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DLN: 93493134029630

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Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization BREWSTER ACADEMY B Check if applicable Please use IRS Address change label or Doing Business As E Telephone number Name change print or type. See Specific (603) 569-7103 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 25,332,811 Termination tions. City or town, state or country, and ZIP + 4 Wolfeboro, NH 03894 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for MICHAEL COOPER ΓYes **Γ**Nο affiliates? 80 Academy Drive Wolfeboro, NH 03894 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW BREWSTERACADEMY ORG **K** Type of organization
✓ Corporation

trust

association L Year of Formation 1887 M State of legal domicile NH Part I Summary Briefly describe the organization's mission or most significant activities To provide education to residential and day students Activities & Governance Check this box 🕝 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . 22 274 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 1,692,518 7,627,167 Program service revenue (Part VIII, line 2g) . 16,750,678 17,389,072 930,790 316,572 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 19,373,986 25,332,811 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,650,315 2,777,875 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 7,421,238 8,539,829 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 (Total fundraising expenses, Part IX, column (D), line 25 $\underline{811,943}$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,501,867 9,337,984 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 20,655,688 18 19,573,420 19 Revenue less expenses Subtract line 18 from line 12 -199,434 4,677,123 89 Beginning of Year **End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 54.584.923 58.551.730 21 Total liabilities (Part X, line 26) 30,110,015 31,660,973 22 Net assets or fund balances Subtract line 21 from line 20 24,474,908 26,890,757 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please ***** 2010-05-10 Sign Signature of officer Here Roy Ballentine Treasurer Type or print name and title Check if Preparer's PTIN (See Gen Inst) Preparer's signature W JAY SIMMS Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Tyler Sımms & StSauveur CPAS PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 19 Morgan Drive Phone no (603) 653-0044 Lebanon, NH 03766 May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	17,217,179	Must equal Part IX, Line 2		<u> </u>
4 0	(Expenses \$	in Schedule () ; ; including grants of \$) (Revenue \$)
4d	Other program services (Describe	ın Schedule O)			
4с	(Code) (Expenses	э In	cidumy grants of \$) (Revenue \$)
4-	(Codo) (Ever	,	cluding grants of \$) (Revenue \$	
	- The Samming Program reaction	arriograms and comercing	SES DONING THE SOUTHER REC		
4b	(Code) (Expenses The Summmer Program features Education		ncluding grants of \$) (Revenue \$	1,193,234)
4a	(Code) (Expenses BREWSTER ACADEMY IS A PRIVATE HIGH S THE SCHOOL PROVIDES AN EXTENSIVE ATH	CHOOL THAT ENROLLS BOTH	ncluding grants of \$ BOARDING AND DAY STUDENT:	2,777,875) (Revenue \$ S IN ADDITION TO A BROAD ED	14,556,342) DUCATIONAL CURRICULUM,
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organizati others, the total expenses, and reve	ons and 4947(a)(1) tru:	sts are required to report		
	services?				Yes 🔽 No
3	If "Yes," describe these new services Did the organization cease conducting		hanges in how it conducts		_
_	the prior Form 990 or 990-EZ? .		· · · · · · · ·	· · · · · ·	Yes 🔽 No
2	Did the organization undertake any s	ignificant program corv	see during the year which	a ware not listed on	
1	Briefly describe the organization's mission AN INDEPENDENT, COLLEGE PREPARATORY SO UNIVERSITY OR COLLEGE, AND FOR LIFE	CHOOL, PROVIDES STUDENTS	WITH THE ACADEMIC,PERSON	IAL, AND SOCIAL SKILLS NECES	SARY FOR SUCCESS IN A
	Priofly describe the organization's mission				

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	57			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the agreement on comply with health withhelding rules for reportable neumants t					
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	, ,	274			
L	return	2a				
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemptax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	itributi	ion of \$75 or	7a		N o
Ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		•	7c		No
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d				110
•	11 Tes, indicate the number of forms 5252 filed during the year.	74				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders					
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ	Governing	Rody	and	Management
3 e ction /	٦.	Governing	Duuy	anu	manayement

			res	NO		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 22					
Ь	Enter the number of voting members that are independent 1b 22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo		
5	Did the organization become aware during the year of a material diversion of the organization's assets?					
6	6 Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	the governing body?	8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes			
11	Is there any officer, director or 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	11		Νο		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Brewster Business Office 80 Academy Drive Wolfeboro, NH 038944115 (603) 569-7103

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII	Continue	a
rait vii	Continue	u

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	10	Estima mount o compens from t ganizati relat organiza	f other sation the on and
											\pm		
1b	Total	 	<u> </u>		<u> </u>			▶	1,337,42	<u> </u> 	0		97,711
1b 2	Total	ng those in 1								<u> </u>	0		97,711
	Total number of individuals (includir	ng those in 1								<u> </u>	0	Yes	97,711 No
	Total number of individuals (includir compensation from the organization Did the organization list any former	ng those in 1 ►3 officer, direc	a) who	recei	ved	mor	re tha	n \$1	00,000 in reportab	le			· · · · · · · · · · · · · · · · · · ·
3	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedu	ng those in 1 ▶3 officer, direc	a) who	recei ruste	ved	mor	emplo	n \$1	or highest compens	sated employee	3	Yes Yes	· · · · · · · · · · · · · · · · · · ·
2	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, directive J for such	a) who	recei ruste <i>ual</i> .	ved e, k omp	ey e	emplo	yee,	or highest compens	sated employee	3	Yes	· · · · · · · · · · · · · · · · · · ·
3 4	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	a) who	ruste	e, k	ey e	emplo	yee, and ompi	or highest compensor or highest compensor other compensation lete Schedule J for su	sated employee n from the			· · · · · · · · · · · · · · · · · · ·
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, directive J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c	ved e, k omp 0? l	ey e ens	emplo ation estion esti	yee, and ompi	or highest compensor or highest compensor other compensation lete Schedule J for succession and the schedule sc	sated employee n from the ch for services	3	Yes	· · · · · · · · · · · · · · · · · · ·
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c	ved e, k omp 0? l	ey e ens	emplo ation estion esti	yee, and ompi	or highest compensor or highest compensor other compensation lete Schedule J for succession and the schedule sc	sated employee n from the ch for services	3	Yes	No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduter For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who	ruste ual ble c 0,00 e pensa	omp 0?)	ey e eens froi	emplo ation es,"c ation many	yee, and omph	or highest compensor or highest compensor other compensation of the schedule J for such as the schedul	sated employee n from the ch for services	3	Yes	No
3 4 5	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who	ruste ual ble c 0,00 e pensa	omp 0?)	ey e eens froi	emplo ation es,"c ation many	yee, and omph	or highest compensor or highest compensor other compensation of the schedule J for such as the schedul	sated employee n from the ch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduter For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who	ruste ual ble c 0,00 e pensa	omp 0?)	ey e eens froi	emplo ation es,"c ation many	yee, and omph	or highest compensation of the schedule J for such that received mo	sated employee in from the ich for services in for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduter For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who	ruste ual ble c 0,00 e pensa	omp 0?)	ey e eens froi	emplo ation es,"c ation many	yee, and omph	or highest compensation of the schedule J for such that received mo	sated employee in from the ich for services re than	3	Yes Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduter For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	a) who	ruste ual ble c 0,00 e pensa	omp 0?)	ey e eens froi	emplo ation es,"c ation many	yee, and omph	or highest compensation of the schedule J for such that received mo	sated employee in from the ich for services re than	3	Yes Yes	No No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		512, 513, 01 514
\$ \$	ь						
듄등		Membership dues					
ენ	С	Fundraising events					
± ±	d	1c Related organizations1d					
5,≅	e	Government grants (contributions) 1e					
왍		All other contributions, gifts, grants, and	7,627,167				
黄萝	f	similar amounts not included above	7,027,107				
温音	_	1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$6,300,000					
ပုဏ	h	Total (Add lines 1a-1f)		7,627,167			
			▶ Business Code				
<u> 9</u>	2a	tUITION	611,710	13,416,490	13,416,490		
ξ			-				
æ	ь	STUDENT RELATED	611,710	1,327,033	1,327,033		
φ Ģ	С	SUMMER PROGRAMS	611,710	1,193,234	1,193,234		
55 35	d	INSTRUCTIONAL SUPPORT	611,710	1,139,852	1,139,852		
ණ	e	BREWSTER EST/MISC INC	611,710	312,463	312,463		
Ta Ta	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)	ŀ	321,993			321,993
			▶				
	4	Income from investment of tax-exempt b	ona proceeds				
	5	Royalties	[
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
		Net rental medine of (1055)	· · · · · •				
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	-5,421			-5,421
	8a	Gross income from fundraising	i f				
		events (not including					
<u>e</u>		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
<u>.</u>		\$15,000 a					
÷	b	Less direct expensesb					
δ	С	Net income or (loss) from fundrais	ing events				
	9a	Gross income from gaming					
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		а					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming	activities •				
	10a	Gross sales of inventory, less	·				
	IVa	returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory 🛌				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	с						
	.	All other revenue					
	d e	All other revenue Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	· ·	25,332,811	17,389,072	0	316,572
		8c, 9c, 10c, and 11e		, -,	, ,,		

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) but are not required to complete columns (B), (C), and (D).							
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,777,875	2,777,875				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	362,906		362,906			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	6,530,335	5,234,526		419,807		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	363,739	310,602	28,227	24,910		
9	Other employee benefits	808,534	648,097	108,460	51,977		
10	Payroll taxes	474,315	362,100	83,175	29,040		
11	Fees for services (non-employees)						
а	Management						
b	Legal	39,760		39,760			
С	Accounting	56,038		56,038			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other						
12	Advertising and promotion	13,582	13,582				
13	Office expenses	917,911	509,116	315,355	93,440		
14	Information technology						
15	Royalties						
16	Occupancy	947,256	781,148	166,108			
17	Travel	94,583	52,339		42,244		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings						
20	Interest	679,749	679,749				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,725,232	1,652,388	72,844			
23	Insurance	385,545	385,545				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Plant Expense	1,103,481	1,103,481				
ь	Student Related	769,009	769,009				
c	Summer Program	691,906	691,906				
d	Dining Hall	457,423	457,423				
e	other expenses	384,704		384,704			
f	All other expenses	1,071,805	788,293	132,987	150,525		
25	Total functional expenses. Add lines 1 through 24f	20,655,688	17,217,179	2,626,566	811,943		
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·		

Part X	Balance	Shoot

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,918,112		4,040,523
	2	Savings and temporary cash investments				2	, ,
	3	Pledges and grants receivable, net			459,774		285,999
	4	Accounts receivable, net			7,687,041	_	7,217,248
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		loyees or		5	· · ·
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection 49			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			72,698	8	84,552
90	9	Prepaid expenses and deferred charges			161,830	9	59,493
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	50,933,083			
4		Land Constitution Constitution Devices	10a	30,933,003	-		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	15,035,276	30,163,413	10c	35,897,807
	11	Investments—publicly traded securities		w.	9,895,004	11	6,681,779
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII of		1,572,831	12	1,802,089
	13	Investments—program-related See Part IV, line 11 $\it Complete P of Schedule D$.	art VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		2,654,220	15	2,482,240	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			54,584,923	16	58,551,730
	17	Accounts payable and accrued expenses .			387,658	17	708,103
	18	Grants payable				18	
	19	Deferred revenue			11,600,002	19	11,787,612
	20	Tax-exempt bond liabilities			14,909,860	20	14,620,842
<u> 6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,622,699	23	3,010,277
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			1,589,796	25	1,534,139
	26	Total liabilities. Add lines 17 through 25			30,110,015	26	31,660,973
S D S		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	lete lines	27			
Balance	27	Unrestricted net assets			15,823,861	27	16,188,777
8	28	Temporarily restricted net assets			3,151,616	28	3,516,540
돧	29	Permanently restricted net assets		5,499,431	29	7,185,440	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	d complet	e			
0	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			24,474,908	33	26,890,757
Z	34	Total liabilities and net assets/fund balances			54,584,923	34	58,551,730
	·					•	
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	e of the	e organizat i	on					Em	ployer ide	nt if icat io	n number		
DKLVV	SILK AC	ADLITT						02	-022331	7			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo						
The	organız	ation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon))		•			
1		A church, o	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)	(A)(i).				
2	▽	A school de	escribed in Sec t	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)		
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın		
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).				
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in Section 170(b)(1)(A)(vi) (Complete Part II)											
8		A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)											
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check											
		the box that describes the type of supporting organization and complete lines 11e through 11h a								III - Other			
e	\vdash	a Type I b Type II c Type III - Functionally Integrated d Section By checking this box, I certify that the organization is not controlled directly or indirectly by one or more dis											
_	'	•	-	agers and other than one or			•				•		
		section 50	9(a)(2)										
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organization,		
		check this		as the organization accepte	d any gift	or contrib	ution from	any of the			ı		
g		following pe		as the organization accepted	a any gnt	or continb		any or the	•				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No		
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)		
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)		
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports						
							,						
		me of	(ii) EIN	(iii) Type of organization	I	s the		ou notify		s the	(vii) A mount of		
		orted ization		(described on lines 1-9 above or IRC section		ation in Iisted in	_	nızatıon) of your		ation in rganized	support?		
	Organ	12411011		(See Instructions))		verning		ort?		US?			
				(000 2011 20010),		ment?							
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization BREWSTER ACADEMY 02-0223317 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate 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 □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part		Organizations Maintaining Co	llections of Art,	His	tori	cal Treas	ures, or Oth	<u>er Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3		g the organization's accession and others s (check all that apply)	r records, check any	of th	e foll	owing that a	ire a significant	use of its co	ollection	1	
а	Γ	Public exhibition		d	\vdash	Loan or ex	change program	S			
b	F :	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	ollections and explain	hov	v the y	further the	organization's e	xempt purp	ose in		
5		ng the year, did the organization solicit o its to be sold to raise funds rather than t						mılar	Γ	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ansı	wered "Ye	s" to Fo	orm 99	90,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table					_			
									A mou	ınt	
C	Begı	inning balance					1c				
d	Addı	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete i									
1a	Bogi	nning of year balance	(a)Current Year 11,196,006	(b) Prior	Year (c)	Two Years Back (c	1)Three Years	Back (e)Four Ye	ears Back
ь		tributions	241,212								
c		estment earnings or losses	-985,427								
d		nts or scholarships	,								
e		er expenditures for facilities	1,633,367								
		programs									
f	Adm	ninistrative expenses									
g	End	of year balance	8,818,424								
2	Prov	ide the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	19 000 %								
b	Perm	nanent endowment 🕨 🛮 81 000 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	that a	re held and	administered fo	r the			
		nization by nrelated organizations		_	_				3a(i)	Yes	No No
		related organizations							3a(ii)		No
b		es" to 3a(II), are the related organization			ched	ule R?			3b		
4	Desc	cribe in Part XIV the intended uses of th	e organızatıon's endo	wme	ent fu	nds					
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, I	Part X, line 10				
		Description of investment				Cost or other (investment)	(b) Cost or other basis (other)	(c) Depred	ciation	(d) Boo	ok value
1 a l	and							_			
b E	Buildir	ngs					43,779,074	10,5	72,395	33	3,206,679
c l	_ease	hold improvements									
d E	Equipi	ment					7,014,732	2 4,4	62,881	- 2	2,551,851
e (Other		<u></u>				139,27	7			139,277

Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	(b) Book value		l of valuation year market value
inancial derivatives and other financial products		2032 01 2112 01	year market varae
losely-held equity interests			
ther			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
art VIIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		l of valuation year market value
		Cost or end-of-	year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ll ne 15		
(a) Descri			(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line .	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
ccrued Liabilities	194,698		
EPOSITS	156,568		
harıtable gıft annuıty	474,514		
nterest Rate Swap	708,359		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,534,139		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,332,811
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,655,688
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,677,123
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,261,274
9	Total adjustments (net) Add lines 4 - 8	9	-2,261,274
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,415,849
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	20,858,601
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-1,696,335
3	Subtract line 2e from line 1	3	22,554,936
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,777,875
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,332,811
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	turn
1	Total expenses and losses per audited financial statements	1	17,877,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	17,877,813
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	2,777,875
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,655,688
Pa	t XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , P	art XIV, lır	nes 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Description of Intended Use of Endowment Funds	Scholarships and opererational funds
		Change in unrealized appreciation \$1,696,335 Interest Rate Swap \$564,940

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization **Employer identification number** BREWSTER ACADEMY 02-0223317 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THROUGH NEWSPAPER, TELEVISION, AND RADIO ADVERTISING, AND IN SCHOOL LITERATURE Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493134029630

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

BREWSTER ACADEMY

Schedule I

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

Open to Public Inspect ion Employer identification number

BREWSTER ACADEMT						02-0223317	
Part I General Inform	mation on Gra	nts and Assistance	е			<u> </u>	
Does the organization mathe selection criteria useDescribe in Part IV the o	d to award the gra	nts or assistance?					「Yes ▽ N
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec			tes. Complete if the call if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(5)	(h) Purpose of grant or assistance
2 Enter total number of sec organizations					•		
3 Enter total number of other							•
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc!	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial Aid	123		2,777,875	FMV	BREWSTER ACADEMY PROVIDES FINANCIAL AID TO STUDENTS BASED ON NEED THE AMOUNT OF FINANCIAL AID GIVEN AND THE NAMES AND ADDRESSES OF THE RECIPENTS ARE ON FILE IN THE BUSINESS OFFICE

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

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DLN: 93493134029630

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization BREWSTER ACADEMY

Employer identification number

02-0223317

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		, , ,	1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the					
	Compensation committee	<u> - - </u>	Written employment contract			
	Independent compensation consultant	\vdash	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	oaymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal nor	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

				,			ı		
(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Michael Cooper	(1) (11)	192,087			14,052	37,264	243,403	152,062	
D Mindon Smith	(1) (11)	788,296		250,250		9,000	1,047,546	139,750	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2008

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		Housing was provided to both the Head of School and business Manager in the amount of \$12,870 each. Also dues for a golf membership were paid to the Head of the School in the amount of \$5,665
	Part I, Line 4a	Michael Cooper, Head of School, contributed the following amounts- 457B \$13,333 and 457F \$26,667

Schedule J (Form 990) 2008

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DLN: 93493134029630

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization **BREWSTER ACADEMY**

Employer identification number

02-0223317

										02 0223	J 1 /			
Р	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) Defease		Beh	On alf of suer
											Yes	No	Yes	No
A	New Hampshire Higher Educational and Health Facilities Authority Revenue Bo	02-0279866	644614NV7	08-01-	2005	15,	5,300,000 Capital Improvements			x		х		
Pa	art II Proceeds (Optional for	2008)	•	ı	l									
	-				Α.	E	3	(;	D			E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					1		1						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and rec	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	')											
				<i></i>			3	(D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
<u> </u>	Was the organization a partner in a which owned property financed by	tax-exempt bonds?												
2	Are there any lease arrangements which may result in private busine		inanced property											
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	n 990.			Cat No 501	L93E			Sc	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			A	E	3	C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	В		(<u>c</u>	D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493134029630

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization BREWSTER ACADEMY

Employer identification number

					02-0223317			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art-Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	160,920	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .	Х	1	6,300,000	Fair Market Value			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period?		•	not required to be used for a	exempt purposes	30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use contributions?		es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	property for which Column (a	ı) ıs			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name	of	t he	orga	nizat	ion
BREWS	TER	. ACA	DEMY		

Employer identification number

02-0223317

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE PRESIDENT AND THE TREASURER OF THE BOARD OF TRUSTEES, ALONG WITH THE AUDIT AND FINANCE COMMITTEE, REVIEW THE FORM 990 BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY MUST BE SIGNED INDIVIDUALLY BY MEMBERS OF THE BOARD OF TRUSTESS THERE IS AN ANNUAL REVIEW OF THESE CONFLICT OF INTEREST STATEMENTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES RETAINED AN EMPLOYMENT CONSULTANT TO DETERMINE THE SALARY FOR THE HEAD OF SCHOOL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

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

DLN: 93493134029630

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. Attachment

		-		-					Sequence No 07
Name(s) shown on return BREWSTER ACADEMY		Business or a	activity to which	this fo	rm rel	ates	Iden	tifyin	g number
SKEWSTER ACADEMT		Form 990 Pa	ge 10				02-0	2233	17
	_	Certain Property Un							
•	•	sted property, comple		re yo	u con	<i>ър</i> е	te Part I.	4	350,000
1 Maximum amount See				•	•	'		1	250,000
2 Total cost of section 1		•	·		•	•		2	200.000
3 Threshold cost of sect			•	uctions	•	•		3	800,000
4 Reduction in limitation			•		•	•		4	
5 Dollar limitation for tax	•	line 4 from line 1 If zero	or less, enter - ()- If m	arried	filin	g	_	
separately, see instruc	tions		• • •	<u> </u>	•	•		5	
(a) D	escription of pro	perty	(b) Cost	(busine only)	ss us	e	(c) Elected	cost	
6									
7 Listed property Enter				•	7				
8 Total elected cost of s	ection 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7	•	•		8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .		•		•		9	
10 Carryover of disallowed		•				•		10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instrud	ctions)			11	
12 Section 179 expense of	leduction Add Ii	nes 9 and 10, but do not	enter more tha	n lıne 1	<u> </u>	•		12	
13 Carryover of disallowed	d deduction to 2	009 Add lines 9 and 10,	, less line 12	.▶	13				
Note: Do not use Part .	II or Part III b	elow for listed proper	ty. Instead, u	se Par	τV.				
		llowance and Othe						operty	(See instructions)
14 Special depreciation al tax year (see instruction		ified property (other than	listed property) place	d ın se	rvic	e during the	14	
15 Property subject to see	•	laction						15	
		rection		• •	•	•			1 552 040
16 Other depreciation (inc		Oo not include listed i	oronarty) (Se	· · ·	ructio	nc \		16	1,552,848
MACKS DE	preciation (L		ection A	e ilist	uctio	113.			
17 MACRS deductions for	assets placed ii			008				17	
18 If you are electing t					ar into	on.	e or more		
general asset accou		· ·		-		•	▶□		
	<u> </u>	Service During 200			the	Gei	neral Depi	ecia	tion System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) C			(f) Metho		(g)Depreciation deduction
19a 3-year property		,	3 0		ΗΥ		S/L		24,652
b 5-year property			5 0		ΗΥ		S/L		16,457
c 7 - year property			7 0		ΗY		S/L		3,342
d 10-year property			100		ΗY		S/L		15,803
e 15-year property			15 0		HY		S/L		2,602
f 20-year property			20 0		HY		S/L		830
g 25-year property			25 yrs				S/L		
h Residential rental property			27 5 yrs	+	1 M		S/L		
· · · ·	<u> </u>		27 5 yrs	1	1 M		S/L		
i Nonresidential real property	2008-07		39 yrs 39 0	+	ММ ИМ		S/L S/L		35,854
		ed in Service During 2008	1			t ive		Syste	•
20a Class life	I C ASSCES FIAC	ed in Service During 2000		The A	iccina		S/L	Jysek	-111
b 12-year			12 yrs						
c 40-year			40 yrs	ı	мм		 S/L		
	y (See ınstruc	tions)					•		
21 Listed property Enter	amount from line	28						21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 urn Partnerships and So				e 21	Enter here	22	1,652,388
23 For assets shown abov portion of the basis att	•		t year, enter the		23				
•									

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 02-0223317

Name: BREWSTER ACADEMY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MICHAEL APPE , TRUSTEE	1 00	Х						0	0	0	
ROY BALLENTINE , Treasurer	1 00	Х		Х				0	0	0	
NANCY M BLACK , TRUSTEE	1 00	Х						0	0	0	
RICHARD C CARLSON , ESTATE TRUSTEE	1 00	Х						0	0	0	
DAVID L CARLSON , TRUSTEE	1 00	Х						0	0	0	
CANDACE CRAWSHAW , TRUSTEE	1 00	Х						0	0	0	
GEORGE J DOHRMANN III , TRUSTEE	1 00	Х						0	0	0	
PETER FORD , TRUSTEE	1 00	Х						0	0	0	
HELEN S HAMILTON , Secretary	1 00	Х		Х				0	0	0	
REX V JOBE , TRUSTEE	1 00	Х						0	0	0	
MICHAEL KEYS , TRUSTEE	1 00	Х						0	0	0	
CHRISTOPHER J BRITT , TRUSTEE	1 00	Х						0	0	0	
LESLIE N H MACLEOD , V President	1 00	Х		Х				0	0	0	
JAMES E NICHOLSON , TRUSTEE	1 00	Х						0	0	0	
ARTHUR O RICCI , ESTATE TRUSTEE	1 00	Х						0	0	0	
MITCH SANDERS , TRUSTEE	1 00	Х						0	0	0	
DANIEL T MUDGE , President	1 00	Х		Х				0	0	0	
THE REVEREND NANCY SPENC, ESTATE TRUSTEE	1 00	Х						0	0	0	
SHAWN K SMITH , TRUSTEE	1 00	Х						0	0	0	
STEVEN R WEBSTER , TRUSTEE	1 00	Х						0	0	0	
GRANT M WILSON , TRUSTEE EMERITIS	1 00	Х						0	0	0	
WALTER N DEWITT , TRUSTEE EMERITIS	1 00	Х						0	0	0	
FRED P GRIDLEY , TRUSTEE EMERITIS	1 00	Х						0	0	0	
CLAUDINE CURRAN , TRUSTEE	1 00	Х						0	0	0	
DOUGLAS GREEFF , TRUSTEE	1 00	Х						0	0	0	
Michael Cooper, HEAD OF SCHOOL	40 00			Х		Х		192,087	0	51,316	
robert Sımoneau , busıness Manager	40 00				Х			106,787	0	37,395	
D Mındon Smith , Consultant/former headma	1 00						х	1,038,546	0	9,000	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
a tUITION	611,710	13,416,490	13,416,490						
b student related	611,710	1,327,033	1,327,033						
c SUMMER PROGRAMS	611,710	1,193,234	1,193,234						
d INSTRUCTIONAL SUPPORT	611,710	1,139,852	1,139,852						
e BREWSTER EST/MISC INC	611,710	312,463	312,463						