DLN: 93493045004107

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

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

Open to Public Inspection

RINCETON DAY SCHOOL INC				C Name of organization	15 , and ending 06-30-2016	•	D Emplo	ver ide	ntification number
Doing business as Doing business as Doing business as Doing business as Doing business are Doing business as Doing business are Doing business Doing business are Doing business	_			PRINCETON DAY SCHOOL INC				-	
True search dates	<u> </u>		-	Doing business as				, 2, 0 1	3
Support of the process of the proc			tum				E Talank		.h
Provided return Color primer, state greatment, country, and 28 or foreign postal code Color primer, state greatment, color primer, colo			nated		ered to street address) Room/suit	е			
PRINCEDIN, 10 09542 F Name and others of principal officer PAUL STALLATO PAUL STALLAT					or foreign postal code		(609)	924-6	5700
PAUL STELLATO	Ap	plicatio	n penaing		r roreign postar code		G Gross	receipts	\$ 66,659,768
PO SBX 73 This saving status \$\$500(21) \$00(c(1) \$00000000000000000000000000000000000						H(a)	Is this a group	return	ı for
Text. Text									☐ Yes 🗸
To descript states						H(b)		ınates	Evan E Na
Website P WWW PDS ORG	I Ta	x-exer	npt status	✓ 501(c)(3)	4947(a)(1) or 527	(-)	ıncluded?		
Part Summary 1 Summar	J W	ebsit	e:▶ WW	W PDS ORG		H(c)	•		,
Part I Summary	K Fon	m of oi	rganization	✓ Corporation Trust Association Other					
Bit Hely describe the organization's mission or most significant activities									
THE SCHOOL STRIPES TO EDUCATE THE MIND, BODY, AND CHARACTER OF EACH OF ITS STUDENTS THE SCHOOL STRIPES TO ACCOMPLISH ITS MISSION THROUGH VARIOUS PROGRAM SINCLUDING, BUT NOT LIMITED, CLASSROOM INSTRUCTION, PHYSICAL EDUCATION, THE ARTS (BOTH VISUAL AND PERFORMING), AND COMMUNITY SERVICE 2 Check this box ▶ if the preparation 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 23 4 Number of voting members of the governing body (Part VI, line 1b) 4 1 21 5 Total number of wolunteers (estimate if necessary) 5 Total number of volunteers (estimate if necessary) 7 Total unrelated business staxable income from Form 990-T, line 34 5 Contributions and grants (Part VIII, line 1h) 5 Contributions and grants (Part VIII, line 1h) 6 Contributions and grants (Part VIII, line 1h) 7 Total unrelated business taxable income from Form 990-T, line 34 7 Prior Year 6 Total number of volunteers (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12 Total fundamany expenses (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, sthrac compensation, employee benefits (Part IX, column (A), line 2) 16 Professional fundraising fees (Part IX, column (A), line 1-4) 17 Other expenses (Part IX, column (A), line 1-4) 18 Total subditities (Part X, line 16) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 26) 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X,	Pa								
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	ance	T S	HE SCH EEKS TO	DOL STRIVES TO EDUCATE THE MIND, B ACCOMPLISH ITS MISSION THROUGH	BODY, AND CHARACTER OF VARIOUS PROGRAMS INC	LUDIN	G, BUT NOT L	IMITE	DTO,CLASSROOM
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	e e	-							
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	% O.	2	Check th	is box ▶ ┌ if the organization discontinued	its operations or disposed o	f more	than 25% of its	net a	ssets
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	ত >ঠ			•					ı
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	Se?								
1 Total unrelated business revenue (Part VIII, column (C), line 12 7a 0 7b 0 0 0	TIME .			<u> </u>				<u> </u>	
Table Table T	Ac								
## Contributions and grants (Part VIII, line 1h)								<u> </u>	
8		b N	let unrela	ted business taxable income from Form 990	0-T, line 34			7b	0
9							Prior Year		Current Year
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 39,965,316 39,186,972 12) 13 39,965,316 39,186,972 13 39,965,316 39,186,972 14 8 enefits paid to or for members (Part IX, column (A), lines 1 - 3)	۵.	8	Contr	butions and grants (Part VIII, line 1h) .			6,546,	614	4,420,796
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 39,965,316 39,186,972 12) 13 39,965,316 39,186,972 13 39,965,316 39,186,972 14 8 enefits paid to or for members (Part IX, column (A), lines 1 - 3)	÷ C		_	, , ,				_	
12	R ₂ V			, , , , , , , , , , , , , , , , , , , ,					
12 39,963,315 39,186,972 39,963,315 39,186,972 39,963,315 39,186,972 39,963,315 39,186,972 39,963,315 39,963,315 39,186,972 39,963,315 39,186,972 39,963,315 39,963,31									
Section 14 Benefits paid to or for members (Part IX, column (A), line 4)							39,965,	316	39,186,972
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)							4,902,		5,158,360
16a Professional fundraising fees (Part IX, column (A), line 11e)				·		-		0	0
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	æ	15			Part IX, column (A), lines		23,143,	719	24,526,315
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ens	16a	Profe	sional fundraising fees (Part IX, column (A)), line 11e)		16,	215	19,921
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3	b	Total fu	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1$,584,462				
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 Paid Preparer Use Only Part II Signature Block DULANY H GIBSON ASST HEAD OF SCHOOL FOR FIN Type or pnnt name and title Print/Type preparer's name MERCADIEN PC Firm's address Po BOX 7648 PRINCETON, NJ 085437648 Phone no (609) 689-9700 PRINCETON, NJ 085437648		17	O ther	expenses (Part IX, column (A), lines 11a-1	.1d, 11f-24e)		7,017,	007	7,674,254
Beginning of Current Year End of Year					, ,,, ,				
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		19	Reven	ue less expenses. Subtract line 18 from line	. 12	•	4,886,	026	1,808,122
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	ance of					Begin	ning of Current	Year	End of Year
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	Asse Bak	20	Total	assets (Part X, line 16)					
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	E de t			, , ,		·			
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					1 line 20		90,940,	705	86,016,775
Sign Here DULANY H GIBSON ASST HEAD OF SCHOOL FOR FIN Type or print name and title Print/Type preparer's name SHERISE D RITTER CPA SHERISE D RITTER CPA SHERISE D RITTER CPA Firm's name					return, including accompany	ıng sch	nedules and sta	itemen	ts, and to the best of
Sign Here Date Print/Type or print name and title Print/Type preparer's name SHERISE D RITTER CPA Preparer's signature SHERISE D RITTER CPA Print/Type preparer's name SHERISE D RITTER CPA Firm's name ► MERCADIEN PC Firm's address ► PO BOX 7648 Phone no (609) 689-9700 PRINCETON, NJ 085437648	my k	nowle	dge and	pelief, it is true, correct, and complete Decl					
Here DULANY H GIBSON ASST HEAD OF SCHOOL FOR FIN Type or print name and title Print/Type preparer's name SHERISE D RITTER CPA Preparer SHERISE D RITTER CPA Prim's name MERCADIEN PC Firm's address ▶ PO BOX 7648 PRINCETON, NJ 085437648 Propertion of the print prin									
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Paid Preparer Use Only SHERISE D RITTER CPA Firm's name ► MERCADIEN PC Firm's address ► PO BOX 7648 Phone no (609) 689-9700		-							
Paid Firm's name ► MERCADIEN PC Firm's EIN ► 22-3271712 Use Only Phone no (609) 689-9700						te	Check I If		9222
Use Only Firm's address PO BOX 7648 Phone no (609) 689-9700 PRINCETON, NJ 085437648 Phone no (609) 689-9700 Phone no (609) 689-9700 Princeton, NJ 085437648 Phone no (609) 689-9700 Ph			-		MITTEN CI A		self-employed		
Use Only PRINCETON, NJ 085437648		-	er ⊨						
	Use	On	ıly ˈ				15116 110 (003	., 555-9	
	—— Mav	the IF	RS discus	· · · · · · · · · · · · · · · · · · ·	? (see instructions)				

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🙎	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part I	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b	Yes	
	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	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

31

37

Form	1990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	246		No

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

 ${f b}$ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 . . . 🛸

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

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37

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Yes

Form 990 (2015)

Yes

Yes

Yes

Nο

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Compliand					_
		Check if Schedule O contains a response or note to any line in this	Part	V	•	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	82		r es	INO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments		dors and reportable			
Ĭ		g (gambling) winnings to prize winners?		. · · · · · · ·	1 c	Yes	
2 a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered s return	2a	457			
b		east one is reported on line 2a, did the organization file all required federal em			2b	Yes	
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	•	*	_		
		e organization have unrelated business gross income of \$1,000 or more durir s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i>	,	•	3a 3b		No
		y time during the calendar year, did the organization have an interest in, or a s			-50		
	over,	a financial account in a foreign country (such as a bank account, securities ac			4a		
h		nt)?			4 a		No
b		s," enter the name of the foreign country ►	ık and	Financial Accounts			
	(FBAR		ik ana	Tillaliciai Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
c -	D	the organization have applied account that are record to the	00.00	10 and did the	5c		NI.
6a		the organization have annual gross receipts that are normally greater than \$1 ization solicit any contributions that were not tax deductible as charitable cor			6a		No
b		s," did the organization include with every solicitation an express statement t	hat su	ich contributions or gifts	_		
_		not tax deductible?			6b		
	_	izations that may receive deductible contributions under section 170(c). e organization receive a payment in excess of \$75 made partly as a contribut	uon an	ud partly for goods and	7a	Yes	
а		es provided to the payor?			/ a	165	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services $\mathfrak l$	provid	ed?	7 b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal prope		which it was required to	7c		No
d		rm 8282?	 7d				NO
_	1						
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
		organization received a contribution of qualified intellectual property, did the					
	requir				7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle 1098-C?	s, did	the organization file a	7h		
8	•	<mark>oring organizations maintaining donor advised funds.</mark> donor advised fund maintained by the sponsoring organization have excess bi	usines	s holdings at any time			
	durıng	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	5? .		9a		
b		e sponsoring organization make a distribution to a donor, donor advisor, or re	lated p	person?	9b		
LO		on 501(c)(7) organizations. Enter	۔ ا	ı			
		confees and capital contributions included on Part VIII, line 12	10a				
ט	faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
L1	Section	on 501(c)(12) organizations. Enter					
		Income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
L2a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 in lie	eu of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year	F04(-)(20)	12b				
L3	sect 10	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? onal information the organization must report on Schedule O	Note. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
c		ch the organization is licensed to issue qualified health plans	13c				
		e organization receive any payments for indoor tanning services during the ta		·?	14a		l I No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i>	•		14b		

orm 990 (2015) Pa
art VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 23			
	year If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are			
_	Independent 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			110
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		103	
	rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
1 7 15	Did the process for determining compensation of the following persons include a review and approval by	-7		110
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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?	16 b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► NJ			
17 18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	NJ			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶DULANY H GIBSON PO BOX 75 PRINCETON, NJ 08542 (609) 924-6700

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o	one I both	box, and	heck unless officer stee)	:	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is	one b both ector	oox, an c	fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		
See Additional Data Table										
1b Sub-Total	•	 ection A				. •				
d Total (add lines 1b and 1c)						▶		1,735,485	0	602,206

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

compensation from the organization. Report compensation for the calendary	r year ending with or within the organization'	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation
FLIK INDEPENDENT SCHOOLS	FOOD SERVICE	950,373
PO BOX 417632 BOSTON, MA 022417632		
ARCHITECTURAL RESOURCES CAMBRIDGE	ARCHITECTURAL SERVICES	221,488
501 BOYLSTON SREET SUITE 4101 BOSTON, MA 02116		
ANDROPOGON ASSOCIATES LTD	ARCHITECTURAL SERVICES	212,520
10 SHURS LANE PHILADELPHIA, PA 19127		
COMM SOLUTIONS	COMPUTER NETWORK SERVICES	208,609
140 QUAKER LANE MALVERN, PA 19355		
THE ART OF SOUND LLC	SOUND EQUIPMENT AND INSTALLATION	181,124
201 S MAIN STREET SUITE 2 LOWER M LAMBERTVILLE, NJ 08530	INSTALLALION	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10

Yes

No

Form 99	0 (20	15)						Page S
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s S	1a	Federated cam	paigns 1a					
Grants smounts	ь	Membership du	ies 1b					
₽ <u>₽</u>	С	Fundraising eve	ents 1c	152,601				
iffs ar A	d	Related organiz	zations 1d					
s, G ≡ :E	e	Government grant	s (contributions) 1e					
ion I Si	f		ons, gifts, grants, and 1f	4,268,195				
bat the	g	similar amounts no	ot included above ons included in lines	66.056				
Contributions, Giffs, Grants and Other Similar Amounts	-	1a-1f \$		66,856	4 400 705			
<u> </u>	h	Total. Add lines	s 1a-1f		4,420,796			
ŧ		T., T.O.		Business Code				
Ven	2a	TUITION SUMMER PROGRAI		611600	29,775,344	29,775,344		
ır Ç∓	b c	STAY & PLAY	M 5	611600 611600	907,227 96,491	907,227 96,491		
Z Z	d	AFTER SCHOOL CO	 DURSES	611600	89,193	89,193		
ž	e	MUSIC LESSONS		611600	76,476	76,476		
Program Service Revenue	f	A II other progra	am service revenue		25,817	25,817		
Ě	g	Total. Add lines	s 2a-2f		30,970,548			
	3		ome (including dividence					1 100 120
			ar amounts) stment of tax-exempt bond ;	-	1,100,130			1,100,130
	5			· · · · · . · ·				
		,,	(ı) Real	(II) Personal				
	6a	Gross rents	642,123					
	ь	Less rental	603,059					
	С	expenses Rental income	39,064					
	d	or (loss) Net rental inco	me or (loss)		39,064			39,064
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	29,215,814					
	b	Less cost or other basis and sales expenses	26,650,895					
	С	Gain or (loss)	2,564,919					
	d		ss)		2,564,919			2,564,919
Other Revenue	8a	Ψ	luding 1,601 s reported on line 1c)					
ţhe.	ь	Less direct ex	penses b	97,885 81,969				
0	С	Net income or (loss) from fundraising (events ▶	15,916			15,916
	9a		rom gaming activities ne 19					
	ь	less directex	penses b	9,900 140				
			(loss) from gaming activ		9,760			9,760
	10a	Gross sales of	inventory less	•				
		returns and allo						
	l.	lees in the	a	181,174				
	b c		oods sold . . b	136,733	44,441			44,441
	<u> </u>	Miscellaneous	` ,	Business Code	,			1
	11a	OTHER		900099	21,398	21,398		
	ь							
	С							
	d	All other reven	L					1
	е	Total. Add lines		•	21,398			
	12	Total revenue.	See Instructions		39,186,972	30,991,946		0 3,774,230

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)
---	-----------------	-----

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		скрепосо	general expenses	схрепвез
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,158,360	5,158,360		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	704,186		704,186	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	16,901,699	13,579,127	2,585,047	737,525
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,264,162	1,029,967	174,351	59,844
9	Other employee benefits	4,403,543	3,545,362	669,271	188,910
10	Payroll taxes	1,252,725	992,476	208,817	51,432
11	Fees for services (non-employees)				
а	Management				
b	Legal	58,516		58,516	
С	Accounting	32,100		32,100	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	19,921			19,921
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,918		33,918	
12	Advertising and promotion	125,162		125,162	
13	Office expenses	1,111,896	867,849	159,897	84,150
14	Information technology	625,113	552,356	51,043	21,714
15	Royalties				
16	Occupancy	586,006	468,805	87,901	29,300
17	Travel	206,347	129,581	63,629	13,137
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	269,640	21,343	18,637	229,660
20	Interest	647,635	647,635		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,722,034	1,377,627	258,305	86,102
23	Insurance	192,458		192,458	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REPAIRS & MAINTENANCE	1,375,986	1,190,164	140,082	45,740
b	PROFESSIONAL DEVELOPMEN	194,843	194,843		
c	AUXILIARY SUPPLIES	119,852	119,852		
d	MEMBERSHIP DUES & SUBSC	66,577		49,550	17,027
e	All other expenses	306,171	83,623	222,548	
25	Total functional expenses. Add lines 1 through 24e	37,378,850	29,958,970	5,835,418	1,584,462
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)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		· ·	
			Beginning of year		End of year
	1	Cash-non-interest-bearing	6,862,118	1	6,571,654
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,578,047	3	3,104,369
	4	Accounts receivable, net	151,229	4	171,077
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
As	7	Notes and loans receivable, net	16,201	7	9,053
-	8	Inventories for sale or use	77,238	8	83,720
	9	Prepaid expenses and deferred charges	719,071	9	1,052,989
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 64,573,683			1,002,000
	ь	Less accumulated depreciation 10b 22,480,596	42,338,192	10c	42,093,087
	11	Investments—publicly traded securities	33,863,012	11	32,706,860
	12	Investments—other securities See Part IV, line 11	31,931,735	12	29,783,465
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,131,568	15	1,995,920
	16	Total assets. Add lines 1 through 15 (must equal line 34)	120,668,411	16	117,572,194
	17	Accounts payable and accrued expenses	2,740,465	17	2,453,713
	18	Grants payable		18	
	19	Deferred revenue	8,135,910	19	8,258,297
	20	Tax-exempt bond liabilities	15,000,000	20	15,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
Liab	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			3,851,331	25	5,843,409
	26	Total liabilities. Add lines 17 through 25	29,727,706	26	31,555,419
s e s		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Fund Balance	27	Unrestricted net assets	45,691,775	27	41,903,078
æ	28	Temporarily restricted net assets	21,513,398	28	19,328,714
ב	29	Permanently restricted net assets	23,735,532	29	24,784,983
or Fu		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	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	90,940,705	33	86,016,775
	34	Total liabilities and net assets/fund balances	120 668 411	34	117 572 194

39,186,972

37,378,850

1,808,122

90,940,705

-6,732,052

86,016,775

Yes

Yes

Yes

▽

No

Νo

Nο

Form 990 (2015)

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							<u>. Г</u>

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

1 Accounting method used to prepare the Form 990

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? 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

basis, consolidated basis, or both

Separate basis

Schedule O

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

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? If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2b

2a

2c

3a

3b

Software ID: Software Version:

EIN: 21-0727645

Name: PRINCETON DAY SCHOOL INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Dired ntract	tors	s,T	rus	tees	, K	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos more pers	ition than on is	(C) (do one bot	not box h an or/tr	office ustee	ess er)	(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
BARBARA GRIFFIN COLE CHAIR	5 00	x		х		<u> </u>		0	0	C
THOMAS B HARVEY VICE CHAIR	2 30	×		×				0	0	C
ANDREW OKUN TREASURER	2 30	x		×				0	0	C
LISA R STOCKMAN SECRETARY	2 30	×		x				0	0	C
DEEPINDER BHATIA TRUSTEE	1 00	x						0	0	C
MARC C BRAHANEY TRUSTEE	2 30	x						0	0	C
REBECCA W BUSHNELL TRUSTEE	2 30	×						0	0	d
KUN DENG TRUSTEE	1 00	×						0	0	C
J CHRISTOPHER DRIES TRUSTEE	1 00	×						0	0	d
JOANNE R ELKADI TRUSTEE	1 00	х						0	0	C

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

0

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, K	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition iore tl ss pe	(C) n (do than ersoi icer	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations to below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CHRISTOPHER GERRY TRUSTEE	1 00	x	 					0	0	0
CAROL P HERRING TRUSTEE	2 30	x						0	0	C
ELEANOR HORNE TRUSTEE	1 00	x						0	0	C
LYNN JOHNSTON TRUSTEE	1 00	x						0	0	C
CHRISTOPHER B KUENNE TRUSTEE	1 00	x						0	0	
CINDY LINVILLE	1 00	х			Г			0	0	C

2 30

1 00

2 30

1 00

.....

Χ

Χ

Χ

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

DAVID SCOTT

MARK A TATUM

NARU NARAYANAN

DAVID RICHTER

.....

36,386

75,172

47,037

85,247

235,124

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γrus	stee	s, ł	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	ition ore t	(C (do han erso cer	not one n is and trust	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARK E THIERFELDER TRUSTEE	2 30	x						0	0	0
JOHN C WELLEMEYER TRUSTEE	2 30	х						0	0	0
ALESIA KLEIN INTERIM HEAD OF LOWER SCHOOL	60 00					х		139,471	0	69,241
JOHN OSTENDORF CHIEF INFORMATION OFFICER	60 00					х		176,839	0	53,999

60 00

60 00

60 00

60 00

70 00

Х

Х

Х

Х

166,106

153,729

170,035

206,213

723,092

JASON ROBINSON

KATHY SCHULTE

LISA S SURACE

DULANY H GIBSON

PAUL J STELLATO

HEAD OF SCHOOL

HEAD OF UPPER SCHOOL

DIRECTOR OF ADVANCEMENT

ASSOCIATE HEAD OF SCHOOL

ASST HEAD OF SCHOOL FOR FI

.....

.....

.....

.....

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

DLN: 93493045004107 OMB No 1545-0047

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.

21-0727645

Open to Public

Inspection

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Name of the organization PRINCETON DAY SCHOOL INC

Internal Revenue Service

SCHEDULE A

(Form 990 or

990EZ)

Treasury

1

2

Department of the

⊽

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

				art IV, Sections A and I		ity of the dife	ctors or trustees of the	supporting
b	Γ		pporting orga	nization vested in the s			ported organization(s), b r manage the supported	
c							th, and functionally integ	grated with, its
	_			ructions) You must co				
d							n with its supported org irement and an attentiv	
				ete Part IV, Sections A			frement and an attentiv	eness requirement
e	_						t is a Type I, Type II, T	vne III functionally
_			5	nally integrated suppor			113 d 1 ypc 1, 1 ypc 11, 1	ype III lanetionally
f	Ente	r the number of support			5 5			
	LIIC	• •	-	out the supported orga				
g		Provide the following in	niormation ab	out the supported orga	nization(s)			
_								
				T	_			
		(i)	(ii)EIN	(iii)	(iv	•	(v)	(vi)
	ne of s	(i) upported organization	(ii)EIN	Type of	Is the orga	anızatıon	A mount of	A mount of other
	ne of s		(ii)EIN	Type of organization	Is the orga listed in you	anization governing	A mount of monetary support	A mount of other support (see
	ne of s		(ii)EIN	Type of organization (described on lines	Is the orga	anization governing	A mount of	A mount of other
_	ne of s		(ii)EIN	Type of organization (described on lines 1-9 above (see	Is the orga listed in you	anization governing	A mount of monetary support	A mount of other support (see
	ne of s		(ii)EIN	Type of organization (described on lines	Is the orga listed in you	anization governing	A mount of monetary support	A mount of other support (see
	ne of s		(ii)EIN	Type of organization (described on lines 1-9 above (see	Is the orga listed in you	anization governing	A mount of monetary support	A mount of other support (see
_	ne of s		(ii)EIN	Type of organization (described on lines 1-9 above (see	Is the orga listed in your docum	anization governing ent?	A mount of monetary support	A mount of other support (see
	ne of s		(ii)EIN	Type of organization (described on lines 1-9 above (see	Is the orga listed in your docum	anization governing ent?	A mount of monetary support	A mount of other support (see
			(ii)EIN	Type of organization (described on lines 1-9 above (see	Is the orga listed in your docum	anization governing ent?	A mount of monetary support	A mount of other support (see

Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 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 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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 VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
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	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· ,	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
-	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		<u> </u>
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
D	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4 c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
_	the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 See inst i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	Г
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	integrat	ed Type III supporting c	organization (see

12	Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Se	ection D - Distributions			Current Year				
1	A mounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4	A mounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval rec	quired)						
6	Other distributions (describe in Part VI) See instru	uctions						
	Total annual distributions. Add lines 1 through 6							
<u> </u>	Total aimaa distributions. Add imes 1 timough o							
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9	Distributable amount for 2015 from Section C, line	6						
10	Line 8 amount divided by Line 9 amount							
			/::x	/:::\				
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3	Excess distributions carryover, if any, to 2015							
а								
b								
<u>c</u>								
	From 2013							
	From 2014 Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
	Carryover from 2010 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 [Distributions for 2015 from Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7	Excess distributions carryover to 2016. Add lines 3 ₁ and 4c							
8	Breakdown of line 7							
a								
b								
c	Excess from 2013							
d	From 2014							
	From 2015							
				(F 000 000 F7) (201 F				

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public

DLN: 93493045004107

Department of the ► Attach to Form 990. Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization

PRI	NCETON DAY SCHOOL INC				•	
В-	rt I Organizations Maintaining Donor	. Advised Funds as	Othor Cimilar I		727645	
Ρē	Organizations Maintaining Donor Complete if the organization answere			-unas c	or Accounts.	
		(a) Donor advised fund		(b)	Funds and other ac	counts
1	Total number at end of year			\ <u>\-\</u>		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			nor advis		Yes
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				r purpose	Yes
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes"	on Forn	n 990, Part IV, lır	ne 7.
1	Purpose(s) of conservation easements held by th	ne organization (check al	l that apply)			
	Preservation of land for public use (e.g., recreducation)	eation or	- Proconvation of	an histor	rically important lan-	d area
	Protection of natural habitat	Г			d historic structure	u arca
	✓ Preservation of open space	'				
2	Complete lines 2a through 2d if the organization	held a qualified conserva	ition contribution in	the form	of a conservation	
	easement on the last day of the tax year				Held at the End	of the Year
а	Total number of conservation easements			2a		1
b	Total acreage restricted by conservation easeme	ents		2b		7 50
c	Number of conservation easements on a certified	historic structure includ	ded in (a)	2c		
d	Number of conservation easements included in (on historic structure listed in the National Register	c) acquired after 8/17/06	5, and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, exting	guished, or termina	ted by th	e organızatıon durın	g the
	tax year >					
4	Number of states where property subject to cons	ervation easement is loc	ated ▶1			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		rıng, ınspection, ha	ndling of	☐ Yes	√ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	iolations, and enfor	cing cons	servation easement	s during the
	50 00					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violati	ons, and enforcing	conserva	ation easements dur	ing the year
•	▶ \$					
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the	e requirements of se	ection 17	'0(h)(4) Yes	∏ No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or			•	;
Par	TEXT Organizations Maintaining Collect Complete if the organization answere			, or Oth	ner Similar Asso	ets.
1a	If the organization elected, as permitted under Si			enue stat	tement and balance	sheet
Ia	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public ex	xhibition, education	, or resea	arch in furtherance	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ex	•			
((i) Revenue included on Form 990, Part VIII, line :	1		> \$		_
(i	ii) Assets ıncluded ın Form 990, Part X			> \$		_
2	If the organization received or held works of art, I following amounts required to be reported under S	•			cial gain, provide the	е
а	Revenue included on Form 990, Part VIII, line 1				▶ \$	

Assets included in Form 990, Part X

Par	(continued)	Collections of A	rt, His	storic	al Tre	asures, or	Othei	r Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other reco	ords, ch	neck aı	ny of th	e following that	are a	sıgnıfıcant us	e of its
а	Public exhibition		d	Г	Loan o	r exchange pro	grams		
b	Scholarly research		e	Г	Other				
c									
4	Preservation for future generations Provide a description of the organization	's collections and evn	Jain ho	w they	further	the organizatio	n'e av	amnt nurnos o	ın
7	Part XIII	s conections and exp	nam no	w they	iuitiiei	the organization	JIIS EX	empt purpose	111
5	During the year, did the organization sol assets to be sold to raise funds rather th							lar Ye :	s No
Pa	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form	990, I	Part IV	, line 9, or re	eporte	d an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other interr	mediary	for co	ntrıbutı	ons or other as	sets n	ot r Ye	s No
b	If "Yes," explain the arrangement in P	art XIII and complete	e the fol	llowing	table			Am	ount
c	Beginning balance	'		5		1	c		
d	Additions during the year					1	d		
е	Distributions during the year					1	e		
f	Ending balance					1	f		
2a	Did the organization include an amount o	on Form 990, Part X, I	ıne 21,	for esc	row or	custodial acco	unt Iıal	oility? Ye :	s No
b	If "Yes," explain the arrangement in Par								
Pa	rt V Endowment Funds. Comple						<u> </u>		
	Beginning of year balance	(a)Current year 57,353,632	(b)Prio	53,003,8		1)Two years back 45,078,800	(a)INI	ree years back 41,087,576	(e)Four years back 43,037,695
b	Contributions	1,135,399		6,071,7		3,254,961		65,646	643,012
С	Net investment earnings, gains, and								
	losses	-1,247,429		42,9		6,145,621		4,731,258	-1,638,953
d	Grants or scholarships	809,666		760,4	33	624,500		598,103	589,846
e	Other expenditures for facilities and programs	1,448,617		1,004,4	58	650,724		207,577	364,332
f	Administrative expenses								
g	End of year balance	54,983,319	ŗ	57,353,6	32	53,204,158		45,078,800	41,087,576
2	Provide the estimated percentage of the	current year end bala	nce (lır	ne 1 g, o	olumn	(a)) held as	•		
а	Board designated or quasi-endowment >	. 39 000 %							
b	Permanent endowment ► 43 000 %								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	18 000 % should equal 100%							
3a	Are there endowment funds not in the poorganization by	ssession of the organ	ızatıon	that ar	e held a	and administer	ed for t	he	Yes No
	(i) unrelated organizations								n(i) No
	(ii) related organizations					•		-	(ii) No
ь 4	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses							· · · <u> 3</u>	Bb
	rt VI Land, Buildings, and Equip	<u> </u>		iene iai					
	Complete if the organization		orm 9	90, Pa	art IV,	line 11a.See	Form	990, Part X	(, line 10.
	Description of property		Co	a) st or otl (investr	ner basıs	(b) Cost or other ba	asıs (Accumulated (c) depreciation	(d)Book value
1a	Land					2,615,	094		2,615,094
b	Buildings					53,508,	152	17,259,48	5 36,248,667
c	Leasehold improvements								
d	Equipment					6,761,	696	5,221,11	1 1,540,585
е	Other					1,688,	7/1		1,688,741
Tota	al. Add Innes 1a through 1e (Column (d) mu		X, colu	mn (B)	line 10			>	42,093,087

(including name of security)	1	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of end of year market value
(2)Closely-held equity interests (3)O ther			
(A) ALTERNATIVE INVESTMENTS		29,783,465	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	29,783,465	
Part VIII Investments—Program Related. Complete if the organization answere	d 'Yes' on Form 9	90. Part IV. line 11c.com	Form 000 Part V line 12
(a) Description of investment	u res an raini s	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
recurrence (ου μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα το μπα τ	•		
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	
	on answered 'Yes' o	n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1:	I
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	I
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	I
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	I
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	I
Part IX Other Assets. Complete if the organizati	on answered 'Yes' o	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the or	on answered 'Yes' o		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Assets. Complete if the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the organiza	on answered 'Yes' o cription 15) anization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the or	on answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the organization of the part X, line 25.	on answered 'Yes' o cription 15) anization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability Total. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability Total. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability Total. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability 1. (a) Description of liability Federal income taxes	on answered 'Yes' o cription 15) ganization answer		(b) Book value

1

2

28,036,353

1

а	Net unrealized gains (losses) o	on investments	2a	-6,732,052		
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		١.,	720 702		
			2d	739,793	_	5,000,050
е -	Add lines 2a through 2d				2e	-5,992,259
3	Subtract line 2e from line 1 .				3	34,028,612
4		O, Part VIII, line 12, but not on line 1	1 .	1		
а	,	uded on Form 990, Part VIII, line 7b .	4a			
b	,		4b	5,158,360		
С					4 c	5,158,360
5		4c.(This must equal Form 990, Part I, line			5	39,186,972
Part		rpenses per Audited Financial Studential Stu			s pei	r Return.
1	·	audited financial statements			1	32,960,283
2	·	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	·	2a			
b	Prior year adjustments		2b			
с	Otherlosses		2c			
d	Other (Describe in Part XIII)		. 2d	739,793		
e	Add lines 2a through 2d				2e	739,793
3	Subtract line 2e from line 1 .				3	32,220,490
4		O, Part IX, line 25, but not on line 1:				, ,
а		uded on Form 990, Part VIII, line 7b	. 4a			
b	•		. 4b	5,158,360		
с	Add lines 4a and 4b				4c	5,158,360
5		nd 4c. (This must equal Form 990, Part I, I			5	37,378,850
	·			,		, ,
Part	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1 lines 2d and 4b, and Part XII, lines 2d an				ide any additional
	Return Reference	Explanation				
PART	II, LINE 9	THE SCHOOL'S CONSERVATION EASE IN JUNE 2001 WHILE THE SCHOOL H	ASAG	REED TO KEEP THE LAI	ND AS	OPEN SPACE, IN
		2012 AN OUTDOOR CLASSROOM WAS CONSERVATION AND AGRICULTURAL GREENWAY LAND TRUST WHO HOLDS INCLUDED IN THE PROPERTY, PLANT, FINANCIAL STATEMENTS LAND IS A EFFECTS ON THE REVENUE AND EXPECOMPLIANCE IS DONE BY THE DIREC STAFF MONTHLY	_ EASE THE E , AND ! NON-E NSE S	MENT AND WAS APPRO ASEMENT ON THE PRO EQUIPMENT SECTION DEPRECIABLE ASSET, T TATEMENT MONITOR:	PERT PERT OF TH HERE ING O	BY THE D&R Y THE LAND IS HE AUDITED FORE, THERE ARE NO FEASEMENT

1 20 1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page 5
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 603,059 BOOKSTORE COST OF GOODS SOLD 136,734
PART XI, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID-NEED BASED 5,158,360
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 603,059 BOOKSTORE COST OF GOODS SOLD 136,734
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID - NEED BASED 5,158,360
PART V, LINE 1	THE CURRENT AND PRIOR YEAR ENDOWMENT VALUE DOES NOT INCLUDE ENDOWMENT PLEDGES

Schedule D (Form 990) 2015

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As Filed Data -

DLN: 93493045004107

OMB No 1545-0047

Open to Public **Inspection**

Schools

SCHEDULE E (Form 990 or 990-EZ)

