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Form **990** 

Department of the Treasury

# **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

2009

OMB No 1545-0047

Open to Public

								Inspection
				, <b>or tax year beginning 07</b> C Name of organization	7-01-2009 and ending 06-30-20	10	D Employer id	lentification number
B Che  Addr		pplicable Please		MILTON ACADEMY			04-21036	0.3
_		label o	r	Doing Business As			E Telephone n	
Nam		type. S					(617) 898-	-1708
Initia	al retui	rn Specifi Instru			box if mail is not delivered to street add	ress) Room/suite	<b>G</b> Gross receipts	
Tem	nınate		Ĭ	170 CENTRE STREET			d Gloss receipt	5 \$ 07,200,222
- Ame	nded i	return		City or town, state or countr	y, and ZIP + 4	L	1	
– Appl	ıcatıon	pending		MILTON, MA 02186				
		F	Namo	e and address of principa	Lofficer	W/5) To the	<b>.</b>	6
				ck bland	· omee.		iis a group retui ates?	rn for
				NTRE STREET I,MA 02186				
		"""	. 1 O N	1, MA 02186		1 ' '	ll affiliates inclu	
Tax	-exem	npt status 🔽 50	)1(c) i	(3) <b>◄</b> (insert no )	(a)(1) or	_		t (see instructions)
		: ► www miltor			(4)(-) (-)	H(c) Gro	up exemption n	umber <b>F</b>
						1		<b>54</b> 0:
R Form Par		Summary	oratio	on Trust Association	Other <b>F</b>	L Year of fo	ormation 1798	M State of legal domicile MA
- 6			e the	organization's mission o	r most significant activities			
	_	•		•	COLLEGE PREPARATORY K-12	SCHOOL, BO	ARDING AND	DAY IN GRADES 9-12
taovemianice								
<u> </u>								
<u> </u>	_							
			,		ntinued its operations or dispose			
	3	Number of voti	ng m	embers of the governing	body (Part VI, line 1a)		3	32
ğ l	4	Number of inde	pend	lent voting members of th	ne governing body (Part VI, line 1	.b)		42
Acumues a	5	Total number o	fem	ployees (Part V , line 2a)			!	566
<b>5</b>	6	Total number o	fvol	unteers (estimate if nece	ssary)		•	645
ί	7a	Total gross uni	relate	ed business revenue fron	n Part VIII, column (C), line 12		7	<b>'a</b> 5,28
	ь	Net unrelated b	ousin	ess taxable income from		7	<b>'b</b> -387,47	
					Pric	or Year	Current Year	
	8	Contributions	and	grants (Part VIII, line 1		8,961,718	10,751,208	
9	9	Program serv	ice re	evenue (Part VIII, line 2		36,818,442	38,763,266	
Reveni	10	Investment in	ncom	e (Part VIII, column (A)		-3,829,690	7,064,000	
윤	11			rt VIII, column (A), lines		, ,		
1	12				st equal Part VIII, column (A), lı	ne l		
					<u> </u>		41,950,470	56,578,474
	13	Grants and si	mılar	amounts paid (Part IX, o	column (A), lines 1-3)		6,476,159	7,452,821
	14	Benefits paid	to or	for members (Part IX, co	olumn (A), line 4)			0
	15	Salaries, othe	rcor	mpensation, employee be	nefits (Part IX, column (A), lines	5 –		
\$		10)					27,083,302	25,968,207
Ехрепзея	16a				mn (A), line 11e)			0
五	b	Total fundraising	expe	nses (Part IX, column (D), line	25) • 2,488,886			
	17				11a-11d, 11f-24f)		22,457,406	25,707,928
	18	Total expense	es A	dd lines 13–17 (must eq	ual Part IX, column (A), line 25)		56,016,867	59,128,956
	19	Revenue less	expe	enses Subtract line 18 fr	om line 12		-14,066,397	-2,550,482
net Assets or Fund Bafances						_	g of Current	End of Year
2 m							Year	
3 a	20			X, line 16)			216,492,225	257,719,863
Z	21						29,202,432	61,959,398
	22				21 from line 20		187,289,793	195,760,465
Par <sup>·</sup>	ΙΙ	Signature						
					mined this return, including accompanyir on of preparer (other than officer) is bas			
		and belief, it is to	ue, cc	mect, and complete beclarati	on or preparer (other than officer) is bas	eu on an imonna	tion of which prepa	ner has any knowledge
Sign		*****				2011	-04-06	
lere		Signature of o	officer			Date		
		STEVEN MOOI	RE CF	<del>-</del> 0				
		Type or print						
		Preparer's			Date	Check If	Preparer's ident	tifying number
Paid		signature Cr	aıg Kl	leın		self-	(see instruction	
	ror <sup>i</sup> o	F		L ONE T		empolyed 🕨 🦵		
<sup>o</sup> repa Jse O		Firm's name (or y if self-employed)		CBIZ Tofias			EIN ▶	
, 9 <del>C</del> U	···y	address, and ZIP		350 Massachusetts Avenue	<u> </u>		_	
				Cambridge, MA 02139			Phone no 🕨 (	617) 761-0600
1ay tl	ne IR	S discuss this r	eturr		n above? (see instructions) .			✓ Yes  No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

developed and nurtured as does any other

Total program service expenses►\$

4d

(Expenses \$

- Milton Academy cultivates in its students a passion for learning and a respect for others. Embracing diversity and the pursuit of excellence, we create a community in which individuals develop competence, confidence and character. Our active learning environment, in and out of the classroom, develops creative and critical thinkers, unafraid to express their ideas, prepared to seek meaningful lifetime success and to live by our Motto, "Dare to be true."
- Did the organization undertake any significant program services during the year which were not listed on □ Yes □ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program □ Yes ▽ No If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 36.312.090 including grants of \$ 7.185.903 ) (Revenue \$ 34.642.066) (Code ) (Expenses \$ **4a** Milton Academy promotes an environment of lifelong learning to 970 students in grades K-12 Students are encouraged to participate in community service and volunteer opportunities during the year in an effort to instill a passion for giving back to others for many years. Full and partial scholarships are awarded to students based on financial need Milton Academy cultivates in its students a passion for learning and a respect for others. Embracing diversity and the pursuit of excellence, we create a community in which individuals develop competence, confidence and character. Our active learning environment, in and out of the classroom, develops creative and critical thinkers, unaffaid to express their ideas, prepared to seek meaningful lifetime success and to live by the motto, "Dare to be true " The Community Service Program seeks to instill and support a passion for service in Milton Academy's students, faculty and staff. Through providing a multitude of opportunities from tutoring in local schools, to donating blood, to assisting the elderly, the program strives to provide the Milton community with interesting and meaningful service opportunities. On average, about 200 students perform weekly service at over 30 different organizations in the Greater Boston area. Another 200 students participate in multi-annual events such as the Greater Boston Foodbank, Special Olympics tournaments, the Blood Drive and holiday giving events. The entire Milton community participates in the annual Oxfam Hunger Banquet and the bi-annual Community Service Day Each year, the program also supports individual and group initiatives for particular causes, such as overseas orphanages, tsunami and hurricane relief 2,270,866 4b (Code ) (Expenses \$ including grants of \$ 266,918 ) (Revenue \$ 2.567.438) The Mountain School of Milton Academy is an independent semester program that provides high school juniors the opportunity to live and work on an organic farm in rural Vermont. Each semester the Mountain School draws 45 high-achieving students from all over the country. Courses provide a demanding, integrated learning experience that takes full advantage of the school's small size and mountain campus. Students come from different backgrounds and schools around the country. and are challenged to work together and learn from each other, as they explore the intersection of the school's farm, academic program, and residential life. The goal is for students to return to their schools and communities, more clear about themselves and better prepared to become effective citizens 1,872,407 including grants of \$ 0) (Revenue \$ 0) (Code ) (Expenses \$ Through interscholastic and intramural sports, as well as physical education courses, all Milton Academy students are involved in physically active and challenging

pursuits that help form an exceptional educational experience. Athletic activity is certainly an expression of one form of intelligence, an intelligence that needs to be

) (Revenue \$

Other program services (Describe in Schedule O ) See also Additional Data for Description

41,627,059

1,171,696 including grants of \$

1,176,117)

