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DLN: 93493137002200

OMB No 1545-0047

2008

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

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

Open to Public Inspection

A Fo	rthe 2	2008 cal	endar yea	<u>, , , , , , , , , , , , , , , , , , , </u>	7-01-2008 and ending 06-30-20	09		
_			Please	C Name of organization BANCROFT SCHOOL			D Employer ider	ntification number
_	dress cha	ange	use IRS label or	Doing Business As			04-2103861 E Telephone nui	
_	me char	_	print or type. See				(508) 853-2	
Inıt —	al retur		Specific Instruc-	Number and street (or P O 110 SHORE DRIVE	box if mail is not delivered to street add	ress) Room/suite	G Gross receipts	
	mınatıoı		tions.				·	, , ,
_ Am	ended r	eturn		City or town, state or countr WORCESTER, MA 01605	y, and ZIP + 4			
App	olication	pending		,				
				ne and address of Principa .EL J MOONEY	al Officer		s a group return	
				ORE DRIVE		affilia	tes?	ΓYes Γ No
				STER,MA 01605		H(b) Are al	l affiliates included	d?
[Ta:	x-exem	pt status	У 501(c)	(3) ◀ (insert no)	7(a)(1) or 527	_	•	See instructions)
ı w	eb site	e: 🕨 WWV	W BANCRO	OFTSCHOOL ORG		H(c) Grou	p Exemption Nun	nber 🗠
К Тур	e of org	anızatıon	Corporat	ion trust association c	other 🕨	L Year of Fo	rmation 1900 M s	State of legal domicile MA
Pa	rt I	Sumn	narv					
				e organization's mission o	r most significant activities			
φ					EGE PREPARATORY EDUCATION	ON IN A COED	UCATIONALEN	IVIRONMENT
Governance								
Ĕ								
Ò			,		tinued its operations or disposed			
			_		body (Part VI, line 1a)			24
Activities &				nployees (Part V, line 2a)	ne governing body (Part VI, line	16)		141
Ĕ				lunteers (estimate if nece				100
ទ្					n Part VIII, line 12, column (C)		_	0
	ь	Net unre	lated busi	ness taxable income from	Form 990-T, line 34			0
						Pric	or Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, line 1	h)		505,956	553,423
alle	9	Progran	n service	revenue (Part VIII, line 2	g)	-	11,740,430	12,606,538
Reven	10				, lines 3, 4, and 7d)		1,386,549	298,569
_	11		-		s 5, 6d, 8c, 9c, 10c, and 11e)		52,034	19,446
	12	Total re	evenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), l	ne	13,684,969	13,477,976
	13	Grants	and simila	er amounts paid (Part IX, o	column (A), lines 1-3)		1,618,865	1,763,990
	14	Benefits	s paid to o	r for members (Part IX, co	olumn (A), line 4)			0
ø	15		s, other co	ompensation, employee be	nefits (Part IX, column (A), lines	; 5 –	6 76 5 1 5 2	7.610.306
Expenses	16-	10)	uonal fund	raising fees (Part IX, colu	mn (A) line 11e)		6,765,153	7,619,396
<u>Φ</u>	16a b							
Δ	17	•		penses, Part IX, column (D), lin Part IX, column (A), lines			5,291,081	4,848,976
	18				qual Part IX, line 25, column (A))	,	13,675,099	14,232,362
	19			penses Subtract line 18 fi			9,870	-754,386
<u>ያ ም</u>			<u> </u>			Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Total as	ssets (Par	t X, line 16)			39,180,892	33,845,771
Ass Ba	21		•	Part X, line 26)			12,389,234	12,631,069
<u> </u>	22		•	d balances Subtract line	21 from line 20		26,791,658	21,214,702
	t III		ture Blo					
		Under pe	nalties of pe	rjury, I declare that I have exa	mined this return, including accompanyi			
Plea		l.		correct, and complete Declarati	on of preparer (other than officer) is ba	1		r has any knowledge
Sign		***** Signat	ture of office	er		2010- Date	-05-13	
Here	e	MICHA	AEL MOONEY	′ CEO				
			or print nam					
		Preparer's			Date	Check If	Preparer's PTIN (S	See Gen Inst)
Paid		signature		a E Kıng	2010-05-11	self- empolyed •		
Prepa	arer's		ne (or yours	BOLLUS LYNCH LLP	L	,	ETAL 5	
Use (Only	ıf self-em address, a	ployed), and ZIP + 4	89 SHREWSBURY STREET			EIN Þ	
		,		WORCESTER, MA 01604			Phone no 🕨 (50	08) 755-7107
May t	the IRS	S discuss	this retu	· ·	n above? (See instructions) .			✓ Yes No

Cat No 11282Y

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

1	Briefly describe the organiza	ation's mission			
		coeducational, college-preparator alize their academic, personal and		ualified and motivated college-bound stu	dents, kındergarten through
2	Did the organization the prior Form 990 or		rogram services during the year		es ✓ No
	If "Yes," describe the	se new services on Schedu	ile O		
3	services?		significant changes in how it cor	nducts any program 	es 🔽 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) an	d (4) organizations and 49		largest program services by experence by experence and alled	
4a	Inspired students, a supe their passion in life and t	comprehensive, caring, and creat enor faculty, and engaged familie o learn to embrace confidently a	s thrive in our diverse, safe, and suppo	1,763,990) (Revenue \$ am that fosters an experience of excellen ortive community We afford students the lallenges of being life-long learners, teach FT	opportunity to discover
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	· -	ces (Describe in Schedule	·		
	(Expenses \$		grants of \$) (Revenue \$)
<u>4e</u>	Total program service	ra aynansas \$ 1	1 019 899 Must equal Part IX	Line 25, column (B)	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		N o
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		Νο
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		No
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
c	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	L ven	dors and reportable			
·	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this		141			
	return	2a				
ь	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
_	return?			3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
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
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	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 sł	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement the 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?	itribut	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	•	· ·	_		
	file Form 8282?	1		7c		N o
a	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 pay	y prem	nums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form			7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	file a F	orm 1098-C as	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	· ·	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the year?			8		Νo
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		Νο
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders					
_		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d I	of Form 1041? I	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

No

Yes

11

Νo

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 Body and Management
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,

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

	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 24			
b	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? \cdot .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	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	

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		Νo
	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		Νο
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 MA
- 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. another's 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 MICHAEL 1 MOONEY

BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 01605

(508) 853-2640

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

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

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

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

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

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

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

Part VII	Continue	a
rait vii	Continue	u

			1	(ition that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (V 2/1099MISC	Reportable compensation from related organizations	֓֡֓֜֜֜֜֓֓֓֓֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֜֓֡֓֡֓֜֡֓֡֓֡֓֜֓֡֓֡֓֡֡֡֡֓֜֡֡֓֜֡֡֡֡֓֜֡֡֡֡֡֡	Estima amount o compens from t organizati relati organiza	fother ation the on and ed
											+		
	T							 	651	,664	0		0
TD	Total						-		031	,001			Ϋ́I
2	Total number of individuals (includii				ved	mo		n \$1		table			
2	Total number of individuals (including compensation from the organization	ng those in 1			ved	mo		n \$1	00,000 in repor	table			
2		ng those in 1			ved	mo		n \$1	1 00,000 in repor	table		Yes	No
3	compensation from the organization Did the organization list any former	ng those in 1 ▶4 officer, direc	a) who	recei	e, k	ey e	re tha	yee,	or highest comp	ensated employee		Yes	
3	Did the organization list any former on line 1a? If "Yes," complete Schedu	officer, directive J for such	a) who	recei ruste	e, k	ey e	re tha	yee,	or highest comp	ensated employee	3	Yes	No No
	Did the organization list any former on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, i organization and related organization	officer, directive J for such	a) who	recei ruste ual	e, k	ey e	emplo	yee, • and	or highest comp	ensated employee tion from the	3	Yes	
3	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	ctor or t individe reporta han \$15	ruste ual ble c	e, k omp	ey e	emplo ation es," c	yee, and omp	or highest comp other compensa lete Schedule J fo	ensated employee tion from the such	3	Yes Yes	
3	Did the organization list any former on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, i organization and related organization	officer, directile J for such sthe sum of ns greater the sum of ns	ctor or t individe	ruste ual ible c	e, k omp 0?.	ey e	emplo ation estion estion estion estion many	yee, and omp	or highest composed other compensalete Schedule J fo	ensated employee tion from the such on for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedular organization and related organization individual listed on line 1a, in organization and related organization individual	officer, directle of such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of such such such such such such such such	ctor or t individe	ruste ual ible c	e, k omp 0?.	ey e	emplo ation estion estion estion estion many	yee, and omp	or highest composed other compensalete Schedule J fo	ensated employee tion from the such on for services			
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th	a) who	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the such on for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedular organization and related organization individual listed on line 1a, in organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th	ctor or t individe reporta nan \$15 ue comp Schedul	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the such on for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of th	ctor or t individual reporta nan \$15 ue comp Schedul	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the such on for services	4		No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	ctor or t individual reporta nan \$15 ue comp Schedul	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the rsuch on for services on for services	4	Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	ctor or t individual reporta nan \$15 ue comp Schedul	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the rsuch on for services on for services	4	Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	ctor or t individual reporta nan \$15 ue comp Schedul	ruste ual ible c 50,00 pensa	omp omp oo?	ey e	emplo ation estion es, "c ation many	yee, and ompi	or highest composes other compensalete Schedule J fo	ensated employee tion from the rsuch on for services on for services	4	Yes	No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
計	b	Membership d	ues					
s, gra	c	Fundraising ev	/ents 1c					
<u>#</u>	d	Related organ	ızatıons					
ns Yimi	e	Government gran	its (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	553,423				
팔	g	Noncash cont	1f ributions included in					
S ≝		lines 1a-1f \$			552 422			
	h	Total (Add lin	es 1a-1f) . . .		553,423 ————————————————————————————————————			
9		TUTTON A FFFC		Business Code				
ne ne	2a	TUITION & FEES	POOKSTOR	611,710	12,207,117	12,207,117		200.404
æ	Ь	SCHOOL LUNCH,	BOOKSTOR	611,710	399,421			399,421
JC 6	c d							
<u> </u>	e							
Tan I	f	All other progi	ram service revenue					
Program Serwce Revenue	g	Total. Add line	es 2a-2f					
	<u> </u>	> \$ 12,606,53						
	3		come (including divi	·	969,936			969,936
			amounts)	▶	909,930			909,930
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	1,718,531	(ii) o ciici				
		from sales of assets other						
	ь	than inventory Less cost or	2,389,898					
		other basis and sales expenses	674.267					
	c d	Gain or (loss) Net gain or (lo	-671,367		-671,367	-671,367		
				. ▶	,	,		
	8a	Gross income events (not in	from fundraising cluding					
Φ		\$						
n S		1c) See Part						
Şe,			e G ıf total exceeds					
4	ь		xpensesb					
Other Revenue	с		(loss) from fundrais	ing events				
_	9a	Gross income	from gaming					
		activities See Complete Sched	e part IV , line 19 dule G if total					
		exceeds \$15,00						
			a					
	b c		xpensesb (loss) from gaming a	activities				
				►				
	10a	Gross sales o returns and al	f inventory, less lowances . a					
	b	Less cost of						
	С		(loss) from sales of					
	11~	Miscellaneou		Business Code 611,710	19,446	19,446		
	11a b	MISCELLANE	OUSINCOME	011,710	19,440	19,440		
	C							
		A.U 1.1						
	d e	All other reven						
				\$ 19,446				
	12	Total Revenue 8c,	Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	13,477,976	11,555,196	0	1,369,357
		9c, 10c, and 1	1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the se).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,763,990	1,763,990		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,216,754	4,527,380		202,475
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	424,590	314,197	95,486	14,907
9	Other employee benefits	473,133	424,994	11,969	36,170
10	Payroll taxes	504,919	373,640	114,879	16,400
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	860,778	765,582	87,902	7,294
14	Information technology				
15	Royalties				
16	Occupancy	1,170,988	1,053,889	117,099	
17	Travel	34,157	28,068	6,047	42
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	43,219	35,521	7,583	115
20	Interest	319,728		319,728	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	971,580	874,422	97,158	
23	Insurance	57,025		57,025	
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	AUXILIARY ACTIVITIES	393,079	393,079		-
ь	ATHLETICS	297,781	297,781		-
c	PROFESSIONAL SERVICES	146,066	6,402	139,664	
d	ADMISSIONS	68,953		68,953	
e	LIBRARY	65,662	65,662		_
f	All other expenses	419,960	95,292	278,396	46,272
25	Total functional expenses. Add lines 1 through 24f	14,232,362	11,019,899	2,888,788	323,675
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				200 (2008)

Part X	Balance	Sheet
	Dalalice	SHEEL

				(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing		3,420,646	1		2,664,473
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		86,082	3		40,085
	4	Accounts receivable, net		68,324	4		177,569
	5	Receivables from current and former officers, directors, trustees, key employed other related parties. Complete Part II of Schedule L	yees or		5		
	6	Receivables from other disqualified persons (as defined under section 4958 persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		31,004	7		25,704
	8	Inventories for sale or use		103,905	8		105,251
22	9	Prepaid expenses and deferred charges		378,939	9		207,704
Assets	10a	Land, buildings, and equipment cost basis	20,705,717				
*	b	Less accumulated depreciation Complete Part VI of Schedule D	9,154,161	12,344,565	10c	1	1,551,556
	11	Investments—publicly traded securities		20,951,845	11	1	7,588,067
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		1,501,502	12		1,224,522
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII of Schedule D$.			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		294,080	15		260,840
	16	Total assets. Add lines 1 through 15 (must equal line 34)		39,180,892	16	3	3,845,771
	17	Accounts payable and accrued expenses .		953,252	17		985,138
	18	Grants payable			18		
	19	Deferred revenue		1,935,810	19		2,048,043
_	20	Tax-exempt bond liabilities			20		
<u>ie</u> s	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					
Lie		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		9,500,172	25		9,597,888
	26	Total liabilities. Add lines 17 through 25		12,389,234	26	1	2,631,069
Ś		Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 23	7				
Balance		through 29, and lines 33 and 34.					
ılar	27	Unrestricted net assets		15,868,806	27	1	2,354,176
g	28	Temporarily restricted net assets		2,890,392	28		769,723
Fund	29	Permanently restricted net assets		8,032,460	29		8,090,803
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
Net	33	Total net assets or fund balances		26,791,658	33	2	1,214,702
_	34	Total liabilities and net assets/fund balances		39,180,892	34	3	3,845,771
Рa	rt XI	Financial Statements and Reporting					
	A F	· ····································				Yes	No

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

DLN: 93493137002200

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

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

BANCE	OFT S	CHOOL									
									-210386:		
	rt I			harity Status (to be con					Instruct	ions)	
	rganı			ation because it is (Please							
1	<u> </u>	•		nurches, or association of ch			Section 1	.70(Б)(1)((A)(i).		
2	<u> </u>			t ion 170(b)(1)(A)(ii). (Attac							
3	<u> </u>	•	·	e hospital service organizati			-		• •		•
4	ı	A medical	research organi	zation operated in conjuncti	on with a h	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
			name, city, and								
5		An organiza	ation operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ibed in Se	ct ion 170((b)(1)(A)	(v).		
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	eral public
		described i	n Section 170(l))(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	om activities re	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)
11	Γ	•	•	and operated exclusively fo		, ,			,	•	, ,
				orted organizations describe						Section 5	09(a)(3). Check
			it describes the ype I b	type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Other
e	\vdash	•	• •	rtify that the organization is							
_	'	•	-	agers and other than one or			•			•	· ·
		section 50			•	, , ,	J				
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
_		check this		the ergonization accepts	danu aift.	ar aantribi	itian fram				ı
g		following pe		as the organization accepted	u ally gilt i	or continu		any or the	:		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(ii)
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(
h				nation about the organizatio			supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9	_	atıon ın	_	nızatıon		atıon ın	support?
1	Organ	nızatıon		above or IRC section	col (i)		•) of your		rganized	
				(See Instructions))	your go	verning nent?	supp	ortz	In the	US?	
					Yes	No	Yes	No	Yes	No	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, 100, 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)						
To	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						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	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: 04-2103861

Name: BANCROFT SCHOOL

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(C) Position (check all that apply)								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PHYLLIS HARRINGTON , SECRETARY	2 00	Х						0	0	0
DAVID BEECHER , TRUSTEE	2 00	Х						0	0	0
MICHAEL ANGELINI , FIRST VICE PRESIDENT	2 00	Х						0	0	0
THOMAS H CAHN , VICE PRESIDENT	2 00	Х						0	0	0
BENJAMIN DOBSON , TRUSTEE	2 00	Х						0	0	0
AGNES KULL , TREASURER	2 00	Х						0	0	0
HENRY MICHIE , TRUSTEE	2 00	Х						0	0	0
DAVID NICHOLSON , TRUSTEE	2 00	Х						0	0	0
HOWARD RUBIN , TRUSTEE	2 00	Х						0	0	0
JAMES CONDON , TRUSTEE	2 00	Х						0	0	0
FRANCISCA FAJANA , TRUSTEE	2 00	Х						0	0	0
MARIANNE JEPPSON , HONORARY TRUSTEE	2 00	Х						0	0	0
RICHARD PROUTY , HONORARY TRUSTEE	2 00	Х						0	0	0
WARNER FLETCHER , HONORARY TRUSTEE	2 00	Х						0	0	0
GEORGE S TSANDIKOS , TRUSTEE	2 00	Х						0	0	0
SCOTT REISINGER , HEADMASTER	40 00	Х		Х		Х		248,854	0	0
JAMES ERMILIO , TRUSTEE	2 00	Х						0	0	0
NEIL MCDONOUGH , PRESIDENT	2 00	Х						0	0	0
DAVID COCHRANE , TRUSTEE	2 00	Х						0	0	0
DAVID CYGANSKI , TRUSTEE	2 00	Х						0	0	0
KEVAN GIBSON , TRUSTEE	2 00	Х						0	0	0
ASHRAF KHAN , TRUSTEE	2 00	Х						0	0	0
TODD H WETZEL , TRUSTEE	2 00	Х						0	0	0
SUSAN COCHRANE , TRUSTEE	2 00	Х			<u> </u>			0	0	0
WENDY O'LEARY, TRUSTEE	2 00	Х			$oxed{oxed}$		$oxed{oxed}$	0	0	0
SUZANNE ST PIERRE , TRUSTEE	2 00	Х	<u> </u>					0	0	0
CRAIG STEVENS , TRUSTEE	2 00	Х					<u> </u>	0	0	0
MICHAEL J MOONEY , CFO	40 00			Х	<u> </u>	Х	<u> </u>	170,720	0	0
ELIZABETH SILADI , ADVANCEMENT DIRECTOR	40 00					Х		115,530	0	0
ROY GILLETTE , HEAD UPPER SCHOOL	40 00					х		116,560	0	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization BANCROFT SCHOOL

			04-2103861
Part	Organizations Maintaining Donor A organization answered "Yes" to Form 9		funds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
Т	otal number at end of year		
Α	aggregate Contributions to (during year)		
Α	ggregate Grants from (during year)		
Α	aggregate value at end of year		
	Old the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
ι	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the be mpermissible private benefit?		
art	Conservation Easements. Complete	of the organization answered "Yes"	to Form 990, Part IV, line 7.
Г Г	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space	tion or pleasure)	n historically importantly land area ertified historic structure
	Complete lines 2a–2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the forr	
			Held at the End of the Yea
)	Total number of conservation easements		2a
	Total acreage restricted by conservation easemen	ts	2b
	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
	Number of conservation easements included in (c)	acquired after 8/17/06	2d
ľ	Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the organization during
t	:he taxable year ▶		
N	Number of states where property subject to conserv	vation easement is located 🕨	
	Does the organization have a written policy regardirenforcement of the conservation easements it holds	ng the periodic monitoring, inspection, vio	lations, and Yes No
S	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during th	e year 🕨
F	Amount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	vear ►\$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction Yes No
b	In Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease:	the footnote to the organization's financia	
rt	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets heli provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resea	rch in furtherance of public service,
ŀ	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	
((i) Revenues included in Form 990, Part VIII, line	1	► \$
((ii) Assets included in Form 990, Part X		▶ \$
I	If the organization received or held works of art, his following amounts required to be reported under SFA		. 1
) F	Revenues included in Form 990, Part VIII, line 1		► \$
			· *

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	llections of Art,	Hist	oric	<u>cal Treasu</u>	res, or Othe	<u>er Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	e foll	owing that are	a significant	use of its collectio	n	
а	Public exhibition		d	Γ	Loan or exch	nange program:	5		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how	they	further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Pai	t IV Trust, Escrow and Custodial					nızatıon ansv	vered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an		•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for co	ontributions o	r other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
							A mo	unt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							- \ Faur V	aara Daak
1a	Beginning of year balance	(a)Current Year 10,734,488	(D)	Prior '	rear (c) iw	ro Years Back (d) infee Years Back (e)Four Ye	ears Back
ь	Contributions	101,875							
c	Investment earnings or losses	-1,885,804							
d	Grants or scholarships	, ,							
e	Other expenditures for facilities	-479,728							
_	and programs								
f	Administrative expenses								
g	End of year balance	8,470,831							
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment 🕨	4 500 %							
b	Permanent endowment 🕨 95 500 %								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses	ssion of the organizat	ıon th	hat a	re held and a	dmınıstered fo	r the		
	organization by						2-/:)	Yes	No
	(i) unrelated organizations			•			3a(i)	_	N o N o
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						3a(II)	1	NO
4	Describe in Part XIV the intended uses of th							1	<u> </u>
Par	t VI Investments—Land, Buildings					rt X. line 10.			
	Description of investment			(a)		(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a					1,504,430				1,504,430
	Buildings				18,153,934		8,632,247		9,521,687
	Leasehold improvements				84,711		51,062		33,649
	Equipment				925,395		456,747		468,648
	Other				37,247		14,105		23,142
_	· · · · · · · · · · · · · · · · · · ·				,		,		-,

11,551,556

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Table (October (IX) should be a cooper to the cooper to th			
Part IX Other Assets. See Form 990, Part X, col (B) line 13) •	 ne 15		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
BONDS PAYABLE	9,195,000]	
HEDGING INSTRUMENTS	402,888		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	9,597,888		

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าเร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,477,976
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,232,362
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-754,386
4	Net unrealized gains (losses) on investments	4	-4,754,967
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-67,603
9	Total adjustments (net) Add lines 4 - 8	9	-4,822,570
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,576,956
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
1	Total revenue, gains, and other support per audited financial		8,655,406
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	-4,822,570
3	Subtract line 2e from line 1	3	13,477,976
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c 5	13.477.076
5 Darr	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	_	13,477,976
1	Total expenses and losses per audited financial statements	1	14,232,362
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		. , ,
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,232,362
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		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,232,362

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Endowment Funds restricted funds established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed or legal restrictions. Endowment funds include invested gifts and assets of pooled income funds for endowment purposes. The Board of Trustees has interpreted state law as allowing the utilization of appreciation or appreciation or appreciation or appreciation or appreciation in must be used. As a result in interpretation, the School classifies as permanently restricted assets unless explicit donor stipulations specify how net appreciation must be used. As a result in interpretation, the School classifies as permanent endowment, (a) the original value of guits donated to the interpretation, the School classifies as permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (a) the original value of subsequent gifts to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment that the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment and the fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets is classified as temporary restricted networance and control the fund that is not classified in permanent pe	Ident if ier	Return Reference	Explanation
art XI, Line 8 - Other Adjustments CHANGE IN VALUE OF ASSETS OF POOLED INCOME FUNDS -43532 CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST -24071 CHANGE IN VALUE OF ASSETS OF POOLED INCOME djustments FUNDS -43532 CHANGE IN FAIR VALUE OF BENEFICIAL	art V, Line 4	· · ·	restricted funds established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed of legal restrictions. Endowment funds include invested gifts and assets of pooled income funds for endowment purposes. The Board of Trustees has interpreted state law as allowing the utilization of appreciation on permanently restricted assets unless explicit donor stipulations specify how net appreciation must be used. As a result of this interpretation, the School classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the School in a manner consistent with the standard of prudence prescribed by state law. To satisfy its long-term rate-of-return objectives, the School relies on a strategy which emphasizes total return through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Specifically, the primary objective in management of the endowment is maintaining liquidity and long-term capital growth, while preserving the purchasing power of the endowment. The School has invested in mutual funds, equity securities, and an alternative investment that target a diversified asset allocation that places a greater emphasis on equity-based investments to achieve these objectives within prudent risk constraints. The Board of Trustees adopted a policy of transferring 4% of the market value of investments to operations bas
djustments FUNDS -43532 CHANGE IN FAIR VALUE OF BENEFICIAL	art XI, Line 8 - Other Adjustme	nts	FUNDS -43532 CHANGE IN FAIR VALUE OF BENEFICIAL
	art XII, Line 2d - Other adjustments		FUNDS -43532 CHANGE IN FAIR VALUE OF BENEFICIAL

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

BANCROFT SCHOOL 04-2103861 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 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? 2 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 NEWSPAPER NOTICES AND ENROLLMENT LITERATURE CATALOGS AN EXAMPLE OF THIS IS AN ADVERTISEMENT ANNUALLY RUN IN THE BOSTON GLOBE DESCRIBING BANCROFT THROUGH THE AINSE (ASSOCIATION OF INDEPENDENT SCHOOLS IN NEW ENGLAND) 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 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) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493137002200

OMB No 1545-0047

Open to Public

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspect ion

Employer identification number Name of the organization BANCROFT SCHOOL 04-2103861 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and □ Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed...... 1(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant **(b)** EIN organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
INSTITUTIONAL FINANCIAL AID	117	1,763,990			

Part TV	Supplemental Information, Cor	inlete this part to	provide the information rec	uured in Part I line 2	, and any other additional information.
	Supplemental Information Co.	ipiece and pare to	provide the information rec	fanca in raic i, inic z	, and any outer additional information.

Ident if ier	Return Reference	Explanation

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DLN: 93493137002200

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury

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

Attach to Form 990. To be completed by organizations

Internal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

Name of the organization
BANCROFT SCHOOL

Employer identification number

04-2103861

Pa	Questions Regarding Compensation	<u>n</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the contract of the	hat appl	У			
	Compensation committee	V	Written employment contract			
	Independent compensation consultant	[고	Compensation survey or study			
	Form 990 of other organizations	Į o	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		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	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	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," of		•	7		No
8	Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III			8		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
SCOTT REISINGER	(I)	201,340		47,514			248,854	
MICHAEL J MOONEY	(E)	139,400		31,320			170,720	
	(i)							
	(ii)							
	(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	Explanation
-		
	•	

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DLN: 93493137002200

OMB No 1545-0047

2008

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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 BANCROFT SCHOOL

Employer identification number

04-2103861

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 WILL BE PREPARED BY BOLLUS LYNCH, LLP PRIOR TO FINAL FILING THE BOARD WILL BE INFORMED THAT THE 990 IS AVAILABLE FOR REVIEW ONCE REVIEWED IT WILL BE SIGNED BY THE HEADMASTER, BOARD SECRETARY AND CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD OF TRUSTEES REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY IN ORDER TO ENSURE THAT THE ORGANIZATION'S BOARD OF TRUSTEES, OFFICERS, AND EMPLOYEES ARE REGULARLY AND CONSISTENTLY MONITORING AND ENFORCING IT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		DATA GATHERED FROM NAIS AND AISNE STATISTICS ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE THROUGH A BUDGET PROCESS THAT ESTABLISHES COMPENSATION AND BENEFITS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FORM 990 is filed as required, MAKING it a public document BANCROFT EXPRESSES THIS At the Board level and with various foundations that ask to provide information filed in the 990 BANCROFT referS TO all inquiries to the public filing AND COPIES ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
		BANCROFT HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS THE COMMITTEE ALSO ASSUMES RESPONSIBILITY OF THE SELECTION OF AN INDEPENDENT ACCOUNTANT