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 $_{\text{Form}}990$

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

OMB No 1545-0047

Open to Public Inspection

~ .0	r the 2	2009 Calendar yea	ır, or tax year beginning	07-01-2009 and ending 06-30-201	U	1 5 5	
		pplicable Please	C Name of organization TILTON SCHOOL			D Employer ider	ntification number
Add	Iress ch	ange use IRS label or	Doing Business As			02-0222239 E Telephone nui	
Nar	ne char	nge print or type. See	Doing Business As				
Init	ıal retur			O box if mail is not delivered to street addre	ess) Room/suite	(603) 286-4 G Gross receipts \$	
☐ Ter	mınated	tions.	30 SCHOOL STREET			G Gloss leceipts \$	13,202,237
☐ Am	ended r	return	City or town, state or cou TILTON, NH 03276	untry, and ZIP + 4		1	
☐ App	lication	pending	TILION, NH 03276				
			me and address of princ	ıpal officer	H(a) Is th	■ is a group return	for
			R CLEMENTS HOOL STREET		affilia	ates?	ΓYes Γ Nο
			N,NH 03276		H(b) Are a	II affiliates include	ed?
					1 ' '		(see instructions)
I Ta	x-exem	pt status 🔽 501(c	() (3) 4 (insert no)	947(a)(1) or 527	H(c) Gro	up exemption nur	nber 🟲
J W	ebsit e	www tiltonsch	ool org				
_	n of org rt I		tion Trust Association	Other -	L Year of fo	ormation 1845 M	State of legal domicile NH
Ра			ne organization's missio	n or most significant activities			
		Tilton School is an	n independent, coeduca	tional, college preparatory school se	-		
				onsists of 63 day students and 199 it for every student, it challenges all			
		new goals Tilton S	chool for over 160 year	rs has believed in and seen the Powe	r of Potential	- the idea that ev	ery student has the
3				eir innate skills and develop new one: challenge, of young adults stretching			
뗉		preconceived noti	on of their capabilities	Students leave Tilton with the skills,			
Governance		and professional s	uccess and with a comi	mitment to serve others			
9							
Activities &	2	Check this box 🟲	if the organization dis	continued its operations or disposed	of more than	25% of its net a	
Ę				ng body (Part VI, line 1a)			26
æ		·	_	fthe governing body (Part VI, line 1	o)		24
			mployees (Part V, line 2		5	166	
			olunteers (estimate if ne		6	52	
		•		rom Part VIII, column (C), line 12 . om Form 990-T, line 34 . .	•	7a 7b	
	В	Net unrelated bus	mess taxable mcome in	om Form 990-1, fille 34	Deid	or Year	Current Year
	8	Contributions an	d grants (Part VIII line	e 1h)		1,436,748	1,544,745
ĕ	9			e 2g)		1,450,740	1,344,743
		Program service	revenue (Part VIII. line		11.390.485	11.251.046	
3	10			A), lines 3, 4, and 7d)		11,390,485	11,251,046
Rayenue		Investment inco	me (Part VIII, column (-244,396	11,251,046 235,944 0
Вэуе	10	Investment inco Other revenue (P Total revenue—a	me (Part VIII, column (Part VIII, column (A), lı dd lınes 8 through 11 (ı	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), lin		-244,396	235,944
Reve	10 11 12	Investment inco Other revenue (P Total revenue—a 12)	me (Part VIII, column (Part VIII, column (A), lı dd lınes 8 through 11 (ı	A), lines 3, 4, and 7d)		-244,396 12,582,837	235,944 0 13,031,735
Reve	10 11 12	Investment incomother revenue (PT otal revenue—a 12) Grants and similar	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i 	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), lin		-244,396	235,944 0 13,031,735 2,387,151
Raye	10 11 12 13 14	Investment incomo the revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i 	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), lin	e	-244,396 12,582,837	235,944 0 13,031,735
_	10 11 12	Investment incomo the revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i 	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), lin	e	-244,396 12,582,837	235,944 0 13,031,735 2,387,151
_	10 11 12 13 14	Investment incomo their revenue (Fortal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX or for members (Part IX ompensation, employee	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), lin	e	-244,396 12,582,837 1,960,489	235,944 0 13,031,735 2,387,151 0
_	10 11 12 13 14 15	Investment incomother revenue (Particular evenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX or for members (Part IX ompensation, employee	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line	e	-244,396 12,582,837 1,960,489	235,944 0 13,031,735 2,387,151 0 5,031,329
Expenses Rave	10 11 12 13 14 15	Investment incomo their revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, column (D),	A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line	e 5 -	-244,396 12,582,837 1,960,489	235,944 0 13,031,735 2,387,151 0 5,031,329
_	10 11 12 13 14 15 16a b	Investment incomo their revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, column (D), (Part IX, column (A), lir	A), lines 3, 4, and 7d)	e 5 -	-244,396 12,582,837 1,960,489 5,426,601	235,944 0 13,031,735 2,387,151 0 5,031,329
Ехрепзез	10 11 12 13 14 15 16a b	Investment incomo their revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, column (D), (Part IX, column (A), lin Add lines 13-17 (must	A), lines 3, 4, and 7d)	e	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915
Ехрепзез	10 11 12 13 14 15 16a b 17 18	Investment incomo their revenue (Potal revenue—a 12)	me (Part VIII, column (Part VIII, column (A), li dd lines 8 through 11 (i ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, column (D), (Part IX, column (A), lin Add lines 13-17 (must	A), lines 3, 4, and 7d)	e Beginnin	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571 g of Current	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915 13,044,395
Ехрепзез	10 11 12 13 14 15 16a b 17 18 19	Investment incomo ther revenue (Particle Total revenue—and 12)	me (Part VIII, column (A), lidd lines 8 through 11 (in the column (A)), lidd lines 8 through 11 (in the column (B)), lidd lines 13-17 (must penses Subtract line 18	A), lines 3, 4, and 7d)	e Beginnin	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571 g of Current fear	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915 13,044,395 -12,660 End of Year
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_	10 11 12 13 14 15 16a b 17 18 19	Investment incomo their revenue (Particular revenue — and 12)	me (Part VIII, column (A), lidd lines 8 through 11 (in the column (A)), lidd lines 8 through 11 (in the column (B)), lines (Part IX), column (B), (Part IX, column (B)), (Part IX, column (A), lines (Part IX, column (A)), lines (Part IX, column (B)), lines (Part IX, lines (Part IX))).	A), lines 3, 4, and 7d)	e Beginnin	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571 g of Current fear 38,289,287 21,734,199	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915 13,044,395 -12,660 End of Year 38,164,458 22,133,244
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H Send Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Investment incomo their revenue (Partial revenue—a 12)	me (Part VIII, column (A), lidd lines 8 through 11 (Incomplete Series) ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, column (D), (Part IX, column (A), lines (Part IX, column (A), lines Subtract line 13 ock Part X, line 16)	A), lines 3, 4, and 7d)	Beginnin Schedules and sid on all information 2010 Date Check if self-	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571 g of Current fear 38,289,287 21,734,199 16,555,088	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915 13,044,395 -12,660 End of Year 38,164,458 22,133,244 16,031,214 The best of my knowledge or has any knowledg
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Net Assets of Expenses Lend Balances Lend Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Investment incomo their revenue (Partial revenue—a 12)	rt X, line 16)	A), lines 3, 4, and 7d)	Beginnin Schedules and sid on all information 2010 Date Check if self-	-244,396 12,582,837 1,960,489 5,426,601 5,594,318 12,981,408 -398,571 g of Current /ear 38,289,287 21,734,199 16,555,088 statements, and to the conformation of which prepared the conformation of	235,944 0 13,031,735 2,387,151 0 5,031,329 0 5,625,915 13,044,395 -12,660 End of Year 38,164,458 22,133,244 16,031,214 The best of my knowledge or has any knowledg

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Tilton School is an independent, coeducational, college preparatory school serving students from 9th to 12th grade and post-graduates Tilton's student body of 262 consists of 63 day students and 199 boarding students from 23 states and 17 countries. Although the Tilton Experience is different for every student, it challenges all students to try new things, learn new skills, and set new goals Tilton School for over 160 years has believed in and seen the Power of Potential - the idea that every student has the ability to achieve, to excel, to uncover their innate skills and develop new ones. The Power of Potential is about both the outcome and process - a process of discovery, of challenge, of young adults stretching and accomplishing beyond their imagination or preconceived notion of their capabilities. Students leave Tilton with the skills, knowledge, and values essential to a life of personal and professional success and with a commitment to serve others.

	Did the organization unde the prior Form 990 or 990		program services during the	e year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sche	dule O		
	services?		e significant changes in hov	vit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	0		
	Section 501(c)(3) and 50	1(c)(4) organization		three largest program services l usts are required to report the ai gram service reported	
4a	(Code) (Expenses \$	8,942,940 including grants of	⁵ \$ 2,387,151) (Revenue \$	11,251,046)
				R, TEACHING SUBJECTS SIMILAR TO THE ES WHICH VARY IN SIZE FROM 80 TO 1:	
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
-10) (Expenses \$	including grants or	y / (Nevende \$,
4d	Other program services	(Describe in Schedi	ıle O)		
	(Expenses \$	ıncludı	ng grants of\$) (Revenue \$)
4e	Total program service ex	(penses►\$	8,942,940		

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school 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 United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
с	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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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 "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

art V	Statements	Regarding	Other	IRS Filing	s and	Tax Con	npliance
					,		

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-110
l a	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, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

TILTON SCHOOL 30 SCHOOL STREET

TILTON, NH 03276 (603) 286-1722

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
50					Yes	No
1a	Enter the number of voting members of the governing body	1a	26			
b	Enter the number of voting members that are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?	ness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management comp			3		No
4	Did the organization make any significant changes to its organizational documents sind filed?	ice th	ne prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organi	ızatı	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect or governing body?		more members of the	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders		other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions year by the following	ıs un	dertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wh					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		Νo
	ction B. Policies (This Section B requests information about policies not re	equir	ed by the Internal			
Re	venue Code.)				Yes	NI-
10-	December of the community of the communi			10-	res	No
	Does the organization have local chapters, branches, or affiliates?		of such sharters	10a		Νo
	If "Yes," does the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with those of the organization.	anıza	tion?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	body	before filing the form?	11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form	m 99	0			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually int	teres	its that could give rise			
	to conflicts?			12b	Yes	
	describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the contemporaneou					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or s			16-		NI -
ь	taxable entity during the year?	nızatı	on to evaluate its	16a		No
	participation in joint venture arrangements under applicable federal tax law, and taken organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►NH					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), (3)s only) available for public inspection. Indicate how you make these available. Chec Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public See Additional Data Te		uments, conflict of			
20	State the name, physical address, and telephone number of the person who possesses $% \left(1\right) =\left(1\right) \left(1\right$	the	books and records of th	e orga	nızatıor	n 🕨
	ELIZABETH SHEEHAN					

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	ffice	cer, director, trustee or key employee								
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) (E) (F) Reportable Reportable Estimate compensation compensation amount of other compensation are compensation.			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

Forr	n 990 (2009)					Page
1b	Total	► 51	4,755	0		82,49
2	Total number of individuals (including but not limited to those listed above) \$100,000 in reportable compensation from the organization►3	who received mo	re than			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employed on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	, -		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation a organization and related organizations greater than \$150,000? If "Yes," con individual			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					No
s	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contrac \$100,000 of compensation from the organization	tors that receive	d more than			
	(A) Name and business address		(B) Description of services		(C Compe	
6 Lo	stone Engineering udon Road cord, NH 03302	const	uction			102,827
	Total number of independent contractors (including but not limited to those li	ısted above) who	received more than			

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 9	•	<u>, </u>						Page 9
Part	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u> </u>	1a	Federated cam	paigns 1a					
필등	ь	Membership du	ıes 1b					
ું. કું.દુ	С	Fundraising eve	ents 1c					
≣ੂਰੋ	d		zations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grant						
e etic	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	1,544,745				
き	g		ibutions included in					
Ser	h		s 1a-1f	▶	1,544,745			
				Business Code				
anne	2a	TUITION AND FEES	S	900,099	9,886,473	9,886,473		
Program Serwce Revenue	ь	ANCILLARY SERVICE	CES	900,099	992,931	992,931		
	c	Gordon research co	onfer	900,099	371,642	371,642		
er Ker	d							
Ē	e							
- Progra	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		11,251,046			
	3		ome (including dividen	-	224.057			224.057
			ar amounts) stment of tax-exempt bond		234,957			234,957
	4 5			· · · ·				
		Koyanines I	(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	171,489					
		assets other than inventory						
	b	Less cost or other basis and	170,502					
	c	sales expenses Gaın or (loss)	987					
	d		ss)	*	987			987
	8a		from fundraising					
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)					
Re			ne 18 a					
Ē	ь	Less direct ex	penses b					
δ	С	Net income or ((loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
		Gross sales of returns and allo	ınventory, less					
	ь		a oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneou	s Kevenue	Business Code				
	ь							
	°							
	d	All other reven	ue					
			s 11a-11d					
				▶				
	12	Total revenue.	See Instructions .	•	13,031,735	11,251,046	(235,944

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(B)	
	ll other organizations must complete column (A) but are not required to	o complete column	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,387,151	2,387,151		
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	260,369	91,129	78,111	91,129
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	3,894,963	2,507,353	1,143,768	243,842
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	173,519	113,828	50,908	8,783
9	Other employee benefits	421,910	272,803	123,869	25,238
10	Payroll taxes	280,568	176,293	 	21,792
11	Fees for services (non-employees)	250,555	17 9,230	52,100	
a	Management				
- L	Legal				
c	Accounting				
d	Lobbying				
u					
•	Professional fundraising See Part IV, line 17	22.107		22.407	
f	Investment management fees	22,197		22,197	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	838,389	838,389		
23	Insurance	56,085		56,085	
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	OPrtn & MAINT OF PLANT	1,131,986	1,131,986		
ь	ADMINISTRATIVE & OTHER	953,089		953,089	
С	INTEREST/FINANCING EXP	784,102		784,102	
d	ANCILLARY SERVICES	618,678	618,678		
e	STUDENT SERVICES	219,178	219,178		
f	All other expenses	1,002,211	586,152	220,032	196,027
25	Total functional expenses. Add lines 1 through 24f	13,044,395	8,942,940	3,514,644	586,811
26	Joint costs. Check here ► ☐ 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		,,	, - , ,	,
	campaign and iditations solicitation		<u> </u>		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			897,814	1	1,046,636
	2	Savings and temporary cash investments			10,646,558	2	9,972,847
	3	Pledges and grants receivable, net			494,319	3	161,831
	4	Accounts receivable, net			40,346	4	36,177
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			312,540	7	380,367
SS	8	Inventories for sale or use			40,484	8	49,292
⋖	9	Prepaid expenses and deferred charges			338,164	9	399,979
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	29,003,581			
	ь	Less accumulated depreciation	10b	7,630,017	21,853,722	10c	21,373,564
	11	Investments—publicly traded securities			1,865,234	11	3,066,527
	12	Investments—other securities See Part IV, line 11			1,262,784	12	1,200,535
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			537,322	15	476,703
	16	Total assets. Add lines 1 through 15 (must equal line 34)			38,289,287	16	38,164,458
	17	Accounts payable and accrued expenses .			908,786	17	916,643
	18	Grants payable				18	
	19	Deferred revenue			1,314,126	19	1,518,828
	20	Tax-exempt bond liabilities			16,710,000	20	16,405,000
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables 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			56,952	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,744,335	25	3,292,773
	26	Total liabilities. Add lines 17 through 25			21,734,199	26	22,133,244
ري ط		Organizations that follow SFAS 117, check here ► 🔽 and comp	let e li	ines 27			
ĕ	77	through 29, and lines 33 and 34. Unrestricted net assets			7,668,702	27	7,408,138
<u>ಣ</u>	27	Temporarily restricted net assets			4,636,491	28	4,285,999
Fund Balance	28 29	Permanently restricted net assets			4,249,895		4,337,077
ŭ	29	Organizations that do not follow SFAS 117, check here ► an	d com	nlet e	4,243,033	29	4,557,077
ΓFI		lines 30 through 34.	ia com	ipiete			
S O.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ΔS	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances			16,555,088	33	16,031,214
Z	34	Total liabilities and net assets/fund balances			38,289,287	34	38,164,458
	L	<u> </u>			1		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

	N SCH	DOL				
			02-0222239			
	rt I	Reason for Public Charity Status (All organizations must complete this par		tions		
The	organı	ization is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	<u>~</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g section 170(b)(1)(A)(iv). (Complete Part II)	overnmental uni	t describe	d ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(a	A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from th	e general	public	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribut	ions, membersh	ııp fees, aı	nd gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and	(2) no more tha	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less sec				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	II)			
10	Г	An organization organized and operated exclusively to test for public safety. See section 50	•			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	9(a)(2) See sec 11h	•	a)(3).	Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•	
f		If the organization received a written determination from the IRS that it is a Type I check this box		pporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?			w l	
		(i) a person who directly or indirectly controls, either alone or together with persons descri	ibea in (II)	44 (1)	Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 02-022239 **Name:** TILTON SCHOOL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and		Jeni C			.013			l I		<u> </u>
(A) Name and Title	(B) Average hours		(C tion (hat a	ched		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STEPHEN ANDERSON Chair	25 00	Χ		Χ				0	0	0
JAMES R CLEMENTS Head of School	40 00	X		Χ				269,204	0	39,959
THO MAS CALLAHAN trusTEE	3 00	X						0	0	0
Marcıa J Cleveland Esq TRUSTEE	1 00	X						0	0	0
TIMOTHY CLOUDMAN TRUSTEE	2 00	X						0	0	0
DR R THOMAS FINN Jr TRUSTEE	1 00	X						0	0	0
ROBERT GRAHAM trusTEE	2 00	X						0	0	0
PHILIP HAMBLET trusTEE	3 00	X						0	0	0
ROBERT HENDERSON JR TRUSTEE	1 00	X						0	0	0
MARK MCAULIFFE TRUSTEE	3 00	X						0	0	0
SARAH bird First Vice Chair	10 00	X		X				0	0	0
ROBERT RORISTON trusTEE	3 00	X						0	0	0
Dr ROBERT WILSON trusTEE	2 00	X						0	0	0
ELLEN FINN TRUSTEE	1 00	X						0	0	0
LARRY BARTELL Secretary	10 00	X		X				0	0	0
J TERRILL JUDD Second Vice Chair	10 00	Х		X				0	0	0
JAMIE ROME treaSURER	10 00	X		X				0	0	0
SHARON SPANOS Trustee & Parents' Assoc	1 00	X						0	0	0
john morton truSTEE	1 00	X						0	0	0
richard ammons truSTEE	1 00	X						0	0	0
elaine derigo Faculty Trustee	1 00	X						37,340	0	13,026
Lawrence O'Rourke truSTEE	1 00	X						0	0	0
Charles Patten trustEE	3 00	X						0	0	0
Kırk Wheale trusTEE	1 00	X						0	0	0
Melanie I Marken Trustee & Alumni Assoc	21 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	I	that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Thomas J Maloney Trustee	1 00	Х					•	0	0	0
ELIZABETH SHEEHAN Director of Finance & Op	40 00					X		99,864	0	15,040
Stephen Poirot Asst Head of School	40 00					×		100,696	0	19,929
thomas trafton director of development	40 00					X		107,515	0	9,582

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OPrtn & MAINT OF PLANT	1,131,986	1,131,986		
ADMINISTRATIVE & OTHER	953,089		953,089	
INTEREST/FINANCING EXP	784,102		784,102	
ANCILLARY SERVICES	618,678	618,678		
STUDENT SERVICES	219,178	219,178		

DLN: 93493316002060

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization TON SCHOOL		Emp	loyer identification nu	nber
IIL	TON SCHOOL		02-0	0222239	
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds	or Accounts. Comp	olete if the
		(a) Donor advised funds	((b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	or advı	sed Ye	s No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				s 「No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV, line 7	<u>7. </u>
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	d historic structure	area
				Held at the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ne organization during	
	the taxable year 🛌				
4	Number of states where property subject to conserva	ition easement is located 🕨			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	s No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year ►	
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s during	g the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	ΓYe	s No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial		•	
ar	TIII Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar Assets	5.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii			•
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS	•	or finan		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe				owing tha						<u>continueu)</u>
•	items (check all that apply)	records, check any	or the	. 1011	owing the	at are	a signific	411C G	ise of its conec	CIOII	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	ın how	they	/ further t	the o	rganızatıor	ı's ex	xempt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofart	, hıs	torical tre	easu	res or othe	rsın	nılar	_	
	assets to be sold to raise funds rather than t									Yes	No
Par	Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	990, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons o	r other ass	ets	not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	followi	ng ta	able		Γ		Aı	nount	
c	Beginning balance							1c			
d	Additions during the year						ļ	1d			
e	Distributions during the year						ľ	1e			
f	Ending balance						ľ	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?				L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV									,	,
	rt V Endowment Funds. Complete		ansv	vere	ed "Yes"	' to F	orm 990.	Pai	rt IV. line 10.		
		(a)Current Year			Year				Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	13,892,434		15	5,164,832						
b	Contributions	1,205,511			977,578						
c	Investment earnings or losses	272,471		-:	1,447,075						
d	Grants or scholarships	216,217			250,455						
e	Other expenditures for facilities and programs	561,713			531,831						
f	Administrative expenses	22,197			20,615						
g	End of year balance	14,570,289		13	3,892,434						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	42 700 % %									
ь	Permanent endowment ► 29 490 % %										
c	Term endowment ► 27810 % %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	re held a	and a	dmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				٠	3a		No
									3a	ii) l	Νo
	(ii) related organizations					•		•			
	(ii) related organizations	ns listed as required	d on So	ched	ule R?			•	3		
4	(ii) related organizations	ns listed as required e organization's end	d on So Iowme	ched nt fu	ule R? nds			10			
4	(ii) related organizations	ns listed as required e organization's end	d on So Iowme	nt fu	ule R? nds orm 990), Pa	rt X, line		3	b	
4 Par	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the control	ns listed as required e organization's end	d on So Iowme	nt fu ee F (a)	ule R? nds	O, Pa	rt X, line (b) Cost or o basis (othe	ther r)	(c) Accumulated depreciation	b	Book value
4 Par	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings	ns listed as required e organization's end	d on So Iowme	nt fu ee F (a)	ule R? nds orm 990 Cost or oth	O, Pa	rt X, line	ther r)	(c) Accumulated depreciation	b	3,778,225
Par	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the control	ns listed as required e organization's end	d on So Iowme	nt fu ee F (a)	ule R? nds orm 990 Cost or oth	O, Pa	rt X, line (b) Cost or o basis (othe	ther r) ,225	(c) Accumulated depreciation	(d) E	
Par	(ii) related organizations	ns listed as required e organization's end	d on So Iowme	nt fu ee F (a)	ule R? nds orm 990 Cost or oth	O, Pa	(b)Cost or o basis (othe	ther r) ,225	(c) Accumulated depreciation	(d) E	3,778,225
1a b c	(ii) related organizations	ns listed as required e organization's end	d on So Iowme	nt fu ee F (a)	ule R? nds orm 990 Cost or oth	O, Pa	(b)Cost or o basis (othe	ther (r) (,225 (,135	(c) Accumulated depreciation	(d) E	3,778,225
1a b c d e ((ii) related organizations	ns listed as required e organization's end s, and Equipmer	on Solowme nt. So	thed nt fu	ule R? nds orm 990 Cost or oth	D, Pa	(b)Cost or o basis (other 3,778 22,606	ther (r) (,225 (,135	(c) Accumulated depreciation 6,409,21	(d) E	3,778,225 16,196,921

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2) 20011 14140	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III		
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. ption (5.) (7.) (8.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes present value obligation of charitable gift annuities	15.) (, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,031,735
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,044,395
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,660
4	Net unrealized gains (losses) on investments	4	47,077
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-558,291
9	Total adjustments (net) Add lines 4 - 8	9	-511,214
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-523,874
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	10,678,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 9,500		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	56,577
3	Subtract line 2e from line 1	3	10,622,387
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 22,197		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,409,348
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,031,735
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,644,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	9,500
3	Subtract line 2e from line 1	3	10,635,047
4	Amounts 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 22,197		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,409,348
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,044,395
Par	t XIV Supplemental Information		

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 IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	For generations, Tilton School has maintained a stable endowment through the generosity of grateful alumni and alumnae, friends and benefactors that have believed in the mission of the school to advance the passionate pursuit of lifelong learning. The endowment helps sustain the school annually with a draw based on a spending policy in line with UPMIFA to lend support to the operating budget. In order for the endowment funds to be available for perpetuity, the funds are invested with appropriate asset allocations that are reviewed throughout the year based on clear guidelines and objectives for preservation of capital and growth for long term viability, balancing its positive impact on Tilton School students today and in the future. With careful stewardship, the endowment funds are spent in accordance with donor intents and have enabled the school with assistance for a broad array of activities such as financial aid, merit scholarships, enrichment programs for faculty, continued education for faculty, theatre, arts, athletics and enhancements to buildings each year
Part XI, Line 8 - Other Adjustments		CURRENT YEAR INCREASE IN CSV OF LIFE INSURANCE 383 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 72973 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT -631647
Part XII, Line 4b - Other Adjustments		FINANCIAL AID TO STUDENTS (TUITION IS SHOWN NET ON FINANCIAL REPORT) 2387151
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID (NET WITH TUITION ON FINANCIAL REPORT) 2387151
		Part VI, Line 1b The costs basis and accumulated depreciation for Buildings includes both buildings and building improvements

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

TILTON SCHOOL

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	02-0222239			
	<u> </u>		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	
2	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	
3	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 THE SCHOOL'S NON-DISCRIMINATION POLICY IS CLEARLY STATED IN ITS PROMOTIONAL CATALOG AND	3	Yes	
	IS AVAILABLE ON THE WEBSITE			
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	44	res	
_	basis?	4b	Yes	
С	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	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) . 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," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493316002060 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Grants and Other Assistance to Organizations,

Open to Public **Inspection**

Name of the organization						Employer identifica	tion number
TILTON SCHOOL						02-0222239	
Part I General Infor	mation on Grants	and Assistance				•	
Does the organization methe selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?				•	✓ Yes
Form 990, Part	IV, line 21 for any i	Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, . . ,	(h) Purpose of grant or assistance

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
127 students were awarded financial aid and scholarships for the year	127		2,387,151	FMV	Tuition reduction
See Addıtıonal Data Table					

Part IV Supplem	ental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Scholarships and financial aid provide assistance to students who could not otherwise afford to attend the School Financial aid is based on financial need Scholarships and financial aid are offered as a tuition reduction only and are non-refundable

DLN: 93493316002060

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

TILT	ILTON SCHOOL				
		02-022239			
Pa	art I Questions Regarding Compensation				_
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following 990, Part VII, Section A, line 1a Complete Part III to provide any relevant i				
		ce or residence for personal use			
	☐ Travel for companions ☐ Payments for bu	siness use of personal residence			
	Tax idemnification and gross-up payments Health or social	club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal service	es (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a writter reimbursement orprovision of all the expenses described above? If "No," con	and the Deak TIT he couldness	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing ex officers, directors, trustees, and the CEO/Executive Director, regarding the i	•	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the organization's CEO/Executive Director Check all that apply	·			
	Compensation committee				
	✓ Independent compensation consultant ✓ Compensation s	·			
	Form 990 of other organizations Approval by the	board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 3 or a related organization	1a with respect to the filing organization			
а	. ,	_	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retireme	nt plan?	4b	Yes	
C	: Participate in, or receive payment from, an equity-based compensation arran	gement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amo	unts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organizat compensation contingent on the revenues of	ion pay or accrue any			
а	The organization?	<u>_ </u>	5a		Νo
b	Any related organization?	<u>. '</u>	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organizat compensation contingent on the net earnings of	ion 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, line 1a, did the organizar payments not described in lines 5 and 6? If "Yes," describe in Part III	· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant subject to the initial contract exception described in Regs section 53 4958-in Part III		8		No
۵	If "Vac" to line 8, did the organization also follow the rebuttable procumption	procedure described in Regulations			

section 53 4958-6(c)?

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 (iii) Other reportable	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
JAMES R CLEMENTS	(ı) (ıı)	252,704 0		16,500 0	0 0	,	309,163 0	273,396 0

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	,	The Head of School as Chief Executive Officer is required to live on campus as a condition of employment for a boarding school. The school provides a home for the Head of School and his family as part of his salary arrangement. The valuation of the housing benefit is determined through data comparison with similar schools in the Independent Schools Association of Northern New England of which Tilton School is a member. The school does provide personal maid service for the home of the Head of School. As the home is often used for meetings and fundraising activities, cleaning services are provided through the school's Housekeeping Division. The valuation of this service has been computed by determining the number of personnel assigned to this task and the hours per week.
	1 '	James R. Clements participates in a Supplemental nonqualified retirement plan. However, during the calendar year ended December 31, 2009, he did not receive any payments from this plan

Schedule J (Form 990) 2009

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DLN: 93493316002060

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

2009

OMB No 1545-0047

 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 Attach to Form 990.
 See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TILTON SCHOOL

New Mattach to Form 990. ► See separate instruction

Attach to Form 990. ► See separate instruction

Employer identification number

02-0222239

Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of l	Purpose	(g) De	feased	(h) Beha Iss	alfof
											Yes	No	Yes	No
A	new hampshire health and education facilities authority - Series 2006	02-0279866	644614nx3	02-23-2	2006	17,	000,000	To refinance for capital e buildings				X		X
Pa	rt II Proceeds													
	Tabal and a decidence			A		ı	В	ı	С	D			E	
1	Total proceeds of issue			17	7,000,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasanc	e escrows		:	2,499,326									
4	O ther unspent proceeds				5,869									
5	Issuance costs from proceeds				234,283									
6	Working capital expenditures from p													
7	Capital expenditures from proceeds	5		14	4,260,522									
8	Year of substantial completion			200	07									
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of a	current refunding is	sue?	Χ										
10	Were the bonds issued as part of ar	n advance refunding	ıssue?		Χ									
11	Has the final allocation of proceeds	been made?			Χ									
12	Does the organization maintain ade the final allocation of proceeds?	quate books and re	cords to support	X										
Par	t IIII Private Business Use													
				/ Yes	No	Yes	B No	Yes	C No	D Yes	No	Yes	E	No
1	Was the organization a partner in a which owned property financed by t		ember of an LLC,	165	X	ies	140	165	NO	Tes	140	res	•	140
2	Are there any lease arrangements which may result in private busines	with respect to the 1	financed property		X									
For F	Privacy Act and Paperwork Reduction Act	Notice, see the Insti	ructions for Form 990.			Cat No 5	0193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

