

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493133036130

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A F-	- 46- 3	1000		t bii 07 01 3000				
		plicable		r, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-200	7	D Employer i	dentification number
_	ress cha	•	Please use IRS	ST JOHNSBURY ACADEMY			03-01812	15
_	ne chan	-	label or print or	Doing Business As			E Telephone	
_		-	type. See				(802) 748	-8171
_	ıal returi		Specific Instruc-	Number and street (or P O box if mail is no 1000 MAIN STREET	ot delivered to street addre	ss) Room/suite	, ,	pts \$ 31,020,191
Ten	mınatıor	n	tions.	1000 TIVER STREET				
Ame	ended r	eturn		City or town, state or country, and ZIP + 4 ST JOHNSBURY, VT 05819				
App	lication	pending		31 301M3B0K1, V1 03013				
		Ī	F Nan	ne and address of Principal Officer		H(a) Is the	s a group retui	rn for
			CAROL			affilia		⊤Yes ▼ No
				IAIN STREET NSBURY,VT 05819				
Tax	x-exem	pt status		(3) ◀ (insert no)	527	1 ' '	affiliates inclu	,
1 147	- h -:+-			ryacademy org			o, attach ans p Exemption N	st See instructions) Lumber 🕨
, W	ed Site	e: F wwv	vstjonnsbu	ryacademy org		11(0) 3/34	p _ x = p	
K Type	e of ora	anization	✓ Corporat	on		L Year of Fo	mation 1842	M State of legal domicile VT
,			,			1 - 1 - 1 - 1 - 1		
								· · · · · · · · · · · · · · · · · · ·
Pai		Sumr	•		figure continue			
		•		e organization's mission or most signif				
		FOUND	ED IN 184	2, ST JOHNSBURY ACADEMY IS A	COMPREHENSIVE IN	IDEPENDENT	PRIVATE HI	GH SCHOOL WIDELY
క				AN INSTITUTION THAT FOSTERS				
≘				IN ITS STUDENTS	,		,	
Ě								
Governance	2	Check+	his hov F	of the organization discontinued its ope	erations or disposed o	f more than ?	5% of its asso	ots.
9			,	nembers of the governing body (Part V				
بخ			-		•			18
ĕ	1			dent voting members of the governing		,,		
	1			nployees (Part V, line 2a)				
Activities &	1			lunteers (estimate if necessary) .			6	
-	1	-		ed business revenue from Part VIII, l		•	7a 	
	ь	Net unre	elated busi	ness taxable income from Form 990-7	Γ, line 34		7b	,
						Prio	r Year	Current Year
g,	8			grants (Part VIII, line 1h)			765,958	
Ravenue	9	Progra	m service	revenue (Part VIII, line 2g)			21,529,145	23,185,187
e Seve	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4, a	and 7d)		879,256	-749,150
ш	11		-	art VIII, column (A), lines 5, 6d, 8c, 9				0
	12		evenue—a	ld lines 8 through 11 (must equal Part	t VIII, column (A), lın	e	22 174 250	25.006.143
		12)					23,174,359	25,096,143
	13			r amounts paid (Part IX, column (A), l			720,453	772,461
	14		•	r for members (Part IX, column (A), lır	•			С
ø	15		s, other co	mpensation, employee benefits (Part	IX, column (A), lines !	5-	13,180,233	15,554,837
jse Ise	46-	10)			4.4		13,100,233	
Ехрепзея	16a			raising fees (Part IX, column (A), line	11e)			С
五	ь	-		penses, Part IX, column (D), line 25 <u>493,072</u>)			
	17			Part IX, column (A), lines 11a-11d, 1			8,978,540	9,517,452
	18	Totale	xpenses—	add lines 13–17 (must equal Part IX,	line 25, column (A))		22,879,226	25,844,750
	19	Revent	ue less exp	enses Subtract line 18 from line 12			295,133	-748,607
කුරු කුරු						Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Totala	ssets (Par	t X, line 16)			46,172,983	42,920,466
A.S.	21	Totall	iabilities (F	art X, line 26)			10,861,608	12,153,583
5 5 5	22		,	d balances Subtract line 21 from line	20		35,311,375	30,766,883
	t II		ature Blo				55,511,575	30,700,003
r C.II					rn including accompanies	schedules and -	tatements and to	the heet of my knowledge
				rjury, I declare that I have examined this retui correct, and complete Declaration of preparer				
Plea	se	****	**		05-13	-		
Sign	ı	I Bi	ture of office	r	Date			
Here	•	CADO) IYON DIDE	CTOR OF BUSINESS SERVICES				
			or print nam					
	I	F ''	•		ate	Check If	Droppror/c DTI	N (See Gen Inst)
n		Preparer' signature				self-	Lichaici 2 LIII	A (Dee gen Tipt)
Paid -			F			empolyed 🕨 🦵		
-	arer's		me (or yours	GALLAGHER FLYNN & COMPANY LLP			EIN Þ	
Use C	Only	ıf self-em	nployed), and ZIP + 4	PO BOX 447			LTIN F	

BURLINGTON, VT 054020447 May the IRS discuss this return with the preparer shown above? (See instructions) $\,$. Phone no 🕨 (802) 863-1331

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

1 See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any the prior Form 990 or 990-EZ?.	significant program s	ervices during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?		nt changes in how it coi	nducts any program	┌ Yes ┌ No
4	If "Yes," describe these changes on Describe the exempt purpose achie Section 501(c)(3) and (4) organizat others, the total expenses, and reve	vements for each of t tions and 4947(a)(1)	trusts are required to i	report the amount of grants a	
4a	(Code) (Expenses St Johnsbury Academy offers a compreher rigorous, wide-ranging, 221-course, stand. St Johnsbury Academy served 986 studer arts, technical education and athletic progr	nsive high school program ards-based curriculum des nts (including boarders) in	igned to meet the needs an the day school program wh	d interests of a wide range of abili ich includes standard high school ci	ties, career goals, and interests
4b	(Code) (Expenses	s\$ 6,360,680	including grants of \$) (Revenue \$	6,352,628)
	St Johnsbury Academy offers a boarding Academy has 8 dormitones spread around their families, and students. The Academy advantage of weekend campus activities a Language program for students who requi	program on our campus to the Academy campus, fou has a comprehensive resi as well as travel opportuni	o 232 students from across t ur each for boys and girls D dent life curriculum that con ties throughout the semeste	the country and the world, creating offerent in size and personality, ea- nplements our day school program er Our boarding program also inclu	ch dorm houses faculty advisors, s Students are able to take
4 c	(Code) (Expenses St Johnsbury Academy offers a summer A new directions within the AP curriculum, de teachers	Advanced Placement Institu			
	(Code) (Expenses	s \$ 367,467	including grants of \$) (Revenue \$	1,222,043)
4d	Other program services (Describe	a in Schedule O \			
TU	(Expenses \$	including grants o	of\$) (Revenue \$)
4e	Total program service expenses \$	22,068,99	99 Must equal Part IX,	, Line 25, column (B).	

art IV	Checkl	ist of	Required	Schedules
	CIICCKI	131 01	IXC GGII CG	Schoules

			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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
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	Yes	
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? If "Yes," complete Schedule F, Part II	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	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part 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		No
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		No
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	Yes	
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		No
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		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	76			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	449			
ь	If at least one is reported in 2a, did the organization file all required federal employi					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during	ng the	year covered by this	3a		No
L	return?	·		3b		1110
				30		
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 acaccount)?			4a		No
ь	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		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?			5с		
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 to were not tax deductible?	hat su	ch contributions or gifts	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 cormore?	ntrıbut	ion of \$75 or	7a		No
b	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?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	v prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
	required?	• •		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
9	year?					
				0-		
a	Did the organization make any taxable distributions under section 4966?			9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person			90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources					
D	against amounts due or received from them)	11b				
4.7			of Form 10413	4-7-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n iieu d I	or 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 A. Governing E	Body and Management	

			Yes	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 18							
Ь	Enter the number of voting members that are independent 18							
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?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
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?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
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		Νο				
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 VT
- 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

Carol Lyon 1000 Main Street St Johnsbury,VT 05819 (802) 748-7703

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	(D) Reportable compensation from the organization (W-2/1099MISC) (L) Reportable compensation from related organizations (W-2/1099-MISC)	Reportable compensation from the organization (W-	compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations
							-			

Part VIII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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
							Ш			
					_		\vdash			
							Ļ			
1b Total							-	635,188	0	0

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►4

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

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation		
BLACK RIVER DESIGN 73 MAIN ST MONTPELIER, VT 05602	ARCHITECTURAL PLANS	291,603		
MATHEWS EXCAVATING 2043 HALE ROAD WATERFORD, VT 05819	CONSTRUCTION OF SOFTBALL FIELD	189,250		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation				

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 1	a		Revenue		312, 313, 01 314
20 20		· •					
E E	b	Membership dues					
e de la composition della comp	С	Fundraising events 1					
<u>≅</u>	d	Related organizations 10					
£,Œ	e	Government grants (contributions) 10	2				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	2,660,106				
きま	g	1 Noncash contributions included i					
<u> </u>	9	lines 1a-1f \$					
Ow	h	Total (Add lines 1a-1f)		2,660,106			
			Business Code	-			
<u> </u>	2a	DAY SCHOOL TUITION		14 041 000	14 041 000		
E E			611,600	14,041,909	14,041,909		
æ	Ь	RES SCHOOL TUITION	- 611,600	6,352,628	6,352,628		
Q.	c	OTHER EDUC PROG	611,600	2,400,365	2,400,365		
er E	d	OTHER	611,600	220,929	220,929		
S -	e	COMMUNITY BASED PROG	611,600	169,356	169,356		
Program Serwce Revenue	f	All other program service revenue	e				
<u>Ç</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)	<u>.</u>	349,824			349,824
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties	▶-				
		(i) Real	(II) Personal				
	6a	Gross Rents	(II) I ersonar				
	ь	Less rental					
	c	expenses Rental income					
	[or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other	(II) O ther				
	ь	than inventory Less cost or other basis and 5,874,155	49,893				
	c	sales expenses Gain or (loss) -1,049,081	-49,893				
	d	Net gain or (loss)	1	-1,098,974	-1,098,974		
άυ	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
<u>.</u>		\$15,000					
)the	b c	Less direct expenses ! Net income or (loss) from fundrais					
~							
	9a	Gross income from gaming activities. See part IV, line 19. Complete Schedule G if total exceeds \$15,000					
	ь	Less direct expenses					
	c	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less	<u> </u>				
	IVA	returns and allowances .	n				
	ь	Less cost of goods sold I					
	С	Net income or (loss) from sales o					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a		-				
	ь	-	_				
	С		_				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e		25,096,143	22,086,213	0	349,824

Part IX Statement of Functional Expenses

A	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 ı	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	359,373	359,373				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	413,088	413,088				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees						
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	11,222,185	9,556,746		203,747		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits	4,332,652	3,656,154	597,250	79,248		
10	Payroll taxes						
11	Fees for services (non-employees)						
а	Management						
b	Legal	34,032	1,978	30,051	2,003		
c	Accounting						
d	Lobbying	20,325		20,325			
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	1,078,877	600,386	465,247	13,244		
12	Advertising and promotion	174,312	7,888	166,424			
13	Office expenses	1,137,718	885,923	202,207	49,588		
14	Information technology						
15	Royalties						
16	Occupancy	2,414,585	2,373,559	37,629	3,397		
17	Travel	84,460	84,460				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	327,390	128,750	167,757	30,883		
20	Interest	261,786	261,786				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,054,359	1,054,359				
23	Insurance	347,159	347,159				
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	food services	1,715,370	1,715,370				
b	VARIOUS ACTIVITIES	339,786	282,990	24,064	32,732		
c	GRANTS/SCHOLARSHIPS	153,572	83,189	70,383			
d	TEXTBOOKS	42,697	42,697				
f	All other expenses	331,024	213,144	39,650	78,230		
25	Total functional expenses. Add lines 1 through 24f	25,844,750	22,068,999	3,282,679	493,072		
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				Page (2008)		

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_		763.154		280,656
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,024,857		783,620
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	, key em	ployees or	1,122,1221	5	,
	6	Receivables from other disqualified persons (as defined under sepersons 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		•	24,899	8	27,751
22	9	Prepaid expenses and deferred charges			159,663	9	244,173
Assets	10a	Land, buildings, and equipment cost basis	10a	40,309,030			
•	ь	Laca pagumulatad danragiation Complete Part VI of	104	40,505,050			
	"	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	11,489,689	27,196,751	10c	28,819,341
	11	Investments—publicly traded securities		•	11,630,658	11	5,894,437
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	art VII of		4,940,543	12	6,823,190
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	432,458	15	47,298		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			46,172,983	16	42,920,466
	17	Accounts payable and accrued expenses .	1,289,207	17	1,454,111		
	18	Grants payable		18			
	19	Deferred revenue		1,946,865	19	1,923,548	
	20	Tax-exempt bond liabilities	6,785,404	20	6,620,490		
<u>, o</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		191,600	23	130,176	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		648,532	25	2,025,258	
	26	Total liabilities. Add lines 17 through 25			10,861,608	26	12,153,583
ses		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete lines	s 27			
Balance	27	Unrestricted net assets			27,782,875	27	24,369,673
8	28	Temporarily restricted net assets		5,363,689	28	4,462,586	
Ξ	29	Permanently restricted net assets	2,164,811	29	1,934,624		
or Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d comple	te			
9	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		32			
Net	33	Total net assets or fund balances			35,311,375	33	30,766,883
_	34	Total liabilities and net assets/fund balances			46,172,983	34	42,920,466
Pa	rt XI	Financial Statements and Reporting					

Dart VI	Financial Statements and Reporting
P. 1 4 D. 1	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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036130

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

		n e organizat i RY ACADEMY	on					Em	ployer ide	nt if icat io	n number	
JI JO	missor	CINCADEIII						03	-018121	5		
Pa	rt I	Reason	for Public C	harity Status (to be con	mpleted	bv all or	ganizatio					
				ation because it is (Please						· · · · · · · ·		
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).			
2	굣	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	:h Schedu	ıle E)						
3		A hospital	or a cooperativ	e hospital service organizati	on descri	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4		A medical i	research organi	zation operated in conjunction	on with a	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
	•	hospital's name, city, and state										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	•	=	•	(Complete Part II)		•	•	, ,				
6	Г			overnment or governmental	unıt desci	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Ē	•	_	ally receives a substantial p						n the aene	eral public	
	•			o)(1)(A)(vi) (Complete Par						,	F	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ē		•	ally receives (1) more than		•	•	ontribution	ıs, membe	rship fees	s, and gross	
	,	_		lated to its exempt functions						·	, -	
				estment income and unrelate	-		•		•			
			-	on after June 30, 1975 See			-			•		
10	Г	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	_	=	and operated exclusively for orted organizations describe					•	•		
		the box tha		type of supporting organization. Type II c			nes 11e t nally Integ		h d	Гтуре	e III - Other	
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contr	olled direc	tly or ındı	rectly by o	ne or moi	re disqual	ıfıed persons	
				agers and other than one or	more pub	licly supp	orted orga	nizations (described	ın sectior	n 509(a)(1) or	
f		section 50		d a written determination fro	m the IRS	Sthatitic	a Tyne I	TypeIIo	r Tyna III	sunnortu	ng organization	
•		check this		a a written determination no	iii tiie 1itt	, that it is	u Type I,	1 y pc 11 0	i i ype iii	зарропп		
g		Since Augu	ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the	!		·	
		following pe									[]	
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes No	
			· -	ng body of the the supported	_	tion				11g		
			•	erson described in (i) above						11g(
				ty of a person described in (11g((iii)	
h		Provide the	tollowing infori	mation about the organizatio	ns the org	janization	supports					
	/:> N =		(=) FIN	(iii) Type of organization	/:\ T		() D.d		/:\ T		() A manumb of	
		ame of orted	(ii) EIN	(described on lines 1-9		s the ation in	(v) Did y	nızatıon	1	s the ation in	(vii) A mount of support?	
		ıızatıon		`above or IRC section	_	listed in		i) of your	_	rganized	, ,	
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?		T		1		
					Yes	No	Yes	No	Yes	No		
			i e	ı		1	1	I	1	1	1	

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						
c	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						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (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

Software ID: Software Version:

EIN: 03-0181215

Name: ST JOHNSBURY ACADEMY

Form 990, Part VII - Section Aaa

	(C) Position (check all that apply)								(5)	(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	
Ms Susan O'NEIL Grayson , TRUSTEE - President	10 00	×						0	0	0	
Mr Robert M FAIRBANKS , TruSTEE - vice President	5 00	Х						0	0	0	
Mr Lee Hackett , TRUSTEE - Treasurer	8 00	Х						0	0	0	
Ms NANCY U GOODRICH , TRUSTEE - Secretary	5 00	×						0	0	0	
Mr Samuel E Bain Jr , TRUSTEE	5 00	Х						0	0	0	
Mr Bruce Buxton , TRUSTEE	5 00	Х						0	0	0	
Ms Karen K Christensen , TRUSTEE	5 00	Х						0	0	0	
Ms MARCIA D DEROSIA , TRUSTEE	5 00	Х						0	0	0	
Mr RoBERT C FUEHRER , tRUSTEE	5 00	Х						0	0	0	
Mr ALLAN D GILMOUR , TRUSTEE	5 00	Х						0	0	0	
Ms Susan Cotter Lecraw , TRUSTEE	5 00	Х						0	0	0	
Mr Bernier Mayo , TRUSTEE	5 00	Х						0	0	0	
Mr Roderic Vitty , TRUSTEE	5 00	Х						0	0	0	
Mr Dale R Wells , TRUSTEE	5 00	Х						0	0	0	
Mr Jay O Wright , tRUSTEE	5 00	Х						0	0	0	
Mr Edward R Zuccaro Es , TRUSTEE	5 00	Х						0	0	0	
Mr GREGORY BOARDMAN , TRUSTEE	5 00	Х						0	0	0	
Honorable BRIAN E DUBIE , TRUSTEE	5 00	Х						0	0	0	
Mr RON W STEEN , TRUSTEE	5 00	Х						0	0	0	
MR THOMAS W LOVETT , HEADMASTER	80 00			х		Х		241,952	0	0	
Mr JOHN CUMMINGS , ASSOCIATE HEADMASTER	70 00				х			156,158	0	0	
Mr HOWARD CRAWFORD JR , DEAN OF STUDENTS	55 00				х			125,378	0	0	
Mr WILLIAM CRUESS , FORMER OFFICER	0 00						x	111,700	0	0	

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 DAY SCHOOL TUITION	611,600	14,041,909	14,041,909		
b RES SCHOOL TUITION	611,600	6,352,628	6,352,628		
c OTHER EDUC PROG	611,600	2,400,365	2,400,365		
d OTHER	611,600	220,929	220,929		
e COMMUNITY BASED PROG	611,600	169,356	169,356		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

This is the mission of St. Johnsbury Academy, a diverse, comprehensive, and independent educational community grounded by our traditions, our deep optimism regarding young people, and our commitment to academic excellence: To teach good character by modeling and fostering compassion, respect, responsibility, and integrity. To foster a love for learning by challenging individuals to pursue knowledge, creativity, and intellectual self-reliance. To encourage each individual to understand his or her relationships, rights, and responsibilities within a community that is itself part of the larger world.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

If th	. , . ,	it have NOT filed Form 5768 (election es," to Form 990, Part IV, Line 5 (P		(n)) Complete Part II-B Do n	ot complete Part II-A
Na	ame of the organization JOHNSBURY ACADEMY	zations complete rare iii			tification number
Par		by all organizations exempt ee the instructions for Schedule		03-0181215 n 501(c) and section	527
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	rt I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization ur	ider section 4955	5	\$
2	Enter the amount of any excis	e tax incurred by organization manag	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	٠,	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	•				
Par		by all organizations exempt s for Schedule C for details.)	under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount political contributions receive	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	oaid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

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

P	art II-A To be completed by (election under sec						768	
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe							
c	Total lobbying expenditures (add line	es 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)					
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	Over \$1,500,000 but not over \$17,000,000	f the excess over \$1	1,500,000					
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting Yes I		
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

		5768 (election ur	nder section 501(h)). (See the	instructions for Schedule C for d				(1.)	
				Y	es (a) No		(b) A mour	 1t
1	During t	he year, dıd the filing orç	ganization attempt to influence foreign	, national, state or local					
	referend	um, through the use of	ot to influence public opinion on a legis	slative matter or					
а	V olunte					Νo			
b	Paid sta	ff or management (inclu	de compensation in expenses reported	d on lines c through i)?		Νo			
С		dvertisements?				Νo			
d		to members, legislators				Νo			
е		ions, or published or bro				Νo			
f		o other organizations for				Νo			
g			heir staffs, government officials, or a			Νo			
h			rs, conventions, speeches, lectures, c			Νo			
i		ctivities If "Yes," descr	ibe in Part IV	Y	es				20,325
j		es 1c through						- 2	20,325
2a	1ı Dıd the a	activities in line 1 cause	the organization to be not described	in section 501(c)(3)?		No	1		
			tax incurred under section 4912				-		
		·	tax incurred by organization manager	s under section 4912					
		·	l a section 4912 tax, did it file Form 4						
Par	t III-A			under section 501(c)(4), sect	tion	501(c)(5), or	
		section 501(c)(6)). (See the instructions for Sched	ule C for details.)				Yes	No
1	Were su	hstantially all (90% or r	nore) dues received nondeductible by	memhers?			1	163	140
2			n-house lobbying expenditures of \$2,						
3		·	rryover lobbying and political expendit						
				under section 501(c)(4), sect	tion	5010	c)(5). or	<u> </u>
				1 and 2 are answered "No" (
			wered "Yes." (See the instruction						
1	Dues, as	ssessments and sımılar	amounts from members			1 \$			
2			obbying and political expenditures (de	o not include amounts of political					
			n 527(f) tax was paid).			2a \$			
a b	Current	Year er from last year				2b \$			
	·	er nom last year			-				
с 3	Total	to amount reported in se	ection 6033(e)(1)(A) notices of nonde	odustible section 162(e) dues		2c \$ 3 \$			
4		·	ount on line 2c exceeds the amount or	, ,	-	Э Ф			
•	does the		arryover to the reasonable estimate o	· ·		4 \$			
5	-	•	political expenditures (line 2c total m	inus 3 and 4)	İ	5 \$			
P	art IV	Supplemental Inf		•					
	_			Part I-B, line 4, Part I-C, line 5, and P	art I	I-B lın	e 1ı		
		te this part for any addi		Tarer B, me 4, rarer C, me 3, and r	uiti	. 5,	C 11		
		Ident if ier	Return Reference	Explanatio	n				
art	II-B, Lin	e 1ı	Explanation of Other Lobbying Activities	Hired a professional lobbying firm to academy legislative activities related					e
			In crivings	academy registrative activities felated	u LU	euucdl	ion iu	nunny	
				1					

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ 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.

Employer identification number

Г ЈО	HNSBURY ACADEMY		03 0181315		
ar	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		03-0181215 Funds or Account	s. Complet	te if the
	organization answered fes to Form 99	(a) Donor advised funds	(b) Funds and	other accou	nts
Т	otal number at end of year	(4, 2 0.00, 44,004,14,004	(2) (and and		
	aggregate Contributions to (during year)				
	aggregate Grants from (during year)				
	aggregate value at end of year				
ı	Old the organization inform all donors and donor advi- funds are the organization's property, subject to the		onor advised	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	donor advisors in writing that grant fund		☐ Yes	□No
	Conservation Easements. Complete	if the organization answered "Yes"	to Form 990 Part I	•	, 110
	Purpose(s) of conservation easements held by the oil		to rorm 550, Fart I	v, iiie 7.	
ï	Preservation of land for public use (e.g., recreati	<u> </u>	an historically importai	ntlv land are	а
Ï	Protection of natural habitat	<u> </u>	certified historic struct	•	-
ſ	Preservation of open space				
ľ	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the for	m of a conservation ea	sement	
	on the last day of the tax year	ned conservation contribution in the for	iii or a conservation ea	3 ement	
			Held a	t the End of	the Ye
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easement	s	2b		
	Number of conservation easements on a certified hi		2c	,	
	Number of conservation easements included in (c) a	` ,	2d		
	Number of conservation easements modified, transfe	•	L		
	·	rred, released, extiliguished, or termina	ted by the organization	ruuring	
	:he taxable year 🟲				
١	Number of states where property subject to conserva	ation easement is located ►			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		olations, and	☐ Yes	┌ No
:	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	ne year ►		
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the	year 🟲 \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	☐ Yes	┌ No
-	In Part XIV, describe how the organization reports co palance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financi			
t	Organizations Maintaining Collectio Complete if the organization answered '		, or Other Similar	Assets.	
i	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	irch in furtherance of p		е,
١	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for porovide the following amounts relating to these items	oublic exhibition, education, or research		•	
((i) Revenues included in Form 990, Part VIII, line 1		► \$		
((ii) Assets included in Form 990, Part X		► \$		
1	If the organization received or held works of art, historically amounts required to be reported under SFA			ıde the	
ı	Revenues included in Form 990, Part VIII, line 1		► \$		
	Assets included in Form 990, Part X		▶ \$		
- 1	155015 Included in Follingso, Fall A		- →		

ап	•••• Organizations Maintaining Collections of A	rt, His	tori	cal Treasu	res, or Othe	er Similar	Asse	ets (co	ntınued,
3	Using the organization's accession and other records, check a items (check all that apply)	any of th	ne foll	owing that are	a significant	use of its col	lectioi	n	
а	Public exhibition	d	Γ	Loan or exch	ange program:	S			
b	Scholarly research	e	Γ	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and exp Part XIV	olaın hov	w they	further the o	rganızatıon's e	xempt purpo	se in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a		,			mılar	Г	Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arrangements				nızatıon ansv	vered "Yes	' to Fo	orm 9	90,
	Part IV, line 9, or reported an amount on Form								
la	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?		for c	ontributions o	r other assets	not	Γ	Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the following to	able			_	1			
							A mou	ınt	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
!a	Did the organization include an amount on Form 990, Part X, I	ıne 21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization								
	(a)Current Year)Prior	rear (c)Two	o Years Back (d)Three Years B	ack (e	Four Ye	ears Back
a	Beginning of year balance 2,164,8								
b	Contributions								
С	Investment earnings or losses480,5								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	82							
9	Provide the estimated percentage of the year end balance help	— das							
	Board designated or quasi-endowment	u us							
а	100.000.00								
Ь	Permanent endowment 100 000 %								
С	Term endowment ►								
la	Are there endowment funds not in the possession of the organ organization by	iization	tnat a	re neid and ad	aministerea fo	rtne		Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		Νο
b	If "Yes" to $3a(II)$, are the related organizations listed as requi	red on S	ched	ule R?		[3b		
ļ.	Describe in Part XIV the intended uses of the organization's e								
ar	t VI Investments—Land, Buildings, and Equipm	ent. S	ee F	orm 990, Pa	rt X, line 10				
	Description of investment			Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreciat	tion	(d) Boo	k value
.a	Land			2,083,537					2,083,537
b	Buildings	•		34,456,426		9,406	,152	2	5,050,274
c	Leasehold improvements								
d	Equipment			3,769,067		2,083	3,537		1,685,530

28,819,341

Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		·
losely-held equity interests		
ther Investments in real estate - LLP's	6,823,190	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	6,823,190	
art VIII Investments—Program Related. Se	e Form 990. Part X. line 1	13.
(a) Description of investment type		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II	no 15	
(a) Descri		(b) Book value
(2)		
otal. (Column (b) should equal Form 990, Part X, col.(B) line .	15.)	
Part X Other Liabilities. See Form 990, Part X	K, line 25.	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
unds held on behalf of others	275,704	
BLIGATION UNDER SPLIT-INTEREST AGREEMENTS	402,750	
ETIREMENT BENEFIT LIABILITY	1,346,804	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	2,025,258	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,096,143
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,844,750
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-748,607
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	-1,190,449
8	Other (Describe in Part XIV)	8	-2,605,436
9	Total adjustments (net) Add lines 4 - 8	9	-3,795,885
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,544,492
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	22,597,172
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	22,597,172
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 .		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	2,498,971
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,096,143
Pair 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per i	xeturn 25,951,215
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	23,931,213
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	106,465
3	Subtract line 2e from line 1	3	25,844,750
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) 4b	1	
c	Add lines 4a and 4b	4c	O
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,844,750

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		NET UNREALIZED LOSS ON INVESTMENTS -2498971 NET ASSETS RELEASED FROM RESTRICTIONS -106465

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** ST JOHNSBURY ACADEMY 03-0181215 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 nondiscriminatory policy is communicated in all relevent media 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? 5e Νo 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)

b Has the organization's right to such aid ever been revoked or suspended?

6a Does the organization receive any financial aid or assistance from a governmental agency?

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

6a

6b

Yes

Νo

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036130

OMB No 1545-0047

2008

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

	ne of the organization					Employer ide	ent if icat io	n number
i J	OHNSBURY ACADEMY					03-018121	5	
Pā	General Infor "Yes" to Form 9			de the United States	. Complete	e if the organ	nization a	inswered
1		•		ecords to substantiate	the amount	of the grant	s or	
-	_	_		assistance, and the se		_		
	the grants or assistan	ce					ᅜ	Yes
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States							
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)				
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)		
	(a) Region	offices in the	employees or	fundraising, program services,		am service, pecific type of		expenditures in
		region	agents in region	grants to recipients located in the region)		s) in region		region
	T ASIA AND THE	0	0	FUNDRAISING				

Totals .

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	SUB-SAHARAN AFRICA	1	47,068				
FINANCIAL AID	MIDDLE EAST AND NORTH AFRICA	4	82,500				
FINANCIAL AID	EAST ASIA AND THE PACIFIC	8	131,550				
FINANCIAL AID	EUROPE	1	22,000				
FINANCIAL AID	CENTRAL AMERICA AND THE CARIBBEAN	9	129,970				
i	•					Calcad	COO) 2000

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 03-0181215

Name: ST JOHNSBURY ACADEMY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2008

DLN: 93493133036130

Department of the Treasury Internal Revenue Service Name of the organization

ST JOHNSBURY ACADEMY

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

							03-0181215	
Pa	art I General Infor	mation on Grai	nts and Assistance					
1	the selection criteria use	ed to award the gran	nts or assistance?					ר Yes Γו
2	Describe in Part IV the o							1 1157 11
Ра	Form 990, Part Part IV and Sch		ny recipient that rece tional space is		00. Check this box	tes. Complete if the of the of the of the office of the of		
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)		(h) Purpose of grant or assistance
2	Enter total number of seconganizations					•		
3	Enter total number of oth							•
For I	Paperwork Reduction Act No				Cat No 50055	p	Sci	nedule 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, P	art 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
scholarships to students - details available upon request	14	359,373			

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036130

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service

Compensated Employees

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

Open to Public Inspection

Na	me	of	t he	orga	nizat	ion
ST	JOH	NSE	BURY	ACAD	EMY	

Employer identification number

03-0181215

Рa	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 II					
	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	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		•			
	✓ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		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 VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	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 p	rovide 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	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	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	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	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,"		•	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
MR THOMAS W LOVETT	(1) (11)	197,005		44,947			241,952	
Mr JOHN CUMMINGS	(1) (11)	117,058		39,100			156,158	
Mr HO WA RD CRA WFO RD JR	(1) (11)	125,378					125,378	
Mr WILLIAM CRUESS	(1) (11)	111,700					111,700	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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	Return Reference	Explanat ion
	Part I, Line 1a	AS A CONDITION OF EMPLOYMENT, THE HEADMASTER AND ASSOCIATE HEADMASTER RESIDE ON CAMPUS
	Part I, Line 4a	BILL CRUESS - SEVERANCE PAYMENT THOMAS LOVETT - 457 PLAN

Schedule J (Form 990) 2008

DLN: 93493133036130

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

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.

Open to Public Inspection

Name of the organization										Employer identification number					
SI	JOHNSBURY ACADEMY									03-01812	215				
P	art I Bond Issues (Required	for 2008)								•					
	(a) Issuer Name (b) Issuer EIN (c) CUSIP a		(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Description of Purpose		urpose	(g) Defeased		(h) On Behalf o Issuer		
											Yes	No	Yes	No	
A	VERMONT EDUCATION AND HEALTH BUILDINGS FINANCING AGENCY 23-7154467 9241603v4					EFINANCE PREVIOUS BOND NEW CONSTRUCTION OF ARY			x		x				
Pā	Proceeds (Optional for 2	2008)		<u> </u>	<u>'</u>	_		'							
				,	Α		В	<u> </u>	:	D	D		E		
1	Total Proceeds of Issue														
2	Gross Proceeds in Reserve Funds					1									
3	Proceeds in Refunding or Defeasan	ice Escrows													
4	4 Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures from														
7	Capital Expenditures from Proceed	S													
8	Year of Substantial Completion											_			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	<u>. </u>	No	
9	Were the bonds issued as part of a	current refunding iss	sue?												
10	Were the bonds issued as part of a	n advance refunding	ıssue?												
11	Has the final allocation of proceeds	s been made?													
12	Does the organization maintain add final allocation of proceeds?	equate books and rec	cords to support the												
Pa	rt IIII Private Business Use (Optional for 2008)							•					
				-	4	+	B	-		D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	;	No	
1	Was the organization a partner in a which owned property financed by t		ember of an LLC,												
2	Are there any lease arrangements which may result in private busines		inanced property												

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	D		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	<u> </u>	E	3	С		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?										
b	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?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

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

DLN: 93493133036130

OMB No 1545-0047

Open to Public 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

Employer identification number ST JOHNSBURY ACADEMY 03-0181215 Part T Types of Property

	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermın	ıng	
		applicable		1 g				
	Art—Works of art							
_	=							
	Books and publications Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	X	1	1,950,000	VALUATION REPO	RTS		
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date		•	not required to be used for a	exempt purposes			
_	for the entire holding period?					30a		No
ь 31	If "Yes", describe the arrangem					31		Νο
	Does the organization have a gi					<u> </u>		110
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not repor	t revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							
Ear D	anerwork Peduction Act Notice see	the Instruct	tions for Form 000	Cat No. 512271	Schodulo	M /Ears	~ 000	1 2000

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					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133036130

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization ST JOHNSBURY ACADEMY

Employer identification number
03-0181215

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		TRUSTEES OF THE ST JOHNSBURY ACADEMY REVIEWED A LIST OF CONTRIBUTIONS OVER \$5,000 AT THE OCTOBER 10,2009 MEETING OF THE FULL BOARD ONCE THE 990 IS PREPARED, COPIES WILL BE SENT TO THE FULL BOARD WHO WILL HAVE 10 DAYS TO REVIEW THE DOCUMENT AND PRESENT ANY QUESTIONS TO THE AUDIT COMMITTEE, CFO OR HEADMASTER IF NO OBJECTIONS ARE PRESENTED, THE RETURN WILL BE FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD OF TRUSTEES REVIEWS AND SIGNS A NEW CONFLICT OF INTEREST AGREEMENT EACH OCTOBER ANY CONFLICTS ARE DISCLOSED AT THAT TIME NO CONFLICTS WERE DISCLOSED IN THE CURRENT PERIOD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE COMPENSATION OF THE HEADMASTER ANNUALLY USING PERFORMANCE MEASURES, ACHIEVEMENT OF DEFINED GOALS AND A CUSTOMIZED REPORT PURCHASED FROM NAIS THAT PROVIDES COMPARATIVE DATE FROM OTHER INDEPENDENT SCHOOLS, THE STATE OF VERMONT AS WELL AS NATIONAL STATISTICS OTHER KEY EMPLOYEES HAVE AN ANNUAL PERFORMANCE APPRAISAL BY THE HEADMASTER AND ARE COMPENSATED USING SURVEY DATA FROM NAIS, ISANNE AND THE STATE OF VERMONT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		UPON REQUEST OR THROUGH GUIDESTAR ORG

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE AUDIT COMMITTEE

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

See separate instructions.

DLN: 93493133036130

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

Identifying number Business or activity to which this form relates Name(s) shown on return ST JOHNSBURY ACADEMY Form 990 Page 10 03-0181215 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 1,054,359 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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