Part TV	Checklist	t of De	auired	Schadule	_
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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	Yes	
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	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		Νο
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	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	Yes	
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
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  152  164  1752  184  1850  1850  1860  1870  1			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
a	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	2b	Yes	
а	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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		Νo
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
	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		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

170 CENTRE STREET MILTON, MA 021863397

(617) 898-2280

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			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 27			
ь	Enter the number of voting members that are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Se	ction C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed MA , FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
_•	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	EDWARD DONAHUE			

# 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	fficer, director, trustee or key employee							
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Key employee Officei Institutional Trustee Individual trustee or director		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										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 12

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_		
	on the 1a. 17 res, comprete schedule 7101 such marviadar	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
		3		140

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Shawmut Design and Construction 560 HARRISON AVE BOSTON, MA 02118	Construction Company	12,922,385
Flik 2400 YORKMONT ROAD CHARLOTTE, NC 28217	Dining services	2,514,003
Suburban Contract Cleaning Inc 65 Bay state dr ste 4 braintREE, MA 02184	Cleaning Company	571,488
CM Cleaning Co Inc 32 washington street stoughton, MA 02072	Cleaning Company	379,293
William Rawn Associates Architects Inc 10 post office square boSTON, MA 02108	Architects	364,865
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶19	) who received more than	

Form 99		<u> </u>						Page <b>9</b>
Part \	<u>/+++1</u>	Statement o	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
\$ £	1a	Federated cam	paigns 1a					
필드	b	Membership du	es <b>1b</b>					
% Gĕ	c	Fundraising eve	ents <b>1c</b>					
≢ੁ≅	d	Related organiz	rations 1d					
E.S.	e	Government grants	s (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	10,751,208				
Cont	h	iines ra-rr \$ _	02,684 s 1a-1f	•	10,751,208			
<u>ā</u>				Business Code				
Ke II	2a	TUITION		900,099	36,878,043	36,878,043		
<u> </u>	Ь	SPECIAL AND SUMI		900,099	1,232,705	855,060	377,645	
Program Serwce Revenue	C	AUXILIARY INCOME		900,099	431,684	431,684		
Ŗ	d	OTHER EDUCATION	N REVENU	900,099	220,834	220,834		
E	e							
Ş	f	All other progra	am service revenue					
_ <u>*</u>	g	Total. Add lines	s 2a-2f		38,763,266			
	3	Investment inc	ome (including dividend	. F				
			ar amounts)		2,290,872		-382,933	2,673,805
	4		stment of tax-exempt bond p	broceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iteui	(II) I CISOIIII				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Net rental incol	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	35,482,876	(ii) o tiiei				
	ь	Less cost or other basis and sales expenses	30,699,776	9,972				
	C	Gain or (loss)	4,783,100	-9,972	. ===			. ===
	d 8a		s)		4,773,128			4,773,128
Other Revenue	ь	See Part IV, lin	luding  reported on line 1c)					
₹	c		(loss) from fundraising (	events ►				
	9a	Gross income f	rom gaming activities ie 19					
	b c		penses b  (loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo	inventory, less owances .					
		loss saat -f -	a l					
	b c	_	oods sold . . <b>b</b> [ (loss) from sales of inve	entory 🕨				
	٣	Miscellaneous	· · ·	Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	ι s 11a-11d					
	12	Total revenue.	See Instructions			20		
					56,578,474	38,385,621	-5,288	7,446,933

Form	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	(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	7,154,446	7,154,446		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	298,375	298,375		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,099,981	663,428	166,615	269,938
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	18,654,871	13,632,886	4,053,677	968,308
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,332,249	810,125	470,372	51,752
9	Other employee benefits	3,534,202	2,598,857	865,061	70,284
10	Payroll taxes	1,346,904	819,037	<del>                                     </del>	52,321
11	Fees for services (non-employees)	2,0.0,20.	013,037	.,,,,,,,	52,521
a	Management	119,385		119,385	
h	Legal	41,796		41,796	
c	Accounting	41,790		41,790	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	2 042 744		2 242 744	
f	Investment management fees	2,012,741		2,012,741	
g	Other	3,447,823	2,837,162	<del>                                     </del>	154,670
12	Advertising and promotion	26,343	17,292	<u> </u>	
13	Office expenses	10,839,777	6,023,635	4,493,702	322,440
14	Information technology			-	
15	Royalties				
16	Occupancy				
17 18	Travel	667,049	419,501	122,915	124,633
	state, or local public officials				
19	Conferences, conventions, and meetings	69,905	13,153	4,823	51,929
20	Interest	1,554,914	1,100,185	381,383	73,346
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,985,302	5,238,977	1,397,060	349,265
23	Insurance				
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	TAXES - REAL ESTATE	103,419		103,419	
ь	BAD DEBTS	-160,526		-160,526	
с				,	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	59,128,956	41,627,059	15,013,011	2,488,886
26		39,120,930	41,027,039	13,013,011	2,400,000
20	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				
	- ampaign and ranaratory policication	I.		1	

Cah—mon.interest-bearing   Segming of year   Fell of year	Pa	rt X	Balance Sheet					<del>-</del>
2 Sevings and temporary cash investments								
3   Pledges and grants receivable, net   7,414,550   3   9,007,506   209,735   4   70,000		1	Cash—non-interest-bearing			320,433	1	3,642,763
4 Accounts receivable, net		2	Savings and temporary cash investments			905,452	2	3,063,234
Secretables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			7,414,350	3	9,087,506
Schedule   Schedule		4	Accounts receivable, net			268,735	4	76,980
Faceurables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(8) Complete Part II of Schedule L		5		s, key	employees, and			
Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L			Schedule L				5	
7   Notes and loans receivable, net   7   8   8   1   1   1   1   1   1   1   1		6						
10a			Schedule L				6	
100 Less accumulated depreciation . 100 68,713,515 57,566,268 10c 64,823,075 11 Investments—publicly traded securities . 121,530,313 11 144,415,422 12 Investments—publicly traded securities . 121,530,313 11 144,415,422 12 Investments—publicly traded securities . 121,530,313 11 144,415,422 12 Investments—program-related See Part IV, line 11 . 25,912,797 12 23,649,728 13 Investments—program-related See Part IV, line 11 . 25,912,797 12 23,649,728 14 Intangible assets . 14	÷	7	Notes and loans receivable, net				7	
10a	8	8	Inventories for sale or use				8	
Deferred revenue   10   10   10   10   10   10   10   1	⋖	9	Prepaid expenses and deferred charges				9	
11 Investments—publicly traded securities		10a	, , , , , , , , , , , , , , , , , , , ,	10a	1			
12   Investments—other securities See Part IV, line 11   25,912,797   12   23,649,728     13   Investments—program-related See Part IV, line 11   13   14     14   Intangible assets		ь	Less accumulated depreciation	10b	66,713,515	57,556,266	10c	64,623,075
13   Investments—program-related See Part IV, line 11   13   14   15   16   16   16   17   16   16   17   17		11	Investments—publicly traded securities			121,530,313	11	144,415,422
14		12	Investments—other securities See Part IV, line 11			25,912,797	12	23,649,728
15		13	Investments—program-related See Part IV, line 11				13	
Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14	
17    Accounts payable and accrued expenses   6,003,894   17    4,425,897   18    Grants payable		15	Other assets See Part IV, line 11			2,583,879	15	9,161,155
18   Grants payable		16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			216,492,225	16	257,719,863
Pure Part Part Part Part Part Part Part Part		17	Accounts payable and accrued expenses .			6,003,894	17	4,425,897
Tax-exempt bond liabilities		18	Grants payable				18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue			3,152,523	19	2,533,358
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities			18,134,130	20	52,755,422
23 Secured mortgages and notes payable to unrelated third parties	Səļ	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
23 Secured mortgages and notes payable to unrelated third parties	ıbilit	22		•				
24 Unsecured notes and loans payable to unrelated third parties	ĮΠ		persons Complete Part II of Schedule L				22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24	
Organizations that follow SFAS 117, check here Fand complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			1,911,885	25	2,244,721
through 29, and lines 33 and 34.  27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			29,202,432	26	61,959,398
lines 30 through 34.  30 Capital stock or trust principal, or current funds	89		-	olete	lines 27			
lines 30 through 34.  30 Capital stock or trust principal, or current funds	Š	27				39 447 714	27	36 212 397
lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u>8</u>							<u> </u>
lines 30 through 34.  30 Capital stock or trust principal, or current funds			' '			· · ·		
lines 30 through 34.  30 Capital stock or trust principal, or current funds	Š		·	nd con	nnlet e	1011001010		
30 Capital stock or trust principal, or current funds			•	ia con	iipiere			
31 Paid-in or capital surplus, or land, building or equipment fund		30	-				30	
33 Total net assets or fund balances	šet	31					31	
33 Total net assets or fund balances	AS	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances			187,289,793	33	195,760,465
	2	34	Total liabilities and net assets/fund balances			216,492,225	34	257,719,863

### 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)

### OMB No 1545-0047

2000

2009

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MILTON ACADEMY

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

**Public Charity Status and Public Support** 

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

Inspection

Employer identification number

04-2103603 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Yes No

11g(i)

11g(ii)

11g(iii)

(iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in Name of (ii) (described on organization in col (i) listed in A mount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? organization or IRC section document? (see Yes No Yes No Yes instructions))

check this box

h

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.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</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 <b>stop here</b>						-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
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> 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						<b>▶</b> ┌
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>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 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						
11	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 <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	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	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> 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 <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	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

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-2103603

Name: MILTON ACADEMY

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	845,534	ıncludıng grants of \$	0) (Revenue \$	1,176,117 )
Milton A cademy pr activities	ovides a Saturday course to g	ııfted students	, summer day camps, adult wo	kshops, an outdoor program,	and after school
(Code	) (Expenses \$	326,162	including grants of \$	0)(Revenue \$	0)

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(C tion ( hat a	che	)		I	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
David Abrams Trustee	1 00	×						О	0	0
George Alex Trustee	1 00	х						0	0	0
Julie Bennett Trustee	1 00	Х						0	0	0
Robert Cunha Trustee	1 00	Х						0	0	0
Elisabeth Donohue Trustee	1 00	Х						0	0	0
John Fitzgibbons Trustee	1 00	Х						0	0	0
Catherine Kitty Gordan Trustee	1 00	Х						0	0	0
Antonia Munroe Grumbach Trustee	1 00	Х						0	0	0
Kerry Murphy Healey Trustee	1 00	Х						0	0	0
Lısa Jones Trustee	1 00	Х						0	0	0
Carol Smith Miller Trustee	1 00	Х						0	0	0
Erıka Mobley Trustee	1 00	Х						0	0	0
John P Reardon Jr Trustee	1 00	Х						0	0	0
Karan Sheldon Trustee	1 00	Х						0	0	0
V-Nee Yeh Trustee	1 00	Х						0	0	0
James M Fitzgibbons Trustee - Emeritus	1 00	Х						0	0	0
Margaret Jewett Greer Trustee - Emeritus	1 00	Х						0	0	0
Franklin W Hobbs IV Trustee - Emeritus	1 00	Х						0	0	0
Harold W Janeway Trustee - Emeritus	1 00	Х						0	0	0
H Marshall Schwarz Trustee - Emeritus	1 00	Х						0	0	0
Bradley Bloom Trustee - President	3 00	Х		х				0	0	0
Victoria Hall Graham Trustee - Vice President	3 00	Х		х				0	0	0
Ogden M Hunnewell Trustee - Vice President	3 00	Х		х				0	0	0
F Warren McFarlan Trustee - Vice President	3 00	Х		х				0	0	0
Frederick G Sykes Trustee - Secretary	3 00	×		×				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) Average hours		(ition it	che)		II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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
Jide J Zeitlin Trustee - Treasurer	3 00	Х		х				0	0	0
Richard Hardy Hd of Sch (thru 6/30/09)	40 00			х				175,000	0	69,283
theodorick Bland Hd of Sch (as of 7/1/09)	40 00			х				257,877	0	38,779
Steven Moore CFO	40 00			х				147,166	0	19,449
Alden Smith Dir of the Mtn School	40 00			х				96,070	0	26,420
Gordon Sewall Director of Development	40 00				x			159,799	0	110,139
Cathleen Everett Dır of Communication	40 00					х		141,261	0	11,679
Paul Rebuck Dir of Admissions	40 00					х		126,282	0	36,626
Marshall Carter Lower School Principal	40 00					Х		119,147	0	10,453
Sarah Wehle Upper School Principal	40 00					Х		115,716	0	79,014
Edward Donahue Controller	40 00					х		113,522	0	15,893

DLN: 93493131000251

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

► 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. **Employer identification number** 

MITLI	ON ACADEMY		04-	2103603
Pai				
	organization answered "Yes" to Form 99	1 .	1 .	(h) Funda and abb an accord
		(a) Donor advised funds	<del>                                     </del>	(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advi	Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•	
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of ar Preservation of a	certifie	ically importantly land area d historic structure onservation
	easement on the last day of the tax year			
	Total number of conservation easements		<u> </u>	Held at the End of the Year
а			2a	
	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified his	• •	2c	
d	Number of conservation easements included in (c) a	cquired aπer 8/17/06	2d	
	Number of conservation easements modified, transfe		eu by ti	e organization daming
	Number of states where property subject to conserv			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		dling of	Yes No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🟲
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year 🕨 \$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financia	•	•
art	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar Assets.
а	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 fir	for public exhibition, education or resear	ch ın 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 i		·
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan	'
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$

Assets included in Form 990, Part X

Part	<b>TITL</b> Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ures, or Ot	the	r Similar A	<u>sse</u>	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	nat ai	re a sıgnıfıca	nt u	se of its collec	tıon	l	
а	Public exhibition		d	┌ Loan o	rexc	hange progra	ams				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how	v they further	the	organızatıon'	s ex	empt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				ılar	Γ,	Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answered	1 "Y	es" to Form	990	,	
-	Part IV, line 9, or reported an ar		•			. 1					
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for contribut	ions	or other asse	ets r	not	Γ,	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table							
								Α	mou	nt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?			<u></u>			Γ,	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\										
	rt V Endowment Funds. Complete		n ans	wered "Yes	" to	Form 990,	Par	t IV, line 10.	,		
	•	(a)Current Year	(b	)Prior Year	+	Two Years Back	(d)	Three Years Back	( <b>(</b> e)	Four Ye	ars Back
.a	Beginning of year balance	145,407,696		176,652,171	_				_		
b	Contributions	1,993,489		4,263,381	_				_		
С	Investment earnings or losses	18,570,107		-27,180,022					-		
d	Grants or scholarships	0.440.400		7.004			-		_		
е	Other expenditures for facilities and programs	-8,413,138		-7,884							
f	Administrative expenses	8,562,000		8,335,718							
g	End of year balance	165,822,430		145,407,696							
2	Provide the estimated percentage of the year	ır end balance held a									
а	Board designated or quasi-endowment	11.880 %									
ь	Permanent endowment - 42.790 %										
c	Term endowment ► 45.330 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are held	and a	admınıstered	for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•	3a	(i)		Νο
	(ii) related organizations							· · · -	(ii)		N o
	If "Yes" to 3a(II), are the related organization				•		•	3	ь		
1	Describe in Part XIV the intended uses of the				10 D	art V lina :	1.0				
2011	t VI Investments—Land, Building	s, and Equipme	nt. 5						. Т		
	Description of investment			(a) Cost or o basis (investm		( <b>b)</b> Cost or oth basis (other		(c) Accumulated depreciation		( <b>d</b> ) Boo	k value
La	Land					198,	648				198,648
b	Buildings					96,804,	077	59,908,5	36	36	,895,541
c	Leasehold improvements										
d	Equipment					5,828,	679	3,607,1	33		,221,546
e	Other					28,505,	186	3,197,8	46	25	,307,340

64,623,075

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b</b> )Book value	(c) Method of valuation
		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other REAL ESTATE PARTNERSHIPS	5,573,006	F
REAL ESTATE TAKINERSHITS	3,373,000	<u>'</u>
PRIVATE EQUITY AND VENTURE CAPITAL	13,076,722	F
rEAL ESTATE PARTNERSHIPS	5,000,000	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,	
Part VIII Investments—Program Related. See	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Beschiption of investment type	(2) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
	ne 15.	( <b>b</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	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) Descrip	ne 15. Otion	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	ne 15. otion  5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  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 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. otion  5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15. otion  5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS	ne 15. ption  25.)  (b) A mount  953,980	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  PAYABLE TO ANNUITANTS  ASSET RETIREMENT OBLIGATION	(b) A mount  953,980 484,431	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,578,474
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	59,128,956
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,550,482
4	Net unrealized gains (losses) on investments	4	13,845,923
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,824,769
9	Total adjustments (net) Add lines 4 - 8	9	11,021,154
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,470,672
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	60,955,252
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	6,291,464
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,663,788
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 1,924,658		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1,914,686
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	56,578,474
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	52,484,580
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,672,200
3	Subtract line <b>2e</b> from line <b>1</b>	3	49,812,380
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,924,658		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	9,316,576
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	59,128,956
Pai	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	<b>Explanat ion</b>
Part V , Line 4	Description of Intended Use of Endowment Funds	The endowment is used to invest funds for the school A SPENDING RATE OF FIVE PERCENT OF A ROLLING TWELVE QUARTER AVERAGE FAIR VALUE OF THE INVESTMENTS is used to fund programs and provide scholarships
Part XI, Line 8 - O ther Adjustments		CHANGE IN SPLIT INTEREST AGREEMENTS -162541 loss on interest rate swap contract -806310 LOSS ON DEBT EXTINGUISHMENT -1855918
Part XII, Line 2d - Other Adjustments		CHANGE IN SPLIT INTEREST AGREEMENTS -162541 STUDENT FINANCIAL AID -7391918
Part XII, Line 4b - Other Adjustments		LOSS ON RETIREMENT OF PP&E -9972
Part XIII, Line 2d - Other Adjustments		LOSS ON RETIREMENT OF PP&E 9972 loss on interest rate swap contract 806310 LOSS ON DEBT EXTINGUISHMENT 1855918
Part XIII, Line 4b - Other Adjustments		STUDENT FINANCIAL AID 7391918
		PART X, LINE 2 - UNCERTAIN TAX POSITIONS THE ACADEMY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE ACADEMY HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION, HOWEVER, THE ACADEMY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE ACADEMY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE ACADEMY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MILTON ACADEMY

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

04-2103603 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes MILTON ACADEMY'S NONDISCRIMINATORY POLICY IS PUBLISHED IN THE SCHOOL'S BROCHURES AND APPLICATIONS IT IS ALSO INCLUDED IN THE BOSTON GLOBE 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5с Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131000251

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

**SCHEDULE F** (Form 990)

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

	ne of the organization	Employer identification number					
MIL	_TON ACADEMY					04-210360	3
P		ormation on Ac 990, Part IV, lir		de the United States	<b>s.</b> Complete	e if the orgar	nization answered
1	<b>For grantmakers.</b> Do assistance, the gran	oes the organizates' eligibility fo	ation maintain r or the grants or	records to substantiate sassistance, and the se	lection crite	rıa used to a	ward
2	<b>For grant makers.</b> Desc United States	rıbe ın Part IV the	organization's pr	rocedures for monitoring th	ne use of gra	nt funds outsıd	e the
3	Activites per Region (	Use Schedule F-1	(Form 990) If add	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(f) Total expendit am service, pecific type of s) in region		
	tral america & the ibbean			investments			
	t asıa & pacıfic			investments			
eur	ope			investments			
nor	th america			investments			
sub	saharan afrıca			investments			
		1	1		i		i

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

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

OSC Scricudic	1 I (TOTHI JJO) II ac	dicional space	is neceucu.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	CENTRAL AMERICA AND THE CARIBBEAN	4	122,340	CREDIT TO ACADEMY ACCOUNT			
SCHOLARSHIP	NORTH AMERICA	3	82,195	CREDIT TO ACADEMY ACCOUNT			
SCHOLARSHIP	EAST ASIA AND PACIFIC	5	81,880	CREDIT TO ACADEMY ACCOUNT			
SCHOLARSHIP	south asıa	1	11,960	CREDIT TO ACADEMY ACCOUNT			