				Α			В			С		D		E
			Yes	No	0	Yes	N	0	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect t financed property which may result in private business use?			Х										
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		Х										
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or resagreements relating to the financed property?	earch		х										
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government				0 %									
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a stat government	your /			0 %									
6	Total of lines 4 and 5				0 %									
7	Has the organization adopted management practices and proceed the post-issuance compliance of its tax-exempt bond l		X											
Par	t IV Arbitrage													
		Yes	A No		Yes	B No		Yes	С	No	[Yes) No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	res	X		res	МС	•	res		NO	res	NO	res	140
_	Is the bond issue a variable rate issue?	v	^											
2		X												
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	x												
b	Name of provider	Sovereign	n Bank											
c	Term of hedge	30 00	0000000	000										
4a	Were gross proceeds invested in a GIC?	X												
b	Name of provider	Citigroup	Financial											
c	Term of GIC	1 83	3000000	000										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х												
5	Were any gross proceeds invested beyond an available temporary period?		х											
6	Did the bond issue qualify for an exception to rebate?		х											

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990. Name of the organization TILTON SCHOOL

Employer identification number

02-0222239

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Board members Ellen Finn and Dr R Thomas Finn have a family relationship Board members Sarah Bird and Rober Roriston also have a family relationship
Form 990, Part VI, Section B, Iine 11		Policy Tilton School recognizes that the governance role of its Board of Trustees includes the annual review of Form 990 (Return of Organizations Exempt from Taxation). Accordingly, Tilton School requires review of the Form 990 by the Board of Trustees prior to its filing on an annual basis. Schedule B is received by the Audit Committee only. This Committee recommends approval to the full Board. Procedures. 1. Senior management of Tilton School is responsible for the timely preparation of Form 990. 2. The completed From 990 will be provided to the Audit Committee of the Board of Trustees sufficiently in advance of the filing deadline to enable a detailed and conscientious review by all members of the committee. All questions, concerns, etc. of the Audit Committee will be addressed by the Director of Finance & Operations and incorporated into the Form 990 as appropriate. 3. All members of the Board of Trustees will be invited to review the completed Form 990 in advance of filing deadline via the Trustee portal of the school's website at www tiltonschool org. Should a trustee not have website access, they may request an electronic copy via email or hard copy via US mail to review. All questions, concerns, etc. of the members of the Board of Trustees will be addressed by the Director of Finance & Operations and incorporated into the Form 990 as appropriate. 4. After all of the input from the Board of Trustees and the Audit Committee has been appropriately addressed, senior management of Tilton School will file the final Form 990 as required.
Form 990, Part VI, Section B, line 12c		The Board of Trustees review and execute a conflict of interest policy annually. The board chair is charged with ensuring compliance
Form 990, Part VI, Section B, line 15		The Policy on the Process of Determining Compensation of Tilton School applies to the compensation of the following persons employed by Tilton School 1. Tilton School Employed Executive by title. Head of School 2. Other Officers or Key Employees of Tilton School by title. (N/A) The process of determining compensation includes the following elements. (1) review and approval by the Board of Directors as recommended by the Compensation Committee of the Board of Directors, (2) use of industry data as to comparable compensation, (3) review and approval by an independent compensation specialist, (4) contemporaneous documentation and recordkeeping. 1. Review and approval. The compensation of the person is reviewed and approved by the Board of Directors as recommended and presented by the Compensation Committee. Any Board member with a conflict of interest with respect to the compensation arrangement is not involved in this review and approval. 2. Use of Industry data as to comparable compensation. Annually the Compensation Committee requests industry data on comparable salary that is provided by the Director of Finance and Operations. The school participates in salary surveys of its national and local independent school associations annually in order to obtain comparable data and remain current in the industriation of the Employed Executive (Head of School) and other key employees when appropriate and not required annually. This review helps to ensure that appropriate comparable data is used and the written salary arrangement is properly managed by the school. 4. Contemporaneous documentation and recordkeeping. There is contemporaneous documentation and recordkeeping by the Board of Directors with respect to meetings, conversations, deliberations and decisions regarding the compensation arrangement. The compensation arrangement does result in a written, formal contract signed by the Chair of the Board of Directors and the Chief Executive Officer.
Part VI, Section C, line 19		policy are available upon request. Financial statements and the Form 990 are available for inspection at the School
FORM 990, PART XI, LINE 2C		THE School'S Audit COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND RECOMMENDS THE INDEPENDENT AUDITOR THE FULL BOARD OF TrusteeS VOTES TO ACCEPT THE AUDIT AND THE INDEPENDENT AUDITOR THERE HAVE BEEN NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR