1A

THE FOLLOWING PEOPLE: THOMAS NAMMACK, RICHARD SUNSHINE, DAVID FLOCCO AND RANDY KLEINMAN LIVE IN SCHOOL OWNED HOUSING LOCATED ON SCHOOL GROUNDS AS A REQUIRED CONDITION OF THEIR EMPLOYMENT, FOR THE CONVENIENCE OF THE EMPLOYER AND THE SUPERVISION OF THE SCHOOL GROUNDS AND ON-CALL DUTIES

THIS BENEFIT IS NON-TAXABLE UNDER CODE SECTION 119 AND IS INCLUDED IN THE NON-TAXABLE BENEFITS ON SCHEDULE J PART II COLUMN D

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number

23-7365263

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ $						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		57,600	FINANCIAL AID	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number
23-7365263

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X			SEE SCH M PART II
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10.	755,253.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		152.	0	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

SCHEDULE M PART I Q32B

ALL NON CASH CONTRIBUTIONS WHERE THERE WAS NO REVENUE REPORTED ON FORM 990, PART VIII LINE 1G AND SCHEDULE M PART I COLUMN C WERE ITEMS DONATED TO AN AUCTION (A FUNDRAISING EVENT) WHERE THE RESULTS WERE REPORTED ON SCHEDULE G PART II AND ON PART VIII LINES 8A THROUGH 8C. THE NET PROCEEDS RECEIVED FOR THE NON-CASH CONTRIBUTIONS AT AUCTION DATE WERE INCLUDED IN PART VIII LINE 1 C, AND SCHEDULE G PART II, LINE 2, FUNDRAISING EVENT. ALL 8282 FORMS WERE FILED AS REQUIRED. THE SCHOOL USED AN OUTSIDE BROKER TO SELL PUBLICLY TRADED SECURITES THAT HAVE BEEN DONATED TO THE SCHOOL. THE NON CASH CONTRIBUTIONS RELATED TO THESE PUBLICLY TRADED SECURITES ARE REPORTED UNDER SCHEDULE B.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
CLOTHES & HOUSEHOLD GOODS	X	26.	0	SEE SCH M PART II
COLLECTIBLES	X	9.	0	SEE SCH M PART II
JEWELRY	X	3.	0	SEE SCH M PART II
TRAVEL & ENTERTAINMENT	X	64.	0	SEE SCH M PART II
KIDS/SCHOOL SPIRIT	X	48.	0	SEE SCH M PART II
EXPERIENCES/OPPORTUNITIES	X	2.	0	SEE SCH M PART II
TOTALS		152.	0	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number
23-7365263

FORM 990-PART V Q1B

THE SCHOOL ISSUED A FORM 1099 IN LIEU OF THE FORM W-2G- CERTAIN GAMBLING WINNINGS- IN RESPECT TO A RAFFLE CONDUCTED BY THE FOUNDATION DURING THE YEAR.

FORM 990- PART VI SECTION A Q1A

THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF TRUSTEES DURING THE INTERIM PERIOD BETWEEN SCHEDULED BOARD MEETINGS OR WHEN AN EMERGENCY REQUIRES.

FORM 990- PART VI Q11

THE SCHOOL'S MANAGEMENT PROVIDES INFORMATION SUFFICIENT FOR ITS OUTSIDE ACCOUNTANT TO PREPARE THE RETURN. AFTER PREPARATION BY THE ACCOUNTANT, A BOARD OF TRUSTEES 990 REVIEW COMMITTEE CONSISTING OF THE CURRENT PRESIDENT OF THE BOARD OF TRUSTEES, CURRENT TREASURER/CHAIRPERSON OF THE FINANCE COMMITTEE, HEADMASTER, ASSISTANT HEADMASTER/CFO, THE ASSISTANT BUSINESS MANAGER, PLUS TWO TRUSTEE MEMBERS REVIEW THE RETURN. AFTER THE REVIEW COMMITTEE REVIEWS THE RETURN, THE RETURN IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES.

FORM 990 - PART VI Q12C

THE CONFLICT OF INTEREST POLICIES ARE INCLUDED IN THE ORGANIZATION'S BYLAWS AND PERSONNEL POLICY GUIDES. THE POLICIES ARE CONTINUOUSLY MONITORED BY THE BOARD OF TRUSTEES AND KEY EMPLOYEES OF THE ORGANIZATION

Name of the organization	Employer identification number
MONTCLAIR KIMBERLEY ACADEMY FOUNDATION	23-7365263

TO ENSURE COMPLIANCE. YEARLY SIGN-OFF SHEETS STATING THAT THEY HAVE RECEIVED AND READ A COPY OF THE CONFLICT OF INTEREST POLICY AND A DECLARATORY FORM ARE REQUIRED TO BE FILLED OUT, SIGNED, AND DATED.

FORM 990- PART VI Q15B

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SERVES AS THE COMPENSATION COMMITTEE. THE COMMITTEE IS CHAIRED BY THE PRESIDENT OF THE BOARD OF TRUSTEES AND CONSISTS OF ALL OTHER COMMITTEE CHAIRPERSONS (6 PEOPLE), PLUS 4 ADDITIONAL BOARD OF TRUSTEE MEMBERS - FOR A TOTAL OF 11 BOARD OF TRUSTEE MEMBERS. THEY REVIEW AND APPROVE THE COMPENSATION OF THE TOP SEVEN PAID EMPLOYEES WHICH INCLUDES THE TOP MANAGEMENT OFFICIAL (HEADMASTER) AND KEY EMPLOYEE (ASSISTANT HEADMASTER/CFO). THEY ARE PROVIDED WITH THE LAST FIVE YEARS OF SALARY AND BONUSES, IF APPLICABLE, CURRENT TAXABLE AND NON-TAXABLE BENEFITS AND COMPARATIVE STATISTICS FROM THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS AS WELL AS GROUP STATISTICS FOR THE NEW JERSEY, NEW YORK AND CONNECTICUT ASSOCIATION OF INDEPENDENT SCHOOLS (OUR TRI-STATE AREA DIRECT COMPETITORS). THE HEADMASTER PROPOSES THE COMPENSATION FOR ALL EMPLOYEES EXCEPT HIMSELF. THE COMMITTEE DISCUSSES AND DECIDES ON THE FINAL COMPENSATION OFFERED TO THE SEVEN EMPLOYEES. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IS MAINTAINED. NO MEMBER OF THE COMMITTEE IS A RELATED PARTY TO ANY OF THE SEVEN PEOPLE BEING REVIEWED. IF THERE WAS A RELATED PARTY, THAT TRUSTEE WOULD BE EXCUSED FROM THE REVIEW OF THE RELATED INDIVIDUALS. WRITTEN CONTRACTS ARE SIGNED AND EXECUTED WITH ALL OF THE INDIVIDUALS. THE EXECUTIVE COMMITTEE INFORMS THE FULL BOARD OF TRUSTEES OF THE ACTIONS TAKEN.

Name of the organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number: 23-7365263

FORM 990 - PART VI Q19

THE SCHOOL PROVIDES THE PUBLIC WITH THE RIGHTS TO REVIEW ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST TO THE SCHOOL AT ITS MAIN ADDRESS. THE AUDITED FINANCIAL STATEMENTS AND A COPY OF THE 990 ARE FILED ALONG WITH THE STATE OF NEW JERSEY ANNUAL RENEWAL REGISTRATION STATEMENT AND FINANCIAL REPORT FOR A CHARITABLE ORGANIZATION WITH THE NEW JERSEY OFFICE OF THE ATTORNEY GENERAL, DIVISION OF CONSUMER AFFAIRS, OFFICE OF CONSUMER PROTECTION, CHARITIES REGISTRATION SECTION. THESE DOCUMENTS ARE OF PUBLIC RECORD.

FORM 990 - PART VII

TRUSTEE COMPENSATION- ALL OF THE TRUSTEES LISTED IN PART VII ARE VOLUNTEERS. THEY RECEIVE NO COMPENSATION, NO EMPLOYEE BENEFITS AND NO DEFERRED COMPENSATION. THEY DO NOT RECEIVE ANY REIMBURSEMENTS FOR EXPENSES AND ANY OTHER ALLOWANCES. THE AVERAGE NUMBER OF HOURS DEVOTED TO THE POSITION IS BASED ON THE INDIVIDUAL'S DUTIES ON THE BOARD OF TRUSTEES AND THE TIME OF YEAR.

FORM 990- PART XI LINE 9

RECONCILIATION OF NET ASSETS:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES OF $7,069 IS THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MONTCLAIR KIMBERLEY ACADEMY (MKA) IS A PRE-K THROUGH 12 COEDUCATIONAL DAY SCHOOL WITH AN EXCEPTIONAL COLLEGE PREPARATORY PROGRAM UNIFIED BY THE CONCEPTS OF THE SCHOOL MOTTO: KNOWLEDGE,

Name of the organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number: 23-7365263

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

VISION, INTEGRITY. AN MKA EDUCATION IS DEFINED BY THE FOLLOWING COMMITMENTS:

KNOWLEDGE: TO CULTIVATE A LOVE OF LEARNING IN EACH STUDENT TO DEVELOP INDEPENDENT AND AUTONOMOUS LEARNERS TO ESTABLISH A FOUNDATION OF ACADEMIC EXCELLENCE.

VISION: TO ENGAGE EACH STUDENT INTELLECTUALLY AND PERSONALLY WITH THE WORLD TO GRADUATE STUDENTS WHO WILL EXCEL IN COLLEGE AND IN THEIR LIVES BEYOND MKA TO RECOGNIZE COMPLEXITY AND VALUE EMPATHY.

INTEGRITY: TO STRENGTHEN EACH STUDENT'S INTELLECT, CHARACTER, AND CONFIDENCE TO PROMOTE EACH STUDENT'S FULL AND ACTIVE CITIZENSHIP AND LEADERSHIP TO SECURE A LIFE-LONG SENSE OF HONOR THROUGH ACADEMIC, ATHLETIC, AND ARTISTIC ACHIEVEMENT. WITH TRADITIONS DATING BACK TO 1887, MKA WAS FORMED BY THE MERGER OF MONTCLAIR ACADEMY, BROOKSIDE SCHOOL AND THE KIMBERLEY SCHOOL IN 1974.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
AUCTION	201,768.
TOTAL	201,768

Name of the organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION
Employer identification number: 23-7365263

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
AUCTION	85,842.	85,842.
TOTALS	85,842.	85,842.

ATTACHMENT 4

FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
AUXILIARY	1,267,731.	1,267,731.		
MAINTENANCE, REPAIRS & EQUIP	2,361,438.	2,202,489.	158,949.	
TOTALS	3,629,169.	3,470,220.	158,949.	

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	469,004.
DEFERRED CHARGE	53,017.
OTHER RECEIVABLES	93,882.
TOTALS	615,903.

ATTACHMENT 6

Name of the organization: MONTCLAIR KIMBERLEY ACADEMY FOUNDATION

Employer identification number: 23-7365263

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MONEY MARKET MUTUAL FUNDS	1,872,008.	FMV
GLOBAL EQUITY MUTUAL FUND	1,457,194.	FMV
FIXED INCOME MUTUAL FUND	2,906,982.	FMV
U.S. EQUITIES	9,812,661.	FMV
NON U.S. EQUITIES	2,098,835.	FMV
TOTALS	18,147,680.	

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.irs gov/form8868.*

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part** Ia nd check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II**(on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) F or more details on the electronic filing of this form,v isit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships,R EMICs, and trusts mustu se Form 7004 to request an extension oft ime to file income tax returns

Enter filer's identifying number,s ee instructions

Type or print	Name of exempt organization or other filer,s ee instructions	Employer identification number (EIN) or
File by the due date for filing your return S ee instructions	MONTCLAIR KIMBERLEY ACADEMY FOUNDATION	23-7365263
	Number, street, and room or suite no I f a P O b ox,s ee instructions 201 VALLEY ROAD	Social security number (SSN)
	City, town or post office, state,a nd ZIP code F or a foreign address,s ee instructions MONTCLAIR, NJ 07042	

Enter the Return code fort he return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042

Telephone No ▶ 973 746-9800 FAX No ▶ 973 783-5777

- If the organization does noth ave an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months fora corporation required to file Form 990-T) extension oft ime until 02/15, 20 15, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01, 2013, and ending 06/30, 20 14

2 If the tax year entered in line 1 is for less than 12 months,c heck reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application isf or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter thet entativet ax, lessa ny nonrefundable credits S ee instructions	3a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made I nclude any prior year overpaymenta llowed as a credit	3b	$ 0
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax PaymentS ystem) S ee instructions	3c	$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions