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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Department of the Treasury

Open to Public

Interna	al Revenue	Service	- information	about roilli 330 all	TICS HISTINGCHOILS IS ALWY	• • • • • • • • • • • • • • • • • • •	101111330.		mapection
A F	or the 20)15 calend	ar year, or tax year beginn	ing 7/01	, 2015,	and ending	6/30		, 2016
B c	heck if app	licable	С				D Empl	oyer ident	ification number
ſ	Address	change	SAINT GEORGE'S SO	CHOOL			91	-0630	755
Ţ	Name c	hange	2929 W. WAIKIKI					hone num	
Ì	Initial re	-	SPOKANE, WA 9920	8			50	9-466	-1636
}	\dashv	rn/terminated					30	7 400	1030
ł	_								\$ 10 227 216
}		ed return	F				H(a) Is this a group retu	receipts	
ţ	Applicat	tion pending	F Name and address of principa	Officer		,	• •		H H
			SAME AS C ABOVE		 		H(b) Are all subordinat If 'No,' attach a li	es include st (see ins	ed? Yes No structions)
<u></u>	Tax-exem	`	X 501(c)(3) 501(c) () ◀ (insert r	o.) 4947(a)(1) or	527			
<u>J</u>	Website	e: ► WW	W.SGS.ORG			b	H(c) Group exemption	number 🕨	<u> </u>
K	Form of o	rganization	X Corporation Trust	Association Ot	her► L Y	ear of formation	on 1955 M	State of	legal domicile WA
Par	ti S	Summar	V						
			be the organization's mission	on or most signifi	cant activities. IN	SPIRING	S SCHOLARS,	ATHI	ETES, AND
	AR	TISTS	TO SERVE AND LEAD	OTHERS.	THE SCHOOL V				
2	GĔ	NEROSI	TY OF SPIRIT AND	BEST EFFOR	TS. THE SCHO		CATES APPRO		
			FROM K THROUGH I						
Activities & Governance			x ► if the organization			sed of more	e than 25% of its	net ass	ets
<u>ن</u>	3 Nur	nber of vo	ting members of the govern	ning body (Part \	(I, line 1a)			3	16
ο ό			dependent voting members			1b)		4	16
E.			of individuals employed in		15 (Part V, line 2a)			5	137
À			of volunteers (estimate if r			•		6	3.5
٩			ed business revenue from F		• •			7a	0.
	b Net	unrelated	business taxable income f	rom Form 990-1,	line 34 .	·		7b	0.
							Prior Yea		Current Year
a			and grants (Part VIII, line					818.	727,118.
Revenue		-	rice revenue (Part VIII, line		··		7,360,		7,628,453.
ě			come (Part VIII, column (A				214,		389,695.
			e (Part VIII, column (A), lin				311,		239,307.
			e – add lines 8 through 11			e 12)	8,439,		8,984,573.
			milar amounts paid (Part I)			•	1,468,	378.	1,516,734.
			to or for members (Part IX						
	15 Sal	aries, othe	er compensation, employee	benefits (Rarty)	(ncolumni(A), lines !	5-10)	4,967,	429.	5,170,495.
Expenses	16 a Pro	fessional	fundraising fees (Part IX, c	olumn (A), line 1	1e) [[]				
e l	b Tota	al fundrais	sing expenses (Part IX, colu	ump (D). line 25)		5,314.	,	,	
Δ			es (Part IX, column (A), lır			3,314.	2 124	0.6.5	2 227 202
			es Add lines 13-17 (must e				2,134,		2,227,393.
		•	expenses Subtract line 18	•	unin (A), line 23)		8,570,		8,914,622.
	19 Rev	renue less	expenses Subtract line to	s from tine 12			-130,		69,951.
ets or	20 Tot	al assats	(Dart V. line 16)				Beginning of Curre		End of Year
8.60			(Part X, line 16) s (Part X, line 26)				23,660,		23,519,734.
₹ 5			·			•	1,247,		1,363,007.
			fund balances Subtract lin	ne 21 from line 20)		22,413,	747.	22,156,727.
Par	rt II 📗 S	Signatu	re Block						
Under	penalties of	perjury, I dec	lare that I have examined this return, i ares (other than officer) is based on	ncluding accompanying	schedules and statements, a	and to the best of	of my knowledge and beli	ef, it is true	e, correct, and
compi	ete Deciare	T TA	are (other trian officer) is based on	all information of which		eage 			
				<u> </u>				-20	77
Sig	n	Signati	ire of officer				Date		
Her	e		DA MASSMAN				TREASURER		
		Туре о	r print name and title						
		Print/Type	preparer's name	Preparer's signature	· ,	Date	Check	lf l	PTIN
Paid	d	DAN J	FRICKLE, CPA	Anu S. O.	une go	5.11.1	7 self-empl	oyed .	P00446617
	parer	Firm's nam	ANASTASI, MO	ORE & MARTI	N PLLC				
	Only	Firm's addr			STE 600		Firm's Elf	v ► 20	-8149084
				99201-3709	·		Phone no		9) 323-0272
May	the IRS	discuss th	is return with the preparer		ee instructions)		, none no	,,,,,,	
May	the IRS	discuss th	is return with the preparer	shown above? (s	ee instructions)				X Yes

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

	990 (2015) SAINT GEORGE'S SCHOOL	91-0	63075	55	F	age 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					X
1	Briefly describe the organization's mission					
	SEE SCHEDULE O					
			·			·
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
_	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		Ш		تتا	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	ces, as m to others	easured the to	d by ex tal exp	kpens enses	es S,
4 2	(Code.) (Expenses \$ 8,088,381. including grants of \$) (F	Revenue	\$			
	EDUCATION - KINDERGARTEN THROUGH GRADE TWELVE TO APPROX 383 STUD		· —			—–′
	DOCATION KINDSHOLKISH SIMOSON GRADE SHEET TO MISSON 303 BIOD					
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				-		. – – -
		~ ~ ~				
41	(Code) (Expenses \$ including grants of \$) (F	Revenue	\$)
						. -
						· -
	~					
4	c (Code:) (Expenses \$ including grants of \$) (f	Revenue	Ś			
7,	, (code:) (2xpoinoes +) ((CVOIIGC	-			'
						. — — —
						. — — –
						. — — -
						. — — -
						· -
4	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
BAA	e Total program service expenses ► 8,088,381.			E.	000	(201E)
	TEEA0102L 10/12/15			LOIN	・フプリ	(2015)

Form 990 (2015) SAINT GEORGE'S SCHOOL

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes</i> , <i>' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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	Х	
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		•	* · · · · · · · · · · · · · · · · · · ·
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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		Х
c	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
C	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	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	ļ	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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	Х	
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	Х	

Form 990 (2015) SAINT GEORGE'S SCHOOL

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		Х
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	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŧ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		٠,	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	gen (20151

Form 990 (2015) SAINT GEORGE'S SCHOOL	91-063075	5	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance				<u> </u>
Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 21			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 3	. [
c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
ments, filed for the calendar year ending with or within the year covered by this return	2a 137		X	
b If at least one is reported on line 2a, did the organization file all required federal employments.	i i	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in 3 a Did the organization have unrelated business gross income of \$1,000 or more during the ye	· 1	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	ai ·	3 b		_ <u>^</u>
4a At any time during the calendar year, did the organization have an interest in, or a signature	or other authority ever a	30		
financial account in a foreign country (such as a bank account, securities account, or other	financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	inancial Accounts (ERAD)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		· \bar{X}
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	-	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	ter transaction	5 c		
				-
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	contributions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		,		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment.	partly for goods and	7 a	~ X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided'	>	7 b	$\frac{x}{x}$	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for v	· ·	- ' '		-
Form 8282?		7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a persona		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization required?	tion file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did th Form 1098-C?	e organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mai	ntained by the sponsoring			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				,
a Did the sponsoring organization make any taxable distributions under section 4966?	_	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	erson?	9 b		
10 Section 501(c)(7) organizations. Enter	100			
 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 	10 a			
11 Section 501(c)(12) organizations. Enter.	100			
a Gross income from members or shareholders	11 a	,		
b Gross income from other sources (Do not net amounts due or paid to other sources	110		. ,	
against amounts due or received from them.)	11 b	,	,	,
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			-	
a Is the organization licensed to issue qualified health plans in more than one state?	1. 0	13 a		
Note. See the instructions for additional information the organization must report on Schedu	ile O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b			
c Enter the amount of reserves on hand	13 c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in TEEA0105L 10/12/15	Schedule O	14 b	000	(001)
3AA TEEA0105L 10/12/15		rorm	990 ((Z01

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? \overline{X} Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body? b Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Χ 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Х 12 c Schedule O how this was done 13 X 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 5. persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O X **b** Other officers or key employees of the organization SEE SCHEDULE O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. ▶ BUSINESS OFFICE 2929 W. WAIKIKI ROAD SPOKANE WA 99208 509-466-1636

Form 990 (2015)	TMTKD	CEODGE'S	SCHOOL
rom 990 (2015)	SATINI	GEURGE S	SCHOOL

91-0630755

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

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

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

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

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

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

(C)

(B) Position (do not check more than one box, unless person (D) (E)

(A) Name and Title		than	one	box,	unles fficer		on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JIM GUNN	2								1	
TRUSTEE	0	X					_	0.	0.	0.
(2) GENEVIEVE MANN MORRIS	2_	}				} {				
TRUSTEE	0	X			_			0.	0.	0.
(3) LEROY NOSBAUM	2]				} }				
TRUSTEE	0	X	<u> </u>		<u>L</u>			0.	0.	0.
(4) SARAH CARLSON	2]		}						
TRUSTEE	0	X			<u> </u>	1_1		0.	0.	0.
(5) ERIC CREMERS	5]	}	}	}	} }				
PRESIDENT	0	X		X				0.	0.	0.
(6) JOHN ROLL	2]				} }				
TRUSTEE	0	X		_	<u>L</u>			0.	0.	0.
(7) ROBERT HAMMETT	2					1 1				
TRUSTEE	0	X		<u> </u>				0.	0,	0.
(8) OLIVETTE ORME	2	1		1						
TRUSTEE	0	X	<u> </u>	<u> </u>	<u> </u>	$\perp \perp$		0.	0.	0.
(9) RAMONA HIGASHI	2]				1 1			Ì	
TRUSTEE	0	X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	<u> </u>	<u> </u>		_	0.	0.	0.
(10) PAM KOHLMEIER	2]			1	1 1		1		
TRUSTEE	0	X	$oxed{}$	L				0.	0.	0.
(11) EARL MARTIN III	2	1	}					}	}	}
TRUSTEE	0	X	_		_			0.	0.	0.
(12) SALLY POUTIATINE	2	}	-	}			ŀ	ļ.	1	
TRUSTEE	0	X					L.	0.	0.	0.
(13) MICHAEL SENSKE	2_	}		}						
VICE PRESIDENT	0	X	_	X	_		L	0.	0.	0.
(14) SUSAN LEGGET	2]						,		
TRUSTEE	0	<u> </u>		<u>L</u>	<u> </u>		<u></u>	0.	0.	0.

Part VII Section A. Officers, Directors, To		Key	En En	npl	oye	es,	an	d Highest Co	mpensated Em	ploye	es (c	ontinued
	(B)			((•				•			
(A) Name and title	Average hours per	box.	, unle	ess pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	E amo	(F) stimate	ed other
	week (list any hours for	or directi	Institu	Officer	Key e	Highest co employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	org	ipensa rom th janizat id relat	e ion
	related organiza - tions	ndividual trustee or director	tional	4	Key employee	st com	3.5				anızatı	
	below dotted line)	ustee	nstitutional trustee		ee	Highest compensated employee						
(15) LINDA MASSMAN	2											
TREASURER	0	X		X	_	ļ		0.	0.		_	0.
(16) KRIS SCHULTE SECRETARY	$-\frac{2}{0}$	X		Х				0.	٥.			0.
(17) JOSEPH KENNEDY HEAD OF SCHOOL	65 0	**			х			186,218.	0.		E C	
(18) STUART MERMEL	50	1			^		-	100,210.	0.	<u> </u>	36,	362.
CFO	 - <u>0</u> -					Х		125,372.	0.		35,	131.
(19)											<u>-</u>	
(20)												
(21)												
(22)												
(23)		 	 		-	ļ	ļ					
(24)												-
(25)												
							L.					
1 b Sub-total c Total from continuation sheets to Part VII, Secti	A						-	311,590.	0.	91,493		
d Total (add lines 1b and 1c)	on A							311,590.	0.		91	0. 493.
2 Total number of individuals (including but not lin	nited to the	se lis	sted	abo	ve)	who	rece			le com	oensa	ation
from the organization 2												
3 Did the organization list any former officer, direct	tor or true	stee	kev	em	nlov	ee c	or hi	ahest compensate	ed employee	<u></u>	Yes	No
on line 1a ³ If 'Yes,' compléte Schedule J for su	ch individu	al	,		, ,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportabler than \$1	e cor 50,00	npei 00?	nsat If 'Y	ion es' d	and (otne olete	er compensation fr Schedule J for	om	4	X	-
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compen s,' comple	satioi te Sc	n fro	om a lule	any i <i>J foi</i>	unrel suc	ated h pe	d organization or ii erson	ndıvıdual	5		X
Section B. Independent Contractors						·						
1 Complete this table for your five highest comper compensation from the organization. Report cor	nsated inden npensation	pend for t	dent the c	cor	ntrac ndar	tors yea	that r en	received more the iding with or within	an \$100,000 of the organization's	tax yea	r,	
(A) Name and business ad	dress							Description () of services	Compe	C) insati	on
DURHAM SCHOOL SERVICES 1720 E. FAIRVIEW A	VE SPOKA	NE,	WA	992	207			STUDENT BUS S	ERVICE	3	44,	475.
	· · · · · · · · · · · · · · · · · · ·											
								 				
2 Total number of independent contractors (include		t limit	ted t	to th	ose	liste	d at	bove) who receive	d more than			
\$100,000 of compensation from the organization	<u> 1</u>							 				

	Check if Schedule O contains a response or note to an	ny line in this Part VII	I		Π
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 111,371				
	h Total. Add lines 1a-1f	727,118.			
Program Service Revenue	Business Code 2 a TUITION AND FEES b c	7,628,453.	7,628,453.		
Ser	d				
Program	e f All other program service revenue g Total. Add lines 2a-2f	7,628,453.			
	3 Investment income (including dividends, interest and	7,020,1001			
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds . 5 Royalties	156,338.			156,338.
	(i) Real (ii) Personal 6 a Gross rents b Less' rental expenses				
	c Rental income or (loss)		Ann van ka ar .		e se pre e se pre que
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory 1,522,182.	_			
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	233,357.	233, 357.	. -	,
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 50,875 b Less direct expenses b 23,713				
美	b Less direct expenses b 23,713 c Net income or (loss) from fundraising events	27,162.			27 162
	9 a Gross income from gaming activities See Part IV, line 19 a 38,720				27,162.
	b Less direct expenses b 26,767				
	c Net income or (loss) from gaming activities	11,953.	11,953.		
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory				-1,310.
	Miscellaneous Revenue Business Code				-1,310.
	11 a STUDENT SUPPORT SERVICES b FIN CHG & OTHER INCOME	173,708. 27,794.	173,708. 27,794.		
	d All other revenue	 			
	e Total. Add lines 11a-11d	201,502.			-
	12 Total revenue. See instructions	► 8,984,573.	8,075,265.	0	. 182,190.
BAA	······································			<u> </u>	·

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundráising Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 1,516,734. 1,516,734 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 311,590 55,725 205,891 49,974. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n 0 0. Other salaries and wages 3,592,933 3,678,140 3,976 81,231. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 220,936 156,695 57,562 6,679. Other employee benefits 642,275 489,742 135,109 17,424. Payroll taxes 10 317,554 277,643 26,508 13,403. Fees for services (non-employees) a Management **b** Legal 10,749 10,749 c Accounting <u>14,3</u>06. 14,306 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 42,109. 42,109 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 40,216. 40,216 13 Office expenses Information technology 14 102,796 97,863 3,946 987. Royalties 15 Occupancy 16 258,968 252,881 3,592 2,495 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 531,285 511,758 15,640. 3,887. 23 Insurance 63,324. 53,674 9,650. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a INSTRUCTIONAL 465,218 465,218 b STUDENT SUPPORT SERVICES 464,694 464,694 c ATHLETICS 112,605 112,605 d ADMINISTRATION 91,889 91,889 e All other expenses 29,234. 29,234. 25 Total functional expenses. Add lines 1 through 24e 8,914,622. 8,088,381 620,927. 205,314. 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)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,418,311. Cash - non-interest-bearing 1 1,365,409 2 2 Savings and temporary cash investments 1,929,620 2,035,455. 3 Pledges and grants receivable, net 3 7,500. 4 Accounts receivable, net 14,690 96. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 6 Notes and loans receivable, net 7 420. Inventories for sale or use 4,119 8 2,637. Prepaid expenses and deferred charges 9 25,878 34,122. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 20,497,598 b Less, accumulated depreciation 10 b 9,394,718 10 c 11,416,849 11,102,880. Investments - publicly traded securities 11 11 8,527,563 8,526,405. Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 376.831 391,908. 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,660,959 16 23,519,734. Accounts payable and accrued expenses 138,274 17 17 88,958. 18 Grants payable 18 Deferred revenue 19 1,108,937 19 1,274,049 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 25 Total liabilities. Add lines 17 through 25 1,247,212 26 363,007 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 14,941,622 27 14,633,984. Temporarily restricted net assets. 28 28 2,972,979. 2,740,290. Permanently restricted net assets 29 4,782,453. 4,499,146 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 22,413,747 33 22, 156, 727. Total liabilities and net assets/fund balances 34 23,660,959 34 23,519,734.

BAA

Form 990 (2015)

Form	1990 (2015) SAINT GEORGE'S SCHOOL	91-0630755)	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,9	84,5	573.
2	Total expenses (must equal Part IX, column (A), line 25)	2			622.
3	Revenue less expenses. Subtract line 2 from line 1	3		69,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,4		
5	Net unrealized gains (losses) on investments	5	-3.	26,9	971.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,1	56.7	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check if Schedule O contains a response of flote to any fine in this Fart All			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			162	140
•					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
9	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	٠.	X
2	·		-		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reveseparate basis, consolidated basis, or both.	riewed on a	1.1		}
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	narate			
	basis, consolidated basis, or both	parate			}
	X Separate basis Consolidated basis Both consolidated and separate basis			-	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversighter review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain				†
	in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		Х
	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		3 b		
BAA	<u> </u>		Form	990 ((2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

