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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

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

2008

OMB No 1545-0047

Open to Public Inspection

B Ch	eck ıf a	pplicable	Please	C Name of organization WORCESTER ACADEMY			D Employer ide	ntification number
┌ Add	dress ch	ange	use IRS				04-210585	5
⊢ <sub>Na</sub>	me cha		label or print or	Doing Business As			E Telephone nu	mber
	tıal retu	1	type. See				(508) 754-5	302
_			Specific Instruc-	Number and street (or P O box if 81 PROVIDENCE STREET	mail is not delivered to street addre	ss) Room/suite	G Gross receipt	
l Tei	rmınatıo	on 1	tions.	of thousehold street				
☐ Am	nended	return		City or town, state or country, an	d ZIP + 4	•		
	plication	pending		WORCESTER, MA 01604				
			F Nan	re and address of Principal Of	ficer	W/a\ T- #b.		£
				M TOOMEY	ince!	affilia	s a group return tes?	Tor
				VIDENCE STREET				,,
				ESTER,MA 01604		H(b) Are al	l affiliates include	d?
<b>I</b> la	x-exem	pt status	<b>У</b> 501(c)	(3) ◀ (insert no )	l) or   527	(If"N	o," attach a lıst	See instructions )
J W	eb sit	e: ► WOR	CESTER	ACADEMY ORG		H(c) Grou	p Exemption Nui	nber 🟲
<b>К</b> Тур	e of org	janization	Corporat	ion trust association other	<b>•</b>	<b>L</b> Year of Fo	rmation 1834 M:	State of legal domicile MA
Pa	rt I	Summ	arv					
	$\overline{}$			e organization's mission or mo	st significant activities			
				CHOOL EDUCATING YOUNG	-	RADES 6 THE	OUGH 12 WITH	I OPTIONAL POST
ሧ			TE YEAR		THE WARD WOTTEN TROTT OF	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0 0 0 11 12 1111	TOT TIONAL TOOT
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Governance			•	ıf the organization discontinue				
æ	3	Number	of voting r	nembers of the governing body	(Part VI, line 1a)		3 _	23
<u>ම</u>	4	Number	ofindepen	dent voting members of the go	overning body (Part VI, line 1t	)	. 4 _	23
툳	5	Total nur	nber of en	nployees (Part V, line 2a) .			5 _	302
Activities &	6	Total nur	nber of vo	lunteers (estimate if necessai	ry)		6 _	50
٠.	7a	Total gro	ss unrela	ted business revenue from Pai	rt VIII, line 12, column (C)		7a _	0
	ь	Net unrel	lated busi	ness taxable income from Fori	m 990-T, line 34		7b	0
						Pric	r Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, line 1h)			5,113,345	3,088,879
를	9	Program	nservice	revenue (Part VIII, line 2g)			17,576,921	18,646,805
Revenue	10	Investm	nent incor	ne (Part VIII, column (A), line	s 3, 4, and 7d)		3,473,622	528,698
ΔĔ	11	Otherre	evenue (P	art VIII, column (A), lines 5, (	5d, 8c, 9c, 10c, and 11e)		42,766	34,197
	12	Total re	venue—a	dd lines 8 through 11 (must eo	qual Part VIII, column (A), lin	e		
		12)					26,206,654	22,298,579
	13	Grants	and simila	ar amounts paid (Part IX, colur	mn (A), lines 1-3)			3,231,892
	14	Benefits	paid to o	r for members (Part IX, colum	n (A), line 4)			0
ø	15		, other co	ompensation, employee benefit	ts (Part IX, column (A), lines 5	5-	9,803,589	11 222 272
δ.		10)		5 (5 ) - 1			9,803,389	11,223,273
Expenses	16a			raising fees (Part IX, column (				94,137
ठ	Ь	-		penses, Part IX, column (D), line 25	<del></del> -			
	17	Othere	xpenses (	Part IX, column (A), lines 11a	ı–11d, 11f–24f)		10,523,073	6,996,402
	18	Totalex	penses—	add lines 13–17 (must equal	Part IX, line 25, column (A))		20,326,662	21,545,704
	19	Revenue	e less exp	enses Subtract line 18 from l	ine 12		5,879,992	752,875
8 8						Beginni	ng of Year	End of Year
9.44 10.44 10.44	20	Total as	sets (Par	t X, line 16)			86,518,500	84,654,413
Net Assets or Fund Balances	21		•	Part X, line 26)			20,861,580	24,672,920
<u> </u>	22		•	d balances Subtract line 21 fi	rom line 20		65,656,920	59,981,493
	22 11111		ture Blo		om mic 20		55,550,920	J9,901, <del>4</del> 93
Fal	11 11			nury, I declare that I have examined	t this return, including accompanying	schodulos and s	tataments and to th	as host of my knowledge
				correct, and complete Declaration of				
Plea	ise	****	*			2010-	-02-26	
Sigr		Signat	ure of office	er		Date		
Here	е	Willian	n Toomev F	BUSINESS MANAGER				
			or print nam					
		Drong	L		Date	Check If	Preparer's PTIN (	See Gen Inst \
De: 4		Preparer's signature		RD F POWELL CPA		self-	, reparer 3 i ini (	occ con moc,
Paid	oror! -		r	1		empolyed 🕨 🦳		
	arer's Only	Firm's nan	ne (or yours ployed),	GREENBERG ROSENBLATT KULL	& BITSOLI PC		EIN Þ	
Use (	Only		nd ZIP + 4	306 MAIN STREET SUITE 400				
		<u> </u>		WORCESTER, MA 016150034			Phone no 🕨 (50	08) 791-0901
May	the IR	S discuss	this retu	rn with the preparer shown abo	ove? (See instructions)			▼ Yes

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . .

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

1	Briefly describe the organization's mission			
	WORCESTER ACADEMY EXISTS TO INSTILL IN I AND TO BE HONORABLE PERSONS OF STRONG		OUGHOUT LIFE, TO ENGAGE PASSIONATELY	WITH THE WORLD AROUND THEM
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		he year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services			
3	Did the organization cease conductin		wit conducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O		
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947 (a)(1) trusts are requi	red to report the amount of grants	
4a	(Code ) (Expenses \$ OPERATION OF PREPARATORY SCHOOL FOR SERVICES FROM A SUBSTANTIAL NUMBER O CAN BE ASSIGNED TO THEM	APPROXIMATELY 660 STUDENTS IN GRADE	S 6 THROUGH 12 AND POSTGRADUATES	
4b	(Code ) (Expenses \$ SPORTS CAMP AND SUMMER ARTS PROGRA			189,393 )
4c	(Code ) (Expenses \$	,		21,845 )
	SUMMER ELDER HOSTEL EDUCATIONAL PRO	GRAM BENEFITING APPROXIMATELY 40 ELD	ERLY STUDENTS	
4d	Other program services (Describe	 ın Schedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses \$	16,713,682 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		Νo
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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, VIII, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
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		No
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 $I$			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		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

Section State   Section	Pai	t V Statements Regarding Other IRS Filings and Tax Complian	ce				
b Enter the number of Forms Wi-2G included in line 1a. Enter-0- if not applicable  c Dis the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (pamiling) minings to prize winners?  2a. Enter the number of employees reported on Form Wi-3, Transmitted Wage and Tax Statements file for the calendar year ending with or within the year covered by this fall lead on a reported in 2a, did the organization for within the year covered by this fall lead on the stand 2a is greater than 250, year way be required to e-file this return.  3b If at least one is reported in 2a, did the organization for within the year covered by this cuttin.  3c Was a standard of the standard as is greater than 250, year way be required to e-file this return.  3c Was the constant on the vinetable disuses agrees income of \$2.000 or more duming the year covered by this cuttin.  3c Was the constant on the vinetable disuses agrees income of \$2.000 or more duming the year covered by this return.  3c Was the organization have unrelated business agrees income of \$2.000 or more duming the year covered by this return.  3c Was the organization fall of the organization in the standard year, did the organization have an interest in, or a significant contribution of \$3.000 or more duming the year covered by this cuttin.  3c Was the organization and party to a prohibited that shelter transaction at any time duming the tax year?  3c Was the organization and party to a prohibited tax shelter transaction at any time duming the tax year?  4c Did any tax shelter transaction?  4d Was a shelter transaction?  4d Was a shelter transaction?  4d Was a shelter transaction of the form of the value of this distribution of \$7.5 or more?  4d Was a shelter transaction of the form of the value of the gold or services movided?  4d Was a shelter transaction of the form of the value of the organization of the form of the was required to the organization of the work of the organization of the property of the wind of the organ						Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-9- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmitted of Mage and Tax Standments Ried for the calendar year ending with or within the year covered by this return.  302  b Trail Elast one is reported in 2a, did the organization has all required federal employment tax returns?  302  b Trail Elast one is reported in 2a, did the organization has all required federal employment tax returns?  303  b Unit the organization have unrelisted business ginss increme of \$1,000 or more during the year covered by this return.  304  b Trail Elast one is reported in 2a, did the organization has an interest in control of the control of	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-2G included in line 1s Enter-9- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gramming gaming gamin		of U.S. Information Returns. Enter -0- if not applicable					
c Die the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2			1a	72			
againing (gambling) waterings to prize winners?  2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tark Statements filed for the celebrating year anding with or within the year covered by this return.  2b If it least one is reported in 2s, did the organization file all required federal employment tax returns?  Notes of the sum of times 1s and 2s is greater than 250, you may be required to effect this return.  2b If it resp. has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3b If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3b If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo, 'provide an explanation in Schedule C.  3c If 'Yes,' has it filed a Form 990-1 for this year? If 'Wo,' provide an explanation in Schedule C.  3c If 'Yes,' can shall the schedule Country (Yes) and the schedule C.  3c If 'Yes,' to San or Sb, did the organization that it was or is a party to a prohibited tax scheller transaction?  3c If 'Yes,' to San or Sb, did the organization the Form 88886-7. Declarate any time during the tax year?  3c If 'Yes,' to San or Sb, did the organization include with every solicitation an express statement that such contributions or oritis were not tax deductible?  3c Ord the organization schedule?  3c Ord the organization schedule Country that were not tax deductible?  3c Organizations that may receive deductible contributions under sect	С		to ven	dors and reportable			
Statements filed for the calendar year ending with or within the year covered by this return.  b If at least one is reported in 2s, did the organization hie all required federal employment tax returns?  Notest If the sum of nies 2 and 2 as greater than 250, you may be required to e-fire this treturn?  Notest If the sum of nies 2 and 2 as greater than 250, you may be required to e-fire this treturn?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a Note of the unduring the calendar year, did the organization have an interest in, or a signature or other submitty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5a At any time during the calendar year, did the organization shall end organization shall be a bank account, and accounts or other financial accounts?  5a Was the organization party to a prohibited tax sheller transaction?  5b Was the organization party to a prohibited tax sheller transaction?  5c If "Yes," to Sa or 5b, did the organization hie form 886-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible?  5c Out the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or more?  5c Organizations state may receive deductible contributions under section 170(c).  6d If "Yes," indicate the number of Forms 6282 filed during the year.  6 Did the organization, during the year, receive any funds, directly or indirectly, on pay premiums on a personal benefit contract?  7c No For all contributions of quality and other sponsoring organizations file and the supporting regarizations. Professional Section 500(c)(3) and other sp	_		; ·		1c		
b If It least one is reported in 2a, did the organization file all required federal employment tox returns?  30 Note: The organization have unrelated business grass income of \$3,000 or more during the year created by this return?  31 Ord the organization have unrelated business grass income of \$3,000 or more during the year created by this return?  32 No. 11** If years, has it filed a Form 990-T for this year? If 'No," provide an explanation in Schedule 0.  33 No. 11** If years, has it filed a Form 990-T for this year? If 'No," provide an explanation in Schedule 0.  34 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a handical account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, or other financial account in foreign country (such as a bank account, or other financial account in foreign country (such as a bank account, or other financial account in foreign country (such as a bank account, or other financial account in financial account in foreign country (such as a bank account, or other financial account in financial accountry (such as a section 170(c).  11**Yes,** to take the unsulation of the foreign account in the such contributions or granization include with every solicitation and expert provided?  12 Did the organization of the	2a	Statements filed for the calendar year ending with or within the year covered by this		30.2			
Note: If the sum of lines Is and 2s is greater than 250, you may be required to efficit this return.  30 Did the organization have unrelated business gross incomes of \$1,000 or more during the year covered by this return?  31 Did the organization have unrelated business gross incomes of \$1,000 or more during the year covered by this provide an explanation in Schedule O.  32 Did the organization than the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a bank account, securities account, or other financial accounts in a foreign country (south as a party to a prohibited tax sheller transaction?  52 Was the organization approved a porty to a prohibited tax sheller transaction?  53 Was the organization approved organization file form 8865-T, Osciosure by Tar-Exempt Entity Regarding Prohibited Tax Sheller Transaction?  54 If Yes, did the organization include with every solicitation an express statement that such contributions or offer were not tax deductible?  55 Conditions that may receive deductible contributions under section 170(c).  56 Did the organization solicit any contributions under section 170(c).  57 Organizations that may receive deductible contributions under section 170(c).  58 Difference of the property of the donor of the value of the goods or services p	h						
return? 38 IN 0 b If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 38 IN 0 b If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 39 In Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O. 30 In Yes, the tree is the mark of the foreign country (such as a bank account, securities account, or other mancial account in a foreign country (such as a bank account, securities account, or other mancial account.)  If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other mancial accounts."  See the instructions for exceptions and filing requirements for Form TDF 99-22.1, Report of Foreign Bank and Foreig					2b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial account).  b If "yes," enter the name of the foreign country (such as a bank account, secunties account, or other financial account).  See the instructions for exceptions and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report of Foreign Bank and filing requirements for Form TD F 99-22.1, Report for Foreign Bank and filing requirements for Foreign Bank and filing requirements for Foreign Bank and filing Foreign Bank and filing Foreign Bank and filing Foreign Bank a	3а		ng the	year covered by this	3a		No
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Rile Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	c		erty for	which it was required to	70		N o
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	d		   7d		70		110
benefit contract?	-	11 res, indicate the number of rorms of of a uning the year.					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations Enter  a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter					
facilities  11 Section 501(c)(12) organizations Enter  a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders	Ь		10b				
a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			   11a				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·	,				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
year   <b>12b</b>	b	,	12b				

Section A. Governing Body and Management

10

11

Yes

Νo

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . . . . . 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 . . . . . . . .

			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.			
	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 23			
	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	Yes	
	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
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
	Does the organization have members or stockholders?	6		Νo
	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		Νo
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
	Does the organization have local chapters, branches, or affiliates?	9a		Νo

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
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 THE SCHOOL

81 PROVIDENCE STREET WORCESTER, MA 01604 (508) 754-5302

# 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	Mey employee  Key employee  Office  Institutional Trustee  Individual Trustee  or Director				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 Continued

			(o tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
					$\vdash$					
			1							
			_		$\sqcup$		$\vdash$			
			-		$\vdash$		$\vdash$			
1b Total							•	825,950	C	75,654

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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	5		Νο

## **Section B. Independent Contractors**

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>B</b> ) Description of services	<b>(C)</b> Compensation
Consigli Construction INC 72 SUMMER STREET MILFORD, MA 01757	Project Planning and Construction Buildi	4,204,038
SAGE DINING SERVICES INC 13 ROCKLAND ROAD AUBURN, MA 01501	DINING SERVICES	997,573
Metro Crime Prevention 70 JAMES STREET WORCESTER, MA 01603	SECURITY SERVICES	381,703
ALPHA WEATHERPROOFING CORP 25 WASHINGTON STREET SOMERVILLE, MA 02143	EXTERIOR BUILDING RENOVATIONS	171,624
HIRTLE CALLAGHAN & COMPANY FIVE TOWER BRIDGE 300 BARR HARBOR WEST CONSHOHOCKEN, PA 19428	INVESTMENT SERVICES	132,807
Total number of independent contractors (including those in 1) who rec from the organization		6

Form 9								Page <b>9</b>
Par VIII		Statement of	f 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
10 (0	1a	Federated can	npaigns 1a	 		Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	b	Membership d	ues	·				
s, gl	С	Fundraising ev	vents <b>1c</b>					
giit	d	Related organ	ızatıons1d					
ons, sim	е	_	nts (contributions) 1e					
butí. Ber	f		tions, gifts, grants, and not included above <b>1f</b>	3,088,879				
ntrí ndoi	g		rıbutıons ıncluded ın					
ပြွန်	h	lines 1a-1f \$ Total (Add lin	es 1a-1f)		3,088,879			
				Business Code	-			
anue	2a	TUITION		611,600	18,646,805	18,646,805		
Program Serwce Revenue	Ь							
	c d							
38	e							
Jran	f	All other prog	ram service revenue					
<b>P</b>	g		es 2a-2f					
	3	► \$ 18,646,80 Investment in	scome (including divi	dends, interest				
		other sımılar a	amounts)		716,838			716,838
	4	Income from inve	estment of tax-exempt b	ond proceeds .	56,012			56,012
	5	Royalties .						
	6a	Gross Rents	(ı) Real 3,750	(II) Personal				
	ь	Less rental	20,651					
	С	expenses Rental income or (loss)	-16,901					
	d		ome or (loss)		-16,901			-16,901
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	20,069,573					
	ь	than inventory Less cost or	20,313,725					
		other basıs and sales expenses						
	c d	Gain or (loss) Net gain or (lo	-244,152		-244,152	-244,152		
	8a			<u>.</u> ▶	,	,		
	oa	events (not in	from fundraising cluding					
Other Revenue		of contribution 1c) See Part	ns reported on line					
eve		Attach Schedul	le G ıf total exceeds					
e H	ь	, ,						
oth	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income	from gaming e part IV , line 19					
		Complete Schel	dule G ıf total					
		CXCCCU3 #15,00	a					
	b c		xpensesb (loss) from gaming :					
				<b>▶</b>				
	10a	returns and al	finventory, less lowances .					
	ь	Less cost of	a a	83,093				
	С		goods sold	,	-10,227	-10,227		
	4.4	Miscellaneou		Business Code 900,099	46,007			46,007
	11a b	MISCELLANE	OUS INE COMMISSIO	900,099	9,378			9,378
	c	CAMPUS REN		900,099				4,105
	d		nue		1,835			1,835
	е		es 11a-11d	 \$ 61,325				
	12		a. Add lines 1h, 2g, 3	· · · · · · · · · · · · · · · · · · ·	22,298,579	18,392,426		0 817,274
		8c, 9c, 10c, and 1	l1e	. ▶				Form <b>990</b> (2008)

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	3,231,892	3,231,892		
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	308,482	308,482		
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	8,638,591	5,985,343		610,247
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	490,871	345,303	112,087	33,481
9	Other employee benefits	1,141,137	802,733	260,571	77,833
10	Payroll taxes	644,192	453,157	147,097	43,938
11	Fees for services (non-employees)				
а	Management				
b	Legal	102,194		19,698	82,496
С	Accounting	56,380		56,380	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	94,137			94,137
f	Investment management fees	169,139			169,139
g	Other	423,782		423,782	
12	Advertising and promotion	25,496	25,496		
13	Office expenses	824,318	468,196	161,432	194,690
14	Information technology	167,030	160,893	5,064	1,073
15	Royalties				
16	Occupancy	1,108,025	1,030,405	77,620	
17	Travel	183,691	133,413		50,278
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	169,648	165,785		3,863
20	Interest	9,370	598	8,772	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,362,506	1,362,506		
23	Insurance	168,690	168,690		
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	DINING HALL EXPENSES	929,994	929,994		_
ь	OTHER OPERATING EXPENSE	782,139	626,796	86,106	69,237
c	eXTRACURRICULAR ACTIVIT	514,000	514,000		· · · · · · · · · · · · · · · · · · ·
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	21,545,704	16,713,682	3,401,610	1,430,412
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				rm <b>900</b> (2008)

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	_		4,127	1	Liiu oi	3,300
	2	Savings and temporary cash investments			5,707,281	2		9,831,148
	3	Pledges and grants receivable, net			11,693,798	3		9,369,278
	4	Accounts receivable, net			246,082	4		131,633
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		,	5		•	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ction	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			75,038	8		66,111
Ø,	9	Prepaid expenses and deferred charges			257,448	9		148,096
Assets	10a	Land, buildings, and equipment cost basis	احدا	50.050.404				
⋖	_		10a	50,952,191				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	16,484,362	· · ·			4,467,829
	11	Investments—publicly traded securities			36,498,266	11	2	8,712,311
	12	Investments—other securities See Part IV, line 11 $\it Complete Passing Schedule D$	rt VII (	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			364,048	15		1,924,707
	16	Total assets. Add lines 1 through 15 (must equal line 34)			86,518,500	16	8	4,654,413
	17	Accounts payable and accrued expenses .			3,050,724	17		1,414,395
	18	Grants payable			18			
	19	Deferred revenue			2,810,856	19		2,666,825
	20	Tax-exempt bond liabilities			15,000,000	20	2	0,000,000
<u>ŏ</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						
ä		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			0	25		591,700
	26	Total liabilities. Add lines 17 through 25			20,861,580	26	2	4,672,920
<b>У</b>		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	lete lin	nes 27				
<u>a</u>	27	Unrestricted net assets			41,351,630	27	3	8,183,367
Balance	28	Temporarily restricted net assets			17,375,048	28	1	4,933,666
뒫	29	Permanently restricted net assets			6,930,242	29		6,864,460
r Fund		Organizations that do not follow SFAS 117, check here ►   an lines 30 through 34.	d comp	lete				
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances	65,656,920	33	5	9,981,493		
<u>z</u> —	34	Total liabilities and net assets/fund balances			86,518,500	34	8	4,654,413
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
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	
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		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493058008000

Employer identification number

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

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

WORCE	STER	ACADEMY										
		<b>D</b>	5. D. L.I. G		1.1	111 -			-210585			
Par				harity Status (to be co					Instruct	ions)		
	rgani:			ation because it is (Please								
1	 	•		urches, or association of ch			Section	I/U(B)(1)(	A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac								
3	_	•	·	e hospital service organizati			-				•	
4	ı		<del>-</del>	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(Ь)(1)	(A)(iii). E	nter the	
	_		name, city, and									
5	ļ			or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	ribed in	
	_			(Complete Part II )								
6	<u>_</u>	•	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>									
7	ı	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	
	_	described i	n Section 170(b	<b>))(1)(A)(vi)</b> (Complete Par	tII)							
8	<u></u>		•	ed in <b>Section 170(b)(1)(A)</b>		•	•					
9	ı	-		ally receives (1) more than								S S
		•		ated to its exempt functions	-		•		•			
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses	
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		_	=	and operated exclusively to	-		- <del>-</del>				-	
11	Γ	•	•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
			ype I <b>b</b>			- Function			'' d	Гтуре	III - Oth	ner
e	$\sqcap$	By checkin	g this box, I ce	rtify that the organization is			-		ne or mor	e disquali	fied perso	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın section	509(a)(	1) or
_		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	TypeIIo	r Type III	supportin	ig organiz	ation,
g				as the organization accepted	d anv gift	or contrib	ution from	anv of the	<u>.</u>			'
_		following pe		<b>.</b>	, 5			,				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a famıly	/ 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(	iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	ganızatıon	supports					
					Γ		1		Γ		1	
	• •	ame of	(ii) EIN	(iii) Type of organization		sthe	`	ou notify	l	s the	(vii) Am	
(		oorted nization		(described on lines 1-9 above or IRC section		ation in listed in	_	nization ) of your		ation in rganized	supp	ortz
`	, i gui			(See Instructions))		verning		ort?		US?		
						ment?						
					Yes	No	Yes	No	Yes	No		
		<u> </u>										

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> 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	<b>▶</b> □
	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>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	<b>Supplemental Information.</b> 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:** 04-2105855

Name: WORCESTER ACADEMY

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1									
		Posit t	(C non (c) hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations
(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)	
Andrew B O'Donnell Esq , Trustee		Х						0	0	0
Arthur Kentros , Trustee		Х						0	0	0
Brıan A O'Connell Esq , Secretary		Х		Х				0	0	0
Charles O'Connor , Trustee		Х						0	0	0
Dana R Levenson , Trustee		Х						0	0	0
David P Forsberg , Trustee		Х						0	0	0
J MICHAEL GRENON , Trustee		Х						0	0	0
George A McMillan , Trustee		Х						0	0	0
Henry Dormitzer III , Treasurer		Х		Х				0	0	0
Hervey S Ross , Trustee		Х						0	0	0
Kelly L Blackburn , Trustee		Х						0	0	0
Jacqueline Peterson , Trustee		Х						0	0	0
James J Pietro , President		Х		Х				0	0	0
Marıta Zuraıtıs , Trustee		Х						0	0	0
Neal G McCabe , Trustee		Х						0	0	0
Sarah S Pulsıfer , Trustee		Х						0	0	0
Shırley Doyle , Trustee		Х						0	0	0
Susan Weagly Jacobs , Vice President		Х		Х				0	0	0
Thomas Heiser , Trustee		Х						0	0	0
Victor Fields , Trustee		Х						0	0	0
William A Kettlewell , Trustee		Х						0	0	0
Yvonne Goldsberry , Trustee		Х						0	0	0
Dexter Morse , HEAD OF SCHOOL	40 00				Х			272,554	0	21,261
JOEL STROGOFF, DEAN OF FACULTY	40 00					Х		101,422	0	11,460
MARILLYN EARLEY , DIR-DEVELOP	40 00					Х		114,451	0	10,991
JOHN FOX , DIR-MID SCHL	40 00					Х		102,509	0	9,574
ANTONIO VIVA , ASSOC HEAD OF SCHOOL	40 00					Х		105,867	0	12,760
WILLIAM TOOMEY, BUSINESS MGR	40 00					Х		129,147	0	9,608

**b** Assets included in Form 990, Part X

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

#### **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** 

Name of the organization **Employer identification number** WORCESTER ACADEMY

			04-2105855			
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds or Accounts	. Comple	te if the	
	organization answered tes to form 9	(a) Donor advised funds	(b) Funds and o	ther accou	nts	
1	Fotal number at end of year					
	Aggregate Contributions to (during year)					
3 /	Aggregate Grants from (during year)					
4 /	Aggregate value at end of year					
	Did the organization inform all donors and donor adv 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 bei impermissible private benefit?			┌ Yes	┌ No	
Part	Conservation Easements. Complete	ıf the organization answered "Yes"	to Form 990, Part IV	, line 7.		
	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  Complete lines 2a-2d if the organization held a qua	Preservation of a	an historically important certified historic structu	re	a	
	on the last day of the tax year	illied conservation contribution in the for				
				the End of		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	2b		9 20		
C	Number of conservation easements on a certified historic structure included in (a)					
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		(	
	Number of conservation easements modified, transf the taxable year <b>&gt;</b> 0	erred, released, extinguished, or termina	ted by the organization (	during		
4	Number of states where property subject to conserv	ation easement is located 🕨 1				
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		olations, and	☐ Yes	√ No	
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during th	ıe year ►			
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the	year ► \$			
	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 so	ection	☐ Yes	√ No	
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financi				
Part	Organizations Maintaining Collection Complete if the organization answered		, or Other Similar A	Assets.		
	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 fi	5 116, not to report in its revenue staten I for public exhibition, education or resea	arch in furtherance of pul		е,	
	If the organization elected, as permitted under SFAS 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 :	ı	<b>►</b> \$			
	(ii) Assets included in Form 990, Part X		<b>►</b> \$			
2	If the organization received or held works of art, his following amounts required to be reported under SFA		- 1	de the		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$			

Cat No 52283D

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u>	ures, or Ot	<u>he</u> ı	<u>r Similaı</u>	· Asse	<b>ts</b> (co	ntınued)
3		ng the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing that a	re a significan	it us	se of its co	llection	ı	
а	$\Gamma$	Public exhibition		d	$\sqcap$	Loan or exc	change progra	ms				
b	Γ	Scholarly research		e	$\Gamma$	Other						
c	$\Gamma$	Preservation for future generations										
4	Prov Part	ride a description of the organization's co XIV	ollections and explair	how	v the y	further the	organization's	ex	empt purp	ose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No											
Par	Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											
b	If"Y	es," explain why in Part XIV and comple	te the following table									
										A mou	nt	
C	Beg	inning balance					1	c				
d	Add	itions during the year					1	d				
e	Dıst	ributions during the year					1	e				
f	End	ıng balance					1	f				
2a	Did the organization include an amount on Form 990, Part X, line 21?											
b	If "Y	es," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete i										
1_	Pogu	unning of woor bolongs	(a)Current Year 35,844,869	(b	<b>)</b> Prior	Year (c)	Two Years Back	(d)⊺	hree Years I	3ack   <b>(e</b>	)Four Ye	ears Back
1a L		inning of year balance	701,058									
b		tributions	-6,209,852									
c d		nts or scholarships	5,253,662									
e e		er expenditures for facilities	1,671,111									
		programs										
f	Adm	ninistrative expenses										
g	End	of year balance	28,664,964									
2	Prov	ride the estimated percentage of the year	r end balance held as									
а	Boar	rd designated or quasi-endowment 🕨	56 000 %									
Ь	Pern	nanent endowment 🕨 24 000 %										
c	Tern	n endowment 🕨 20 000 %										
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered	for t	:he			
	-	nization by								- (:)	Yes	No
	• •	nrelated organizations			•			•		3a(i) 3a(ii)	Yes Yes	
ь		related organizations				 ula P2		•		3a(11)	l res	
4		cribe in Part XIV the intended uses of the	•					•				
Par	t VI						Part X. line 1	0.				
		Description of investment			(a)	Cost or other s (investment)	(b)Cost or oth	er	(c) Deprec	ation	( <b>d</b> ) Boo	ok value
1a	and						5,288,1	.44		$\overline{}$		5,288,144
b E	Buildi	ngs				238,764	39,164,8	350	11,8	74,439		7,529,175
c l	_ease	chold improvements										
d E	Equip	ment					6,260,4	33	4,60	09,923	:	1,650,510
<b>e</b> (	Other											

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
O ther		
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	13.
(a) Description of investment type	(b) Book value	(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, III		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line is		
Part X Other Liabilities. See Form 990, Part >	T ·	
(a) Description of Liability Federal Income Taxes	(b) A mount	
LIABILITY UNDER REMAINDER TRUST	432,117	
CAPITAL LEASE OBLIGATIONS	159,583	
CAFITAL LLASE OBLIGATIONS	139,303	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	591,700	
, , , , , , , , , , , , , , , , , , , ,	391,700	1

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,298,579
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,545,704
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	752,875
4	Net unrealized gains (losses) on investments	4	-6,428,302
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-6,428,302
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,675,427
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, ,
1	Total revenue, gains, and other support per audited financial statements	1	12,360,524
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) 2d -6,407,651		
е	Add lines 2a through 2d	2e	-6,407,651
3	Subtract line 2e from line 1	3	18,768,175
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 169,139		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	3,530,404
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	22,298,579
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	18,035,951
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	20,651
3	Subtract line <b>2e</b> from line <b>1</b>	3	18,015,300
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 169,139		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,530,404
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	21,545,704
Par	rt XIV Supplemental Information		
Can	polate this part to provide the descriptions required for Part II, lines 2, E, and 0, Part III, lines 1a and 4, Pr	~ r+ V I\	/ lines 1 h and 2 h

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

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

Ident if ier	Return Reference	Explanation
1	Endowment Funds	TO PROVIDE A STABLE SOURCE OF RETURNS TO SUPPORT THE ONGOING OPERATION AND ACTIVITIES OF THE SCHOOL

Employer identification number

## OMB No 1545-0047

MB No 1545-004

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** 

WORCESTER ACADEMY 04-2105855 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? 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 THE POLICY IS INCLUDED ON THE WEB SITE AND IS PRINTED IN THE "VIEW BOOK" WHICH IS DISTRIBUTED AT OPEN HOUSES AND SENT TO ALL INDIVIDUALS REQUESTING SCHOOL INFORMATION POLICY IS ALSO PUBLISHED ANNUALLY IN THE BOSTON GLOBE (W/ AISNE SCHOOLS) 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: 93493058008000

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

🟲 Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

Name of the organization WORCESTER ACADEMY	Employer identif	fication number					
					04-2105855		
Part I Fundraising	Activities. Complete if the	organıza	ation an	swered "Yes" to Fo	rm 990, Part IV, l	ıne 17.	
1 Indicate whether the	organization raised funds through	any of the	e followir	ig activities. Check al	II that apply		
a 🔽 Mail solicitations			e 🔽	Solicitation of non-g	overnment grants		
<b>b</b> Email solicitations	Solicitation of gover						
c Phone solicitation	· <del>-</del>		g√	Special fundraising e	events		
d 🔽 In-person solicita	itions						
or key employees list  b If "Yes," list the ten h	nave a written or oral agreement w ed in Form 990, Part VII) or entit ighest paid individuals or entities : least \$5,000 by the organization	y in conn (fundrais	ection w ers) purs	th professional fundra	nising activities? Inder which the fundr		
		(iii)	Did				
(I) Name of malicidate		custody or (iv) Gross receipts (or reta		(v) A mount paid to (or retained by)	(vi) A mount paid to		
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(ii) Activity			fundraiser listed in	(or retained by)		
, , ,		contrib	utions?		col (i)		
	CONSULTING	Yes	No				
THE WAYLAND GROUP	CONSULTING		No	٥	68,187	-68,187	
INC			100	Ĭ	00,107	-00,107	
SPENCER GROUP INC	PRINT ANNUAL FUND APPEALS AND ANALYSIS OF FUNDRAISING DATA		No	0	25,950	-25,950	
Total		•				1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent  in the organization's own exempt activities during the tax year	-, -		

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**Grants and Other Assistance to Organizations,** 

OMB No 1545-0047

DLN: 93493058008000

Department of the Treasury Internal Revenue Service Name of the organization

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

WORCESTER ACADEMY							
						04-2105855	
		nts and Assistance					
<ul> <li>Does the organization mathematics the selection criteria use</li> <li>Describe in Part IV the control</li> </ul>	ed to award the gran	nts or assistance?					▼ Yes   □
Part IV and Sch	IV, line 21 for ar ledule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	eived more than \$5,	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=					
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

	• •										
art III	Grants and O	Other Assistar	ce to Individ	luals in the	United States.	Complete if the organization	n answered	"Yes" on	1 Form 990,	Part IV,	line 22.
	Use Schedule	I-1 (Form 990)	if additional sp	ace is neede	ed.	_					

(a)Type of grant or assistance	<b>(b)</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 FOR STUDENTS ATTENDING WORCESTER ACADEMY	226		3,231,531	FMV	FINANCIAL ASSISTANCE PROVIDED TO ELEGIBLE STUDENTS

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Worcester Academy is fully committed to enrolling a diverse student body, diverse in terms of interests, talents, race, ethnicity and economic background. To this end, the Academy has developed a financial aid program to promote access to the Academy to all qualified students, regardless of family financial circumstances. The goal of our financial aid program is to lessen the gap, between what a family can reasonably be expected to contribute and what it actually costs to attend Worcester Academy. Financial aid is an annual award and students must apply each year for support

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OMB No 1545-0047

2008

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#### Schedule J (Form 990)

Department of the Treasury

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

**Compensation Information** 

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

Internal Revenue Service Name of the organization **Employer identification number** WORCESTER ACADEMY 04-2105855 **Questions Regarding Compensation** 

					Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			1b		No
2	Did the organization require substantiation prior to reil officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·			
	Compensation committee	~	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	rt VI	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	ment	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ıl non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	lete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	e 1 a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	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, lir compensation contingent on the net earnings of	e 1 a,	, 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, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Dexter Morse (		247,554	25,000		14,667		287,221	417,517	
	(ii)								
	(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	Ret urn Ref erence	Explanation
		DEXTER MORSE RECEIVED THE FOLLOWING 1)COMPANION TRAVEL TRAVEL WITH WIFE FOR ALUMNI EVENTS, 2)RESIDENCE HOUSING AVAILABLE ON CAMPUS AND REQUIRED THAT HEAD OF SCHOOL LIVE ON CAMPUS, 3)DUES SOCIAL CLUB DUES FOR BUSINESS MEETINGS WITH COMMUNITY LEADERS, POTENTIAL DONORS, AND CULTIVATING ONGOING ALUMNI RELATIONS, 4)PERSONAL SERVICES CLEANING SERVICES FOR SCHOOL RESIDENCE
	Part I, Line 1b	NO WRITTEN POLICY IS IN PLACE FOR THE BENEFITS PROVIDED ABOVE HOWEVER, THESE ARE LONGSTANDING PRACTICES AT THE SCHOOL

Schedule J (Form 990) 2008

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DLN: 93493058008000

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

Open to Public **Inspection** 

Internal Revenue Service

**WORCESTER ACADEMY** 

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.

Department of the Treasury Name of the organization

Employer identification number 04-2105855

Р	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		Purpose	(g) Defease		( <b>h)</b> 0 ed Behali Issu	
											Yes	No	Yes	No
<b>A</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57583RZD0	08-01-	2008	10,	FINANCE PROPERTY ACQUISITION AND RENOVATION OF SCHOOL FACILITIES			HOOL		×		х
Pa	art III Proceeds (Optional for	2008)		•		•		1		1		ı		
1	Total Proceeds of Issue				4	E	3	•	<u> </u>	D	1		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion					1		1						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
9	Were the bonds issued as part of a	a current refunding iss	ue?											
10	Were the bonds issued as part of a	an advance refunding i	ssue?											
11	Has the final allocation of proceed	Is been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)	)											
						B C		D			E			
1	Was the organization a partner in a which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2														
_						C   N F04	005			_				

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

			A	В		(		l	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	Ą	E	3		<u> </u>	l	<u> </u>	1	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?										
b	Name of provider										
c	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?										

## CCUEDIU E O

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.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
WORCESTER ACADEMY

Employer identification number

04-2105855

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		ANDREW O'DONNELL AND DAVID FORSBERG ARE ON THE BOARD OF AN UNRELATED ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		AN ELECTRONIC COPY OF THE RETURN IS PROVIDED TO THE BOARD MEMBERS VIA SECURE FILE TRANSFER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE SCHOOL COMPARES INFORMATION AVAILABLE WITH NAIS AND SIMILIAR POSITIONS IN OTHER ORGANIZATIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE SCHOOL GENERALLY DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

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DLN: 93493058008000

OMB No 1545-0172

Department of the Treasury

# **Depreciation and Amortization** (Including Information on Listed Property)

Attachment Sequence No 67

Internal Revenue Service ► See separate instructions. ► Attach to your tax return. Name(s) shown on return Business or activity to which this form relates Identifying number

WORCESTER ACADEMY			F 000 D-	10						0 - 0 -	
Part I Election	To Expense (		Form 990 Pag	-	170			02	1-21	058:	55
	ou have any li					и соп	nol	ete Part I.			
1 Maximum amount See	-									1	250,000
2 Total cost of section 1		-							<b>⊢</b>	2	
3 Threshold cost of sect			•	•	uctions		•		-	3	800,000
4 Reduction in limitation				-	uc trons	•		• • •	-	4	
				· ·		•	•		·  -	4	
<b>5</b> Dollar limitation for tax	•	line 4 from	line 1 If zero	or less, enter -	U- ITM	iarried	ти	ng		_	
separately, see instruc	tions				• •	•	•		•	5	
(a) D	escription of pro	perty		(b) Cost	(busine only)	ss us	е	(c) Electe	ed co	st	
6					011177						]
						Ι_	Н				
7 Listed property Enter					•	_ 7					
8 Total elected cost of s	ection 179 prop	erty Adda	mounts ın colı	ımn (c), lınes 6	and 7	•	٠		٠ 📙	8	
<b>9</b> Tentative deduction E	nter the <b>smaller</b>	of line 5 or	line 8 .		•				<u> </u>	9	
10 Carryover of disallowed	d deduction from	line 13 of	your 2007 Foi	rm 4562 .					. 🗀	10	
11 Business income limitation	Enter the smaller of	business inco	me (not less thai	n zero) or line 5 (se	ee instru	ctions)			1	11	
12 Section 179 expense of	deduction Add li	ines 9 and 1	LO, but do not	enter more tha	n lıne 1	1 .				12	
13 Carryover of disallowed	d deduction to 2	009 Add Iı	nes 9 and 10,	less line 12	. •	13			_		
Note: Do not use Part.					ise Pai		<u> </u>				
				·			t ın	clude listed	prop	perty	) (See instructions )
14 Special depreciation al tax year (see instruction	llowance for qual								he	14	, (==========
15 Property subject to see	ŕ	election							-	15	
16 Other depreciation (inc	cluding ACRS)								. 🗔	16	1,372,056
	preciation (I	Do not inc	lude listed p	property. <b>)</b> (Se	ee inst	ructio	ns	.)			· ·
			Se	ction A							
17 MACRS deductions for	assets placed i	n service in	tax years be	ginning before 2	8008	•	•		<u> </u>	17	
<b>18</b> If you are electing t general asset accou		•		e during the t 	ax yea	ar into		ne or mor <b></b> .	-		
Section B-Asse	•				Using	the	Ge	eneral De	pre	ciat	tion System
(a) Classification of property	(b) Month and year placed in service	(c) B depre (business	asis for eciation /investment use instructions)	(d) Recovery period		onveni		n <b>(f)</b> Method			(g)Depreciation deduction
19a 3-year property		,	•								
<b>b</b> 5-year property											
<b>c</b> 7 - year property											
<b>d</b> 10-year property											
<b>e</b> 15-year property											
<b>f</b> 20-year property											
<b>g</b> 25-year property				25 yrs				S/L			
<b>h</b> Residential rental				27 5 yrs	<u> </u>	4 M		S/L			
property				27 5 yrs	<u> </u>	4 M		S/L			
i Nonresidential real				39 yrs	+	4 M		S/L		_	
property						4 M		S/L			
	n C—Assets Plac	ced in Servi	ce During 2008	3 Tax Year Usin	gthe A	lterna	t iv			yste	m
20a Class life								S/L		_	
<b>b</b> 12-year				12 yrs				S/L		_	
c 40-year	 	tions\		40 yrs	1	ММ		S/L			
	y (See instruc								Τ.	21	
21 Listed property Enter									-	21	
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partne	rships and S c	orporations—s	ee insti		e 2		ie 2	22	1,372,056
23 For assets shown abov portion of the basis att	•		-	t year, enter the	e 	23					

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

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