Department of the

Treasury

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

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue

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

Service Name of the organization PRINCETON DAY SCHOOL INC **Employer identification number** 21-0727645 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE SCHOOL'S NONDISCRIMINATORY POLICY IS PUBLISHED IN VARIOUS NEWSPAPERS AND PROMOTIONAL MATERIALS
LINE 6 - EXPLANATION OF GOVERNMENT ASSISTANCE	THE SCHOOL RECEIVES FUNDS FROM THE FEDERAL NO CHILD LEFT BEHIND ACT IN SUPPORT OF PROFESSIONAL DEVELOPMENT FOR FACULTY FOR ENHANCEMENT OF TEACHING METHODS FOR READING LITERACY AND MATHEMATICS

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	93493045004107			
SCHEDULE F (Form 990)	tement of	Activities (Outside the Uni	ted St	ates	MB No 1545-0047
Department of the Treasury	·	Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. To Form 990. and its instructions is at	ov/form990.	2015 Open to Public Inspection	
Name of the organization PRINCETON DAY SCHOOL INC					Employer identif	fication number
Part I General Information Complete if the organ				e 14b.		
For grantmakers. Does the and other assistance, the gr used to award the grants or	antees' eligibi				-	┌ Yes ┌ No
2 For grantmakers. Describe assistance outside the Unite	d States			_	-	s and other
3 Activites per Region (The follow	wing Part I, line (b) Number of	3 table can be d	(d) Activities conducted in	· I	eeded)	(f) Total expenditures
()	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program service investments, grants to recipients located in the region)	prograr s, sp	m service, describe pecific type of vice(s) in region	for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS			5,253,371
(2) EUROPE	0	0	PROGRAM SERVICES	STUDE	NT TRIPS	65,460
(3) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDE	NT TRIPS	56,390
(4)						
(5)						
Sa Sub-total D Total from continuation sheets to Part I	0					5,375,221 0
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0 the Instructions			No 500	82W Schedul	5,375,221 le F (Form 990) 2015

organization	and EIN (if applicable)	grant	cash grant	disbursement	or non-cash assistance	or non-cash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015							Page 3
Part III Grants and Ot	ther Assistance duplicated if addit			ted States. Complete	if the organization ar	nswered "Yes" to Form (
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)				1		1	
(2)		+ +		†	†	<u>'</u>	
(3)		+ +		+			
(4)		+ +		-			
(5)				-			
(6)				-			
(7)		+ +		+			
(8)		+ +		+			
(9)		+ +		+			
(10)		+ +		+			
(11)		+ +		+			
(12)				+			
(13)				+			
(14)				†			

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

(15) (16) (17) (18)

by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If
"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form
5713, do not file with Form 990)

▼ No

Additional Data

Software ID: Software Version:

EIN: 21-0727645

Name: PRINCETON DAY SCHOOL INC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

DLN: 93493045004107

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

2015

2015
Open to Public

Internal Revenue Service

Name of the organization

PRINCETON DAY SCHOOL INC

Employer identification number

21-0727645

	Form 990-EZ file	rs are not require	d to con	nplete th	ıs pa	art.							
1	Indicate whether the organization raised funds through any of the following activities Check all that apply												
а	Mail solicitations					▼ Solicitation of non-government grants							
b	b Internet and email solicitations				Γ	Solicitation of government grants							
c	c 🔽 Phone solicitations				, [▼ Special fundraising events							
d	d √ In-person solicitations												
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 \times \tag{Yes} \tag{No} services?												
b	If "Yes," list the ten high to be compensated at lea				sers)	pursuant to agree	ements under which the f	undraiser is					
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais cust cont contrib	Did ser have ody or crol of outions?) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization					
1		CAPITAL CAMPAIGN CONSULTANT	Yes	No No		C	17,500	C					
2													
3													
4													
5													
6													
7			1	1			1	1					

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

Total

17,500

Part II	Fundraising	Events

Complete if the organization answered "Yes" on 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

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)Other events	(d)
		AUCTION (event type)	ANGELS (event type)	(total number)	Total events (add col (a) through col (c))
rie Lie					
Revenue	1 Gross receipts	217,896	32,590		250,486
Œ	2 Less Contributions	129,291	23,310		152,601
	Gross income (line 1 minus line 2)	88,605	9,280		97,885
	4 Cash prizes				
	5 Noncash prizes		1,371		1,371
s	6 Rent/facility costs				
euse	7 Food and beverages	19,965	9,179		29,144
Expenses	8 Entertainment	7,000			7,000
Direct	9 Other direct expenses	37,583	6,871		44,454
ā	10 Direct expense summary Add lines 4	through 9 ın column (d)		81,969
	11 Net income summary Subtract line 1	0 from line 3, column (d)		15,916
Par	Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor			☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizat	rion conducts gaming ag	rtivities		•
а	Is the organization licensed to conduct		<u> </u>		Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming li				
	If "Yes," explain		a a, tariimated during	, indican your	Yes No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments a

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

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

OMB No 1545-0047

2015

DLN: 93493045004107

Open to Public Inspection

Employer identification number

PRINCETON DAY SCHOOL INC						21-0727645	
Part I General Information	n on Grants an	d Assistance				<u> </u>	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes Γ
Part II Grants and Other Assistation that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV Return Reference **Explanation**

Schedule I (Form 990) 2015

NEED BASED SCHOLARSHIPS ARE CREDITED TO INDIVIDUAL STUDENT ACCOUNTS, REDUCING THE AMOUNT DUE RECIPIENTS ARE PART I, LINE 2 REQUIRED TO FILE A FINANCIAL STATEMENT WITH AN INDEPENDENT AGENCY WHO EVALUATES THE STATEMENT AND MAKES A RECOMMENDATION TO THE SCHOOL OF THE AMOUNT OF SCHOLARSHIP THE APPLICANT SHOULD RECEIVE THE SCHOOL CONSIDERS. THE RECOMMENDATION TOGETHER WITH THE TOTAL FUNDS AVAILABLE FOR SCHOLARSHIPS AMD MAKES AWARDS ACCORDINGLY BASED UPON THE NEED OF THE STUDENT AND THE AVAILABILITY OF FUNDS

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DLN: 93493045004107 OMB No 1545-0047

Schedule J (Form 990)

Department of the

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public

Treas	ury al Revenue Service			Insp	ectio	n	
Na	me of the organization		Employer identificati	on nui	mber		
PRI	NCETON DAY SCHOOL INC		21-0727645				
Pa	rt I Questions Regarding Compensation		21 0727043				
					Yes	No	
1a	Check the appropriate box(es) if the organization prov	vided any of the following to or for a	a person listed on Form				
	990, Part VII, Section A, line 1a Complete Part III	to provide any relevant informatio	n regarding these items				
	First-class or charter travel	▼ Housing allowance or res	idence for personal use		ļ		
	Travel for companions	Payments for business us	se of personal residence		ļ		
	Tax idemnification and gross-up payments	▼ Health or social club dues	s or initiation fees		ļ	ļ	
	Discretionary spending account	✓ Personal services (e g , n	naıd, chauffeur, chef)				
h	If any of the hoves in line 12 are shocked, did the ori	anniation follow a written nelicy re	agarding naumont or				
Ь	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b	Yes		
2	Did the organization require substantiation prior to re	eimbursing or allowing expenses in	ncurred by all				
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organ						
	organization's CEO/Executive Director Check all thused by a related organization to establish compensation.						
	Compensation committee	✓ Written employment cont					
	Independent compensation consultant	Compensation survey or		İ	İ		
	Form 990 of other organizations	Approval by the board or	,		İ		
	- Tomes you or other organizations	To represent the bear a series		İ	İ		
4	During the year, did any person listed on Form 990, or a related organization	Part VII, Section A , line 1a with re	spect to the filing organization				
а	Receive a severance payment or change-of-control p	payment?		4a		Νo	
b	Participate in, or receive payment from, a supplemen	tal nonqualified retirement plan?		4b	Yes		
c	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide the applicable amounts for ea	ach item in Part III				
	Only 501(-)(2) 501(-)(4) and 501(-)(20) annument	i					
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat For persons listed on Form 990, Part VII, Section A	•	or accrile any				
-	compensation contingent on the revenues of	Time 14, and the organization pay to	n decide any				
а	The organization?			5a		No	
b	Any related organization?			5b		No	
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	line 1a, did the organization pay o	or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on 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						
8	Were any amounts reported on Form 990, Part VII, ρ subject to the initial contract exception described in in Part III	·		8		No	
9	If "Yes" on line 8, did the organization also follow the	rebuttable presumption procedure	e described in Regulations		<u> </u>	110	

section 53 4958-6(c)?

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 on 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ALESIA KLEIN INTERIM HEAD OF LOWER	(i)	139,471	0	0	11,250	57,991	208,712	0
SCHOOL	(ii)	0	0	0	0	0	0	0
2 JOHN OSTENDORF CHIEF INFORMATION	(i)	176,839	0	0	13,905	40,094	230,838	0
OFFICER	(ii)	0	0	0	0	0	0	0
3 JASON ROBINSON HEAD OF UPPER SCHOOL	(i)	166,106	0	0	13,050	23,336	202,492	0
	(ii)	0	0	0	0	0	0	0
4 KATHY SCHULTE DIRECTOR OF ADVANCEMENT	(i)	153,729	0	0	15,800	59,372	228,901	0
	(ii)	0	0	0	0	0	0	0
5 LISA S SURACE ASSOCIATE HEAD OF SCHOOL	(i)	170,035	0	0	13,125	33,912	217,072	0
	(ii)	0	0	0	0	0	0	0
6 DULANY H GIBSON ASST HEAD OF SCHOOL FOR	(i)	206,213	0	0	16,122	69,125	291,460	0
FI	(ii)	0	0	0	0	0	0	0
7 PAUL J STELLATO HEAD OF SCHOOL	(i)	335,651	0	387,441	129,875	105,249	958,216	300,000
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page 3										
Part III Supplemental Information											
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information											
Return Reference	Explanation										
PART I, LINE 1A	ITEMS NOTED IN 1A ARE PROVIDED TO THE HEAD OF SCHOOL HOUSING IS PROVIDED TO THE HEAD OF SCHOOL AND ASST HEAD OF SCHOOL FOR FINANCE AND OPERATIONS, AS THE BOARD OF TRUSTEES FEELS THE RESPONSIBILITIES OF THE POSITIONS REQUIRE A CONTINUOUS PRESENCE ON CAMPUS SOCIAL CLUB DUES ARE PROVIDED TO THE HEAD OF SCHOOL FOR CLUB USE FOR BUSINESS MEETINGS AND DONOR MEETINGS HOUSE CLEANING IS PROVIDED FOR THE HEAD OF SCHOOL AND ASST HEAD OF SCHOOL FOR FINANCE AND OPERATIONS HOUSES AS PART OF A CONTINUOUS MAINTENANCE PROGRAM FOR THE HOUSES										

Schedule J (Form 990) 2015

PAUL STELLATO - \$110,000

PART I, LINE 4B

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. 2015 Open to Public

DLN: 93493045004107 OMB No 1545-0047

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization Employer identification number PRINCETON DAY SCHOOL INC 21-0727645 Part I **Bond Issues** (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No PRINCETON DAY SCHOOL 21-0727645 000064577 08-01-2005 15,000,000 CONSTRUCTION Х Χ Х INC **Proceeds** Part II С D 2 Total proceeds of issue 3 15,000,000 6 2,639,000 292,835 8 9 10 12,068,165 11 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No

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

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

				1		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to of bond-financed property?	business use		x						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina									
prope										
c	Are there any research agreements that may result in private business use financed property?	e of bond-		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government									•
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a				х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nong bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?	· ·		Х						
Par	IV Arbitrage									
		Α.			В		С		D	
		Yes	No	Yes	No	Υe	:s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	X								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	×								
b	BANK OF NEW		WYORK							
С	Term of hedge	3000 00000	00000 %							
d	Was the hedge superintegrated?	Х								
e	Was the hedge terminated?		Х							

Page 3

	period?		_						
7	Has the organization established written procedures to monitor the requirements of section 148?		×						
Pa	rt V Procedures To Undertake Corrective Action								
		A		В		С		D	
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes D	No

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference **Explanation**

Schedule K (Form 990) 2015

Were any gross proceeds invested beyond an available temporary

ISSUER NAME PRINCETON DAY SCHOOL INC DATE THE REBATE COMPUTATION WAS PERFORMED DATE REBATE COMPUTATION PERFORMED 11/10/2015

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

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

DLN: 93493045004107 OMB No 1545-0047

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nternal Revenue Se	rvice									,		
Name of the or PRINCETON DAY S							En	nploye	r identi	fication	number	1
							21	-072	7645			
	ess Benefit Tr											
	olete if the organiz											
1 (a) Nam	ne of disqualified p	erson	(b) Rel			fied person and	d (4	•	cription	of _	(d) Corr	ected?
				0	rganization			tran	saction		Yes	No
							-			-		
							+					
							_					
							-					
4958 . 3 Enter the a	amount of tax incu	 ny, on line 2,	 , above, rei	 mbursed by t			٠.	•	▶ \$ ▶ \$			
Со	ans to and/or mplete if the orga janization reported	nization ans	wered "Yes	" on Form 99		line 38a, or Fo	orm 99	0, Par	t IV, lın	ie 26, o	r ıf the	
(a) Name of Interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan or from th organizatio	ie	(e)O riginal principal amount	(f)Balance due	(g) defa		(h) A ppro by boa commi	ved rd or	(i)Wri agreen	
			То	From			Yes	No	Yes	No	Yes	No
											1	
										-	1	
										+		
	ļ			+	+					_		ļ

Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization 17,170 REMISSION (1) VARIOUS EMP BENEFIT EMPLOYEES

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 (c) A mount of

(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) VICTORIA GIBSON	DAUGHTER, D GIBSON, ASST HEAD OF SCHOOL FOR FINANCE AND OPERATIONS	45,320	EMPLOYMENT		No	
(2) SARAH THOMPSON	SISTER, B COLE, TRUSTEE	30,800	EMPLOYMENT		No	
(3) MAUREEN STELLATO	WIFE, P STELLATO	60,000	EMPLOYMENT		No	

Supplemental Information

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

Part V

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

(Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

DLN: 93493045004107 OMB No 1545-0047

2015

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reas	sury nal Revenue Service						Inspe	ctio	n
am	ne of the organization				Employe	er identificat	ion nu	mber	
KIN	CETON DAY SCHOOL INC				21-072	7645			
Pa	rt I Types of Property				21 072	70+3			
		(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 de cash contrib	etermı		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional Interests								
4	Books and publications								
5	Clothing and household								
_	goods								
	Cars and other vehicles				 				
	Intellectual property				<u> </u>				
	Securities—Publicly traded .	X	14	66.856	FAIRM	ARKET VAL	IIF		
	Securities—Closely held stock		11	00,030	THE TOTAL PROPERTY OF THE PARTY	MINICI VIL	0 L		-
	Securities—Partnership, LLC,								
	or trust interests								
L2	Securities—Miscellaneous				<u> </u>				
L3	Qualified conservation contribution—Historic structures								
	Qualified conservation contribution—Other								
	Real estate—Residential .				-				
	Real estate — Commercial								
	Real estate—Other Collectibles				 				
	Food inventory								
	Drugs and medical supplies .				 				
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
	O ther ▶ ()								
26	O ther ▶ ()								
27	O ther ▶ ()								
28	O ther ▶ ()				<u> </u>				
29	Number of Forms 8283 received for which the organization compl	l by the orga eted Form 8	anization during the tax year 3283, Part IV, Donee Ackno	r for contributions owledgement	29			ı	ı
٦٥-	During the year did the erganiz	ation recen	ia hii aantrihiitian anii nrana	rty reported in Dart I. lines	. 1 +b	ah 20 +ha+		Yes	No
oua	During the year, did the organiz		, , , , , ,	, ,		,			ĺ
	it must hold for at least three ye			•	ired to b	e used		ļ	{
	for exempt purposes for the ent	٠,					30a		No
b	If "Yes," describe the arrangem	ent in Part	II						l l
31	Does the organization have a gi	ft acceptan	ce policy that requires the r	eview of any non-standard	contribu	ıtıons?	31	Yes	
32a	Does the organization hire or us	se third part	ies or related organizations	to solicit, process, or sell	noncash	1			ł

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? .

describe in Part II

b If "Yes," describe in Part II

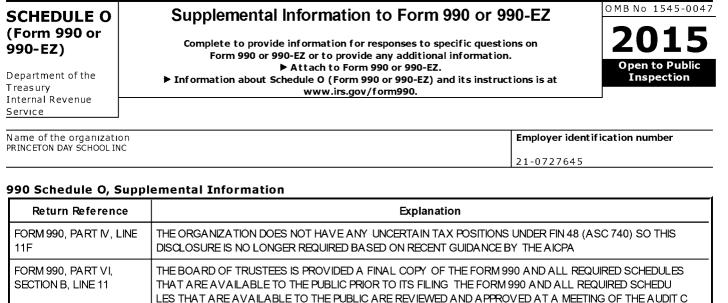
32a

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



OMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO BEING MADE AVAILABLE TO THE ENTIRE BOARD ANY Q

UESTIONS REGARDING THE CONTENTS OF THE RETURN ARE ADDRESSED AT THAT MEETING

DLN: 93493045004107

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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS BOARD MEMBERS ARE ALSO REQUIRED TO REVIEW AND SIGN A COMPLIANCE QUESTIONNAIRE IN REGARDS TO THE CONFLICT OF INTEREST POLICY BOARD MEMBERS ARE EXPECTED TO KEEP THE BOARD CHAIR INFORMED OF ANY POTENTIAL CONFLICTS OF INTEREST REGARDING THE BUSINESS AFFAIRS OF THE SCHOOL WHETHER A CONFLICT OF INTEREST EXISTS SHALL BE DETERMINED BY THE BOARD CHAIR IN CONSULT WITH THE CHAIR OF THE COMMITTEE ON TRUSTEES IF A CONFLICT DOES EXIST, THAT BOARD MEMBER MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SAID BOARD MEMBER MAY NOT PARTICIPATE IN THE BOARD'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS THE BOARD MEMBER WILL THEN LEAVE THE BOARD MEETING DURING THE DISCUSSION OF THE MATTER RESULTING IN THE CONFLICT PERSONS COVERED BY THE CONFLICT OF INTEREST POLICY INCLUDE BOARD MEMBERS THEMSELVES AND THEIR FAMILY MEMBERS
FORM 990, PART VI, SECTION B, LINE 15	COMPARABLE SALARY INFORMATION IS GATHERED FROM NATIONAL AND REGIONAL ASSOCIATIONS AND IS U SED IN DETERMINING THE SALARIES FOR THE HEAD OF SCHOOL AND SENIOR LEADERSHIP TEAM THIS RE VIEW IS DONE ON AN ANNUAL BASIS THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHARG ED WITH DETERMINING COMPENSATION FOR THE HEAD OF SCHOOL BASED ON DATA FROM OTHER COMPARABL E INSTITUTIONS AND ON EVALUATION OF THE HEAD'S PERFORMANCE THE HEAD OF SCHOOL'S PERFORMAN CE IS EVALUATED ANNUALLY THROUGH A PROCESS MANAGED BY THE BOARD CHAIR WITH INPUT FROM ALL MEMBERS OF THE BOARD SALARY FOR THE SENIOR LEADERSHIP TEAM IS DETERMINED ON AN ANNUAL BAS IS AS A PART OF A FORMAL PERFORMANCE APPRAISAL COMPARABLE SALARY INFORMATION IS GATHERED FOR THE HEAD OF SCHOOL WHO PERFORMS THE ANNUAL PERFORMANCE APPRAISAL AND DETERMINES AN APPROPRIATE SALARY

990 Schedule O, Supplemental Information

OCUMENTATION

Return

Reference

14

FORM 990, PART DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST AS SUCH DOCUMENTS ARE NOT REQUIRED TO BE MADE VI. SECTION C. LINE PUBLICLY AVAILABLE EACH REQUEST IS REVIEWED AND EITHER APPROVED OR DENIED ON AN INDIVIDUAL BASIS

Explanation

19 THE SCHOOL ALSO SUBMITS THE FINAL FORM 990 AND ALL REQUIRED SCHEDULES THAT ARE AVAILABLE TO THE PUBLIC TO GUIDESTAR ORG

FORM 990, PART
VI, SECTION B, LINE ICY, THE SCHOOL USES FEDERAL AND STATE GUIDELINES IN REGARDS TO MAINTAINING ALL BUSINESS D

Return Explanation
Reference

FORM 990, PART THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE XII, LINE 2C INDEPENDENT PUBLIC ACCOUNTING FIRM THAT PERFORMS AN AUDIT OF THE ANNUAL FINANCIAL STATEMENTS, AND THAT OVERSEES THE ANNUAL AUDIT PROCESS THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

990 Schedule O, Supplemental Information