2015

Open to Public Inspection

Employer identification number

SAI	T	GEORGE'S SCHOOL					91-063075	5			
Part	i	Reason for Public Char	ity Status (All orga	anizations must coi	mplete	this pa	art.) See instruction	ns.			
The or	gar	nization is not a private found	ation because it is: (F	or lines 1 through 11, c	heck on	ly one bo)X.)	<u> </u>			
1	Π.	A church, convention of church	ches, or association o	f churches described in	section	170(b)(I)(A)(i).				
2	$\boldsymbol{-}$	A school described in section									
3	\vdash	A hospital or a cooperative hi					iii).				
4	_	A medical research organizat	•					er the hospital's			
·	_	name, city, and state		Total Title a Troopital at		5000	on 17 o(o)(1)(r)(m) ===	or the hospital's			
5	\Box	An organization operated for 170(b)(1)(A)(iv). (Complete P	the benefit of a colleg	e or university owned o	or opera	ted by a	governmental unit desc	cribed in section			
6		A federal, state, or local gove	•	ntal unit described in se	ction 17	0(b)(1)(A	AXV).				
7		An organization that normally in section 170(b)(1)(A)(vi). (0	receives a substantia Complete Part II)	al part of its support fro	m a gov	ernment	al unit or from the gene	ral public described			
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part II)						
9		An organization that normally from activities related to its e investment income and unrel June 30, 1975 See section 5	xempt functions – sul ated business taxable 09(a)(2). (Complete P	oject to certain exception income (less section 5 art III.)	ons, and 11 tax) f	(2) no n rom bus	nore than 33-1/3% of its inesses acquired by the	Support from aross			
10		An organization organized an	•	•	-		1 , , ,				
11		An organization organized an or more publicly supported or lines 11a through 11d that de	nd operated exclusively rganizations described scribes the type of su	y for the benefit of, to p I in section 509(a)(1) or pporting organization a	erform to section nd comp	the funct 509(a)(2 plete line	ions of, or to carry out 2). See section 509(a)(3) s 11e, 11f, and 11g.	the purposes of one). Check the box in			
а											
b		Type II. A supporting organize management of the supporter must complete Part IV, Section	ng organization vested ons A and C.	in the same persons t	hat conti	rol or ma	anage the supported org	ganization(s) You			
С	Ш	Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in cor	nection	with, and	d functionally integrated	I with, its supported			
d		Type III non-functionally interfunctionally integrated. The o	grated. A supporting o	organization operated in	n connec	tion with	ı its supported organiza and an attentiveness re	tion(s) that is not quirement (see			
e	\Box	instructions) You must comp Check this box if the organization integrated, or Type III non-fu	ation received a writte	n determination from th	ne IRS th	nat it is a	Type I, Type II, Type I	II functionally			
f		ter the number of supported of		apporting organization.							
		ovide the following information	~	organization(s)							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat	s the ion listed loverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
		- -									
<u>(A)</u>					_						
(B)											
(C)											
(D)											
				1							
<u>(E)</u>											
Total		····				5 #					
BAA	For	Paperwork Reduction Act No	otice, see the Instructi	ons for Form 990 or 99	0-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sect</u>	ion A. Public Support				·		
	ndar year (or fiscal year ning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants').						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
Sec	tion B. Total Support				,		
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			ļ <u>.</u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see in	structions).			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secon	id, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu						
14		•	• • •	e 11, column (f))		14	<u>%</u>
15	Public support percentage from					15	%
16 a	33-1/3% support test – 2015. If and stop here. The organization				nd line 14 is 33-1/3	% or more, check th	nis box ►
ŧ	33-1/3% support test – 2014. If t and stop here. The organization				a, and line 15 is 33	3-1/3% or more, che	eck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop here	e. Explain in Part VI	0% how ►
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	est — 2014. If the meets the 'facts' d-circumstances'	organization did n -and-circumstance ' test The organiz	ot check a box on s' test, check this ation qualifies as	line 13, 16a, 16b, box and stop here a publicly supporte	or 17a, and line 15 e. Explain in Part VI ed organization	is 10% how the
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a,	or 17b, check this	box and see instru	ctions -
BAA	· · · · · · · · · · · · · · · · · · ·				Sc	hedule A (Form 990	or 990-F7) 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
 Gifts, grants, contributions and membership fees 						
received (Do not include any 'unusual grants.')	}					
2 Gross receipts from admis-						
sions, merchandise sold or	1					
services performed, or facilities furnished in any activity that is	}	ļ]		
related to the organization's	<u> </u>					
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					ļ	
5 The value of services or						
facilities furnished by a				l		
governmental unit to the organization without charge	1	(1		
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1,					 	
2, and 3 received from disqualified persons.						
b Amounts included on lines 2						
and 3 received from other than						
disqualified persons that	1					
exceed the greater of \$5,000 or 1% of the amount on line 13			1	}		
for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line	the region of the said	x 24 3	A 85,	4-3-41 43-44	to the state of	
7c from line 6)	- 1. 78 · - 2. 1 · · · ·		-1		2 10 7 70 10 10 10	
Section B. Total Support	4.20011	(h) 0010	(2) 2012	(4) 2014	(=) 2015	(A Total
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	{	1		1		
similar sources						
similar sources b Unrelated business taxable						
similar sources b Unrelated business taxable income (less section 511						
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses						
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similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and	d stop here		d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	>
similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and	d stop here ublic Support	Percentage		r fifth tax year as a		>
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Part IV Supporting Organizations

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

Sec	tion 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		-
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ا	b 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? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a 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 by or in connection with its supported organizations	4b		
	c 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 organization was used exclusively for section 170(c)(2)(B) purposes	4c	-	
5	a 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		
	b 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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8		
9	a 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9a) 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	9с		ļ
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b 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)	10b	-	

Par	t IV	Supporting Organizations (continued)			
11	المما	he organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	11a		'
	_	ning body of a supported organization?	11b		
		nily member of a person described in (a) above? % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
		3. Type I Supporting Organizations	•••		<u> </u>
366	tion L	. Type I Supporting Significations		Yes	No
1	or ele Part \ If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint sect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	orgar vear.	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	• •	
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s)	2	-	- }
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard	3		
Sec	ction I	E. Type III Functionally-Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi on)	ons):		
		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 (see in:	structi	ons)	
	ш	•		<u> </u>	,
2	Activ	rities Test Answer (a) and (b) below.		Yes	No
	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported unizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities	2a		
	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of n of the supported organizations? <i>Provide details in Part VI</i>	3a		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

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Page 6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations	<u> </u>			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on Nov Section	rember 20, 1970 See ir ns A through E	structions. All		
Sect	ion A — Adjusted Net Income		(A) Prior Year (B) Curi			
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		<u> </u>		
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				
Sect	ion 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)					
a	Average monthly value of securities	1a				
b	Average monthly cash balances .	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
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		<u></u>		
Sec	tion C — Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, <u></u>	1		
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1		
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	<u>'</u>		
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-inte (see instructions).	grated	Type III supporting orga	anızatıon		
RΔ			Schedule A (F.	orm 990 or 990-F7) 2015		

Part V Type III Non-Functionally Integrated 509(a)(3) Support	or uning Organization		Current Year
ection D - Distributions			
1. Amounts paid to supported organizations to accomplish exempt purp	oses		
2 Amounts paid to perform activity that directly furthers exempt purpos	es of supported organia	zations,	
3 Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions		·_	
7 Total armuel distributions, Add lines 1 through 6			
B Distributions to attentive supported organizations to which the organ in Part VI). See instructions	ızatıon is responsive (pi	rovide details	
9 Distributable amount for 2015 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			410
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6		_	
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2015:	ļ		
a	<u> </u>		
b			
C	<u> </u>		
d From 2013			
e From 2014			<u></u>
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			·
i Carryover from 2010 not applied (see instructions)	<u> </u>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			\
c 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)			1
7 Excess distributions carryover to 2016. Add lines 3 ₁ and 4c			-
8 Breakdown of line 7			
a			
b.			+
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			Form 990 or 990-F7)

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.
► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Held at the End of the Tax Year

SAINT GEORGE'S SCHOOL 91-0630755 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements.	2 a	
b Total acreage restricted by conservation easements	2 b	
c Number of conservation easements on a certified historic structure included in (a)	2 c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d	
Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ►	by the	organization during the
Number of states where property subject to conservation easement is located ▶		
Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	ng of vi	olations, Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing •	conse	rvation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con ►\$	servatı	on easements during the year

conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

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

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

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►\$

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3301L 06/03/15

Schedule **D** (Form 990) 2015

Part III Organizations Maintain	ing Collections o	f Art, Historical	Treasures, or Oth	er <mark>Similar Assets</mark> <i>(</i>	continued)		
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).							
a Public exhibition		d Loan or e	exchange programs				
b Scholarly research		e Other	5 1 5				
c Preservation for future genera	ations	-					
4 Provide a description of the organ Part XIII.	in the digatile of the digatile desired and displaced the digatile the digatile of the digatile particle in						
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	donations of art, hi as part of the orgai	storical treasures, or on contraction?	other similar assets	Yes No		
Part IV Escrow and Custodial A line 9, or reported an	rrangements. Con amount on Form	nplete if the orga 990, Part X, III	anization answered ne 21.	'Yes' on Form 990,	Part IV,		
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian or othe	er intermediary for	contributions or other	assets not included	Yes No		
b If 'Yes,' explain the arrangement	in Part XIII and comp	lete the following t	able	· ·			
		_			Amount		
c Beginning balance		,		1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2 a Did the organization include an ar	mount on Form 990, I	Part X, line 21, for	escrow or custodial ad	count liability?	Yes No		
b If 'Yes,' explain the arrangement				, ,	-J		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Part V* Endowment Funds. Co	mplete if the orga	anization answe	ered 'Yes' on Form	990. Part IV. line	10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1 a Beginning of year balance	9,282,058.	9,209,806			7,184,904.		
b Contributions	433,306.	297,284			553,507.		
	130/300.	231,720	31///00	310/313.	337307.		
c Net investment earnings, gains, and losses	61,185.	149,472	2. 1,012,721	. 718,494.	74,543.		
d Grants or scholarships							
e Other expenditures for facilities	······		 				
and programs	337,000.	326,000	309,000	. 288,000.	276,433.		
f Administrative expenses	42,109.	48,504	4. 36,866	. 42,619.	39,220.		
g End of year balance	9,397,440.	9,282,058	3. 9,209,806	. 8,195,191.	7,497,301.		
Provide the estimated percentage	e of the current year	end balance (line 1	g, column (a)) held as	,			
a Board designated or quasi-endow	/ment ► 21	۶ <u>00 </u> %					
b Permanent endowment	51.00 %						
c Temporarily restricted endowmen	ot ► 28.0	0 %					
The percentages on lines 2a, 2b,	and 2c should equal	100%					
3 a Are there endowment funds not ii	n the nossession of the	ne organization tha	t are held and adminis	tored for the			
organization by	ii tiic possession or t	ic organization tha	t are note and duminis	Acrea for the	Yes No		
(i) unrelated organizations					3a(i) X		
(ii) related organizations					3a(ii) X		
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ed as required on S	Schedule R?		3b		
4 Describe in Part XIII the intended	l uses of the organiza	ition's endowment	funds SEE PART	'XIII			
Part VI Land, Buildings, and	Equipment.	· · · · · · · · · · · · · · · · · · ·					
Complete if the organi		'Yes' on Form 9	990, Part IV, line	l 1a. See Form 990	, Part X, line 10.		
Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book value		
Description of property		vestment)	basis (other)	depreciation	(a) Book Value		
1 a Land			28,419.	1974、164	28,419.		
b Buildings .			19,656,364.	8,685,522.	10,970,842.		
c Leasehold improvements							
d Equipment			803,427.	709,196.	94,231.		
e Other			9,388.		9,388.		
Total. Add lines 1a through 1e. (Colum	n (d) must equal For	m 990, Part X, colu		>	11,102,880.		
ВАА				Sched	ule D (Form 990) 2015		

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	-year market value
	cial derivatives .			
	y-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A)				
(B)				
(C)			· · · · · · · · · · · · · · · · · · ·	
(D)				
(E) (F)				
$\frac{(1)}{(G)}$				
(H)				
(1)		-		
	mn (b) must equal Form 990, Part X, column (B) line 12)	•		
	I Investments - Program Related.		N/A	·
	Complete if the organization answered	l 'Yes' on Form 990	, Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				~
<u>(6)</u>		 		10-10-11-11-11-11-11-11-11-11-11-11-11-1
(7) (8)				
(9)		 		
(10)				
		•		
Part IX	Other Assets. Complete if the organization answered "	N/A	cut IV lung 11 d Sag Form 000 De	ort V limo 15
	Complete if the organization answered	escription	art IV, lifle 11d. See Form 990, Fa	(b) Book value
(1)	(4) 5.	23cmption		(4) 20011 14114
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)		***************************************		
(10)				
Total. (C	Column (b) must equal Form 990, Part X, column (B) line 15)	<u> </u>	
Part X	Other Liabilities.	000 D 107 L 11-	115 O F 000 P V I 0F	
	Complete if the organization answered 'Yes' on For (a) Description of liability	m 990, Part IV, line Tie or (b) Book value	111. See Form 990, Part X, line 25	
(1) Fed	deral income taxes	(b) Book Value		
(2)	actal income taxes			•
(3)				!
(4)				!
(5)				;
(6)				
<u>(7)</u>				
(8)				
(10)		- 		
(11)				
	lumn (b) must equal Form 990, Part X, column (B) line 25)	>		
	of for uncertain tax positions. In Part XIII. provide the text of the			

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	2a	
1 Total revenue, gains, and other support per audited financial statements	1	7,102,096.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments 2a -3.	26,971.	
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIII) SEE PART XIII 2d	3,338.	
e Add lines 2a through 2d	. 2 e	323,633.
3 Subtract line 2e from line 1	3	7,425,729.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII) SEE PART XIII 4b 1,5	58,844.	
c Add lines 4a and 4b .	4 c	1,558,844.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,984,573.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		·
1 Total expenses and losses per audited financial statements	1	7,359,117.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII) SEE PART XIII 2d	3,338.	
e Add lines 2a through 2d	2 e	3,338.
3 Subtract line 2e from line 1 .	. 3	7,355,779.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
	58,843.	
c Add lines 4a and 4b.	4 c	1,558,843.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,914,622.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE EARNINGS ARE DESIGNATED FOR: FINANCIAL AID AND SCHOLARSHIPS, EDUCATIONAL PROGRAMS, EMPLOYEE COMPENSATION AND PROFESSIONAL DEVELOPMENT, FIXED ASSET PURCHASES AND PRESERVATION, AS WELL AS GENERAL SCHOOL OPERATIONS.

PART X - FIN 48 FOOTNOTE

INCOME TAXES - THE SCHOOL HAS ADOPTED FASB ASC 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES

BAA

Schedule **D** (Form 990) 2015

TOTAL \$

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. THE SCHOOL DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE SCHOOL FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF SALES	TOTAL \$ 3,338. \$ 3,338.
SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
FINANCIAL AID INVESTMENT EXPENSES	\$ 1,516,734. 42,109.
ROUNDING	TOTAL $\frac{1}{\$}$ 1,558,844.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
COST OF SALES	**************************************
SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
FINANCIAL AID INVESTMENT EXPENSES	\$ 1,516,734. 42,109.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► 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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 91-0630755

SAI	TNI	GEORGE'S SCHOOL 91-0630755			
Par					
	J			YES	NO
1	Doe gove	s the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other erning instrument, or in a resolution of its governing body?	1	х	
2	cata	is the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, alogues, and other written communications with the public dealing with student admissions, programs, scholarships?	2	X	-
3	the nee	the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the od of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No,' please explain If you d more space, use Part II MISSIONS ARE MADE ON A NON-DISCRIMINATORY BASIS, RACIAL OR OTHERWISE, AS	3	Х	
	PŪ	BLICIZED IN SCHOOL BROCHURES AND NEWSPAPERS DISTRIBUTED TO THE MMUNITY.	- 		
_	- -		-	1	ĺ
4		es the organization maintain the following? cords indicating the racial composition of the student body, faculty, and administrative staff?			
		•	4 a	X	
	non	ords documenting that scholarships and other financial assistance are awarded on a racially discriminatory basis?	4 b	_X_	ļ
	stu	pies of all catalogues, brochures, announcements, and other written communications to the public dealing with dent admissions, programs, and scholarships?	4 c		
		pies of all material used by the organization or on its behalf to solicit contributions?	4 d	_X	
	If y	ou answered 'No' to any of the above, please explain. If you need more space, use Part II			
	 -				
5	Doe	es the organization discriminate by race in any way with respect to			
	a Stu	idents' rights or privileges?	5 a	<u> </u>	X
	b Adı	missions policies?	5 b	,	Х
	c Em	aployment of faculty or administrative staff?	5 0	:	Х
	d Scl	holarships or other financial assistance?	5 0	1	X
	e Ed	ucational policies?	5 e	•	X
	f Us	e of facilities?	_5 f		X
	g Ath	nletic programs?	_5 ç)	X
	h Oth	ner extracurricular activities?	5 t	1	X
	lf y	vou answered 'Yes' to any of the above, please explain. If you need more space, use Part II			
			-		
6	a Do	es the organization receive any financial aid or assistance from a governmental agency?	- 6 a		X
		s the organization's right to such aid ever been revoked or suspended?	61	+	X
		you answered 'Yes' on either line 6a or line 6b, explain on Part II	T	1	†
7	' Do	es the organization certify that it has complied with the applicable requirements of sections			-
		01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 5,' explain on Part II	7	X	

Schedule E (Form 990 or 990-EZ) (2015) SAINT GEORGE'S SCHOOL 91-0630755

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

SCHEDULE G (Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

SAINT GEORGE'S SCHOOL					91-063075	5
Part I Fundraising Activities. Comp	olete if the organ	nization an	swered 'Ye	es' on Form 990, Part I	V, line 17	
1 Indicate whether the organizationa X Mail solicitations				wing activities Check a		
b X Internet and email solicitation	s		f	Solicitation of gove	rnment grants	
c X Phone solicitations			g	X Special fundraising	events	
d X In-person solicitations				-		
2a Did the organization have a writte employees listed in Form 990, Pa	n or oral agreen rt VII) or entity i	nent with a	iny individi on with pro	ual (including officers, o ofessional fundraising s	lirectors, trustees or key ervices?	y Yes XNo
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or ent		-	•		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of conti	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10		-				
Total			<u> </u>			0.
List all states in which the organior licensing WA	zation is registe	red or licer	nsed to sol	licit contributions or has	been notified it is exen	
					 	

Schedule G (Form 990 or	990-EZ) 2015	SATNT	GEORGE'S	S	SCHOOT.
ocinculate of	(1 01111 330 01	JJO LL, 2010	CALLIA	CHOLOR P	_	

91-0630755

Page 2

Par	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts groups.	event contribution	red 'Yes' on Form 99 is and gross income	90, Part IV, line 18, e e on Form 990-EZ,	or reported lines 1 and 6b.
R			(a) Event #1 AUCTION (event type)	(b) Event #2 TEDX (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
#E>E>DE	1	Gross receipts	31,820.	17,923.		49,743.
Ē	2	Less: Contributions				
	3	Gross income (line 1 minus line 2) .	31,820.	17,923.		49,743.
	4	Cash prizes				
п.	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
1	7	Food and beverages .				
EXP	8	Entertainment				
МХФМХМ	9	Other direct expenses .		17,349.		17,349.
S	1	Direct expense summary. Add lines 4 thre	-		•	17,349.
		Net income summary Subtract line 10 fro		- F 000 D-+11/	Con 10 and add	32,394.
Par	T III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	n answered ites or	1 Form 990, Part IV,	line 19, or reported	more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N E	1	Gross revenue .			38,720.	38,720.
E	2	Cash prizes			10,055.	10,055.
DIRECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses			16,712.	16,712.
	6	Volunteer labor .	Yes 0%	Yes <u>0</u> %	Yes 0 %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	26,767.
	8	Net gaming income summary, Subtract I	ne 7 from line 1, colum	n (d) .	•	11,953.
	als t	ter the state(s) in which the organization content the organization licensed to conduct gaming No,' explain	-	ese states?		X Yes No
		re any of the organization's gaming license res,' explain		or terminated during the	•	

		91-06307!	55	Page 3
• 11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	rmed to	Yes	XNo
13	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility	13 a		%
ı	n outside facility	13 b	1	00.0%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:		
	Name ► JAMIE TENDER			
	Address > 2929 W. WAIKIKI RD., SPOKANE, WA 99208	-		
1	a Does the organization have a contract with a third party from whom the organization receives gaming revenue by the organization sometimes, and of gaming revenue retained by the third party sometimes, enter name and address of the third party.		Yes	XNo
	Name ►	· -		·
	Address >			
16	Gaming manager information:			
	Name •	. 	- -	
	Gaming manager compensation • \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	tain the	Yes	X No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		163	VIAO
	organization's own exempt activities during the tax year > \$			
Pa	it IV Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	columns (ı any additio	iı) and nal	(v);

TEEA3703L 06/02/15

Schedule **G** (Form 990 or 990-EZ) 2015

BAA

Open to Public 2 (h) Purpose of grant or assistance OMB No 1545-0047 2015 Employer identification number X Yes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 91-0630755 Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on (g) Description of non-cash assistance SEE PART 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable SAINT GEORGE'S SCHOOL Partily General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I ε' 0 ⊕¦ € ତ୍ର မွေ 6 8 Schedule I (Form 990) (2015)

TEEA3901L 11/04/15

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

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

Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) SAINT GEORGE'S SCHOOL

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

כמון כל משקיים וו מממיולים לא יילים	3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE FOR 1 STUDENTS	86	1,516,734.		FAIR MARKET VALUE	TUITION ONLY
2					
ĸ					
4					
2					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I	, line 2, Part III, c	olumn (b), and any ot	her additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

TUITION ASSISTANCE, ONCE AWARDED IS DIRETLY OFFSET AGAINST TUITION CHARGED TO THE

STUDENT

SCHEDULE J

Department of the Treasury Internal Revenue Service **Compensation Information**

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

Complete if the organization answered 'Yes' 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

GEORGE'S SCHOOL 91-0630755 **Questions Regarding Compensation** Part I Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Х Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 2 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b 4 c c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5 a b Any related organization? 5 b Х If 'Yes' to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 a b Any related organization? 6 b If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6° If 'Yes,' describe in Part III PART III 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

91-0630755

Schedule J (Form 990) 2015 SAINT GEORGE'S SCHOOL

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

For each individual whose compensation must be reported 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

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

		-						
		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(in) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	deferred on prior
JOSEPH KENNEDY	ε	186,218.	0.	0		46, 462.	242,580.	
1 HEAD OF SCHOOL	€	•	0.	0.		 	0.	0.
STUART MERMEL	Θ	125, 372.	.0	0		-25, 293	160,503.	 - - - - - - -
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BAA			IEEA4102L 10/26/15	c.			Schedule,	Schedule J (Form 990) 2015

91-0630755

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.

PART I, LINE 7 - NON-FIXED PAYMENTS NOT LISTED

BONUSES TO EMPLOYEES

Schedule J (Form 990) 2015

SCHEDULE L · (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

SAINT GEORGE'S SCHOOL Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ. Part V, line 40b (g) Description of transaction (g) Description of transaction (g) Corrected years and organization reported an amount of form 990, Part IV, line 38a or Form 990, Part IV, line 25; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person of transaction organization organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person of transaction organization organization reported an amount on Form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person organization organizat	Name of the	organization						· · · · · · · · · · · · · · · · · · ·		Em	ployer i	dentifica	tion nu	mber		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, EZ, Part V, line 40b (9) Name of adqualified person (9) Description of transaction (9) Desc		GEORGE'S	SCHOOL							91	-063	3075	5			
1	Part I	Excess Be Complete if t	enefit Trans he organization	actions (se answered 'Ye	ction 5 es' on Fo	01(c)(3 orm 990,	3), sed Part IV	ction 501(c , line 25a or	c)(4), and 25b, or Form	501(c) 1 990-E2	(29) Z, Par	orga t V, lır	nızat ne 40b	tions	only).
1	1	(a) Name of disqua	lified person	(b) R									(d) Cor	rected?		
(3) (4) (5) (6) (7) (7) (8) (9) (10) (person a	ind organiza	ation	_							Yes	No
(4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete the organization answered "Yes" on Form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (4) Name of interested person (6) Persons	(1)															
(4) (5) (6) (7) (8) (8) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4988 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered Yes' on Form 990-EZ, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990-EZ, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38 or Form 990, Part IV, line 27. (a) Name of interested person (a) Neithern organization (b) Part IV (c) Part IV																
(5) (6) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		· · · · · · · · · · · · · · · · · · ·														
Complete the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S S S S			<u>-</u>													
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization propried an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Persistential (c) Persistentia																
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization part of tax, if any, on line 2, above, reimbursed by the organization of the amount of tax, if any, on line 2, above, reimbursed by the organization of the amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization of the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization answered 'Yes' on Form 990, Part IV, line 38a or Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested persons (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) Purpose of assistance (h) Purpos	(6)											_		_		
Part II	2 Ent sec	er the amount o tion 4958	of tax incurred b	y the organiza	ition ma	inagers c	r disqu	alıfıed persor	ns during the	year ur	nder	► \$				
Complete if the organization answered Yes' on Form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or organization (d) December (d) De	3 Ent	er the amount o	if tax, if any, or	line 2, above	, reimbu	irsed by	the orga	anızatıon				► \$				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total		Complete if the organization	e organization ai reported an an	nswered 'Yes' or nount on Form (c) Purpose	990, Pa	90-EZ, Pa art X, line oan to or m the	5, 6, 0	or 22.	· · · · · · · · · · · · · · · · · · ·				by bo	ard or		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) TRUSTEES CHILDREN (C) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN (C) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) (7) (7) (8) (8) (9) (19) (19) (19) (19) (19) (19) (19)						1	1				Yes	No			Yes	No
(2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" or Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14, 940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (9) (10)	(1)								<u> </u>							
(3) (4) (5) (5) (6) (7) (8) (9) (10) Total		**				<u> </u>			<u> </u>		1					
(4) (5) (6) (7) (8) (9) (10) Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization answered and the organization an						†					 	 				
(6) (7) (8) (9) (10) Total Fart III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization and the organization of the organization and the organization of th								· *** · · · · · · · · · · · · · · · · ·								
(7) (8) (9) (10) Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14, 940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (10)	(5)															
(8) (9) (10) Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14,940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (10)	(6)															
(9) (10) Total S Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization or and the organizat	(7)															
Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14, 940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (10)					ļ											
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14, 940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (10)						<u> </u>	<u> </u>		<u> </u>		<u> </u>					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) TRUSTEES CHILDREN 14, 940. FIN AID (2) (3) (4) (5) (6) (7) (8) (9) (10)		-1 -									<u> </u>	,				
Column	Part III		Assistance ne organization a	Benefiting nswered 'Yes' o	Intere n Form 9	e sted P 190, Part I	erson V, line 2	s. 27.								
(2) (3) (4) (5) (6) (7) (8) (9)		(a) Name of intere	sted person	(b) Relationship	between the organ	interested nization	person	(c) Amount o	of assistance	(d) ⊤yp	e of ass	istance	(e)	Purpose	of assi	stance
(2) (3) (4) (5) (6) (7) (8) (9)	(1)		· · · -	TRUSTEES C	HILDRF	EN .	 -		14.940	FTN A	TD					
(3) (4) (5) (6) (7) (8) (9) (10)									21,310.			_				
(5) (6) (7) (8) (9) (10)										1						
(6) (7) (8) (9) (10)	(4)								•							
(7) (8) (9) (10)	(5)								<u> </u>							
(8) (9) (10)	(6)															
(9) (10)	(7)															
(10)																
										ļ						
										L						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	· · · · · · · · · · · · · · · · · ·	E. 000 D.J	11/1 00	001 - 00
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Complete it the organization	answeren res on	FULLI 330. FALL	IV. HHE ZOA	. ZOU. UL ZOU.

(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) SPOKANE PRODUCE COMPANY	PART OWNER	5,026.	PURCHASE PRODUCE		X	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SUPPLEMENTAL INFORMATION

BUSINESS TRANSACTED WITH TRUSTEE ON TERMS OFFERED TO THE GENERAL PUBLIC. SAINT GEORGES SCHOOL PURCHASED FOOD FROM SPOKANE PRODUCE IN THE AMOUNT OF \$5,026. TRUSTEE RAMONA HIGASHI IS SECRETARY/TREASURER AND PART OWNER OF SPOKANE PRODUCE

SCHEDULE M · (Form 990)

Noncash Contributions

► Attach to Form 990.

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

OMB No 1545-0047 2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

SAI	NT GEORGE'S SCHOOL			91-	063075	5		
Par	t I Types of Property		·					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of c contrib	determir	ning mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications	ļ						
5	Clothing and household goods							
6	Cars and other vehicles	<u> </u>						
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded .	X	2	111,371.	STOCK	QUO:	<u>res</u>	
10	Securities – Closely held stock							
11	Securities — Partnership, LLC, or trust interests		· · · · · · · · · · · · · · · · · · ·					
12	Securities - Miscellaneous	<u> </u>	···	ļ				
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate – Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy		<u>-</u>					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			ļ	ļ			
25	Other ()							
26	Other ()				ļ			
27	Other ()			 				-
_28	Other► (<u> </u>	 			
29	Number of Forms 8283 received by the organizati			ons for which the	000			
	organization completed Form 8283, Part IV, Done	e Acknowled	gement		29			
							Yes	No
30	During the year, did the organization receive by c it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial				30 a		X
ı	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance poli	cy that requir	es the review of any n	on-standard contributior	ıs?	31		Х
32	Does the organization hire or use third parties or noncash contributions?	related organ	izations to solicit, proc	ess, or sell		32 a		Х
i	If 'Yes,' describe in Part II							
33	If the organization did not report an amount in coldescribe in Part II	lumn (c) for a	type of property for w	hich column (a) is checl	ked,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

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

SCHEDULE O · (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAINT GEORGE'S SCHOOL

Employer identification number 91-0630755

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

INSPIRING SCHOLARS, ATHLETES, AND ARTISTS TO SERVE AND LEAD OTHERS. THE SCHOOL VALUES ARE HONESTY, RESPECT, GENEROSITY OF SPIRIT AND BEST EFFORTS. THE SCHOOL EDUCATES APPROXIMATELY 400 CHILDREN FROM K THROUGH 12 AND OFFERS THE INTERNATIONAL BACCALAUREATE DIPLOMA PROGRAMME.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF TRUSTEES WILL REVIEW THE FORM 990 AND APPROVE IT BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE SCHOOL HAS BOARD MEMBERS COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING POTENTIAL

CONFLICTS OF INTEREST, BOTH DIRECT AND INDIRECT. THE SCHOOL'S ADMINISTRATION KNOW

WHO BOARD MEMBERS ARE. IF A NEW BUSINESS ARRANGEMENT WAS PROPOSED THAT INVOLVED A

BOARD MEMBER, ADMINISTRATION WOULD DISCLOSE THE POSSIBLE CONFLICTS OF INTEREST TO

THE BOARD'S EXECUTIVE COMMITTEE FOR EVALUATION AND APPROVAL BEFORE ENTERING SUCH AN

ARRANGEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT EXECUTIVE COMPENSATION REVIEW - THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS COMPENSATION OF KEY EMPLOYEES UTILIZING COMPARISON DATA FROM OTHER INDEPENDENT SCHOOLS, COMPILED BY THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS. THE EXECUTIVE COMMITTEE MAINTAINS MINUTES OF THEIR MEETINGS, INCLUDING MEETINGS WHERE KEY EMPLOYEE COMPENSATION IS EVALUATED. THE EXECUTIVE COMMITTEE OF THE BOARD DELEGATES TO THE HEAD, RESPONSIBILITY OF REVIEWING COMPARISON DATA FOR COMPENSATION OF OTHER KEY EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMPENSATION REVIEW - THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS

COMPENSATION OF KEY EMPLOYEES UTILIZING COMPARISON DATA FROM OTHER INDEPENDENT

SCHOOLS, COMPILED BY THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS. THE EXECUTIVE

Employer identification number

91-0630755

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (CO
COMMITTEE MAINTAINS MINUTES OF THEIR MEETINGS, INCLUDING MEETINGS WHERE KEY EMPLOYEE
COMPENSATION IS EVALUATED. THE EXECUTIVE COMMITTEE OF THE BOARD DELEGATES TO THE
HEAD, RESPONSIBILITY OF REVIEWING COMPARISON DATA FOR COMPENSATION OF OTHER KEY
EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE SCHOOL DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE

SCHOOL PROVIDES AUDITED FINANCIAL REPORTS TO DONORS AND GRANTORS UPON REQUEST.