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to	r <b>mation</b> provide the information required	ın Part I, line 2, and any addıtıonal ınformatıon.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 SCHOLARSHIP FUNDS ARE NOT USED OUTSIDE THE UNITED STATES SCHOLARSHIP AWARDS ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS AT THE ACADEMY

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

DLN: 93493131000251

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

# **Grants and Other Assistance to Organizations, 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

Open to Public **Inspection** 

	the organization						Employer identifica	ition number
MILION	NACADEMY						04-2103603	
Part :	I General Info	mation on Gra	nts and Assistance				•	
th	e selection criteria us escribe in Part IV the	ed to award the gra organization's proc	substantiate the amount of the new stantage of the new stance? edures for monitoring the use	e of grant funds in the				√ Yes ┌ N
Part 1	Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
	ame and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>2</b> Er	nter total number of se	ction 501(c)(3) and	d government organizations					ı

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>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
scholarships	244	6,826,625			
scholarships - mountain school	34	266,918			
supplemental financial aid	57	60,903			

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 MOST GRANT EXPENSE CONSISTS OF SCHOLARSHIP AWARDS WHICH ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS AT THE ACADEMY
Other Information	Part IV	the 57 students that received supplemental financial aid are part of the same group as the scholarships with the 244 recipients

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493131000251

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** MILTON ACADEMY 04-2103603

Pa	rt I Questions Regarding Compensation								
					Yes	Νo			
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to								
	First-class or charter travel	~	Housing allowance or residence for personal use						
	▼ Travel for companions	Γ	Payments for business use of personal residence						
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees						
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes				
2	Did the organization require substantiation prior to reim								
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?								
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	appl	у						
	Compensation committee		Written employment contract						
	Independent compensation consultant	고	Compensation survey or study						
	Form 990 of other organizations	<b>V</b>	Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization								
а	Receive a severance payment or change-of-control pay	mer	nt?	4a		Νο			
b	Participate in, or receive payment from, a supplemental	l nor	nqualified retirement plan?	4b		Νο			
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide	de tl	ne applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must of	com	plete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any						
а	The organization?			5a		Νο			
b	Any related organization?			5b		Νο			
	If "Yes," to line 5a or 5b, describe in Part III								
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any						
а	The organization?			6a		Νο			
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, lin payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7		Νo			
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re								
	ın Part III			8	Yes				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption 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	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Richard Hardy	(ı) (ıı)	175,000 0	0 0	, o	14,000	55,283 0	244,283	J	
theodorick Bland	(ı) (ıı)	198,511	0 0	59,366 0	16,342	22,437	7 296,656 0 0		
Steven Moore	(ı) (ıı)	147,166 0	0 0	`I	18,360		9 166,615		
Gordon Sewall	(ı) (ıı)	159,799 0	0 0	0	13,579		269,938	)	
Cathleen Everett	(ı) (ıı)	141,261 0	0 0	0	11,329		0 152,940 0 0	)	
Paul Rebuck	(ı) (ıı)	126,282 0	0 0	- 1	10,196	26,430 0	162,908 0 0	)	
Sarah Wehle	(ı) (ıı)	115,716 0	0 0	-	10,000	1		)	
				<u> </u>			'		
						1	'		
	'					1			
	'		<del>                                     </del>	<u> </u>	+	<del> </del>			
	'			!			<u> </u>		
						1			

### 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
		Travel for companions is limited to the Head of School and is done so with discretion on a case by case basis when deemed appropriate. Housing benefits are normative for Head of School to be available to students 24 hours a day to fullfill duties.
	Part I, Line 8	THE COMPENSATION PAID TO THEODORICK BLAND WAS PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION

Schedule J (Form 990) 2009

DLN: 93493131000251

Open to Public

**Inspection** 

OMB No 1545-0047

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

▶ 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.

Department of the Treasury Internal Revenue Service Name of the organization MILTON ACADEMY

Employer identification number

04-2103603

P	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Da	te Issued	<b>(e)</b> Issu	ue Price	<b>(f)</b> De:	scription of	Purpose	<b>(g)</b> De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	MA DEV 2009 SERIES A	04-3431814	SEESCHedo	12-22	2-2009	25	5,555,000	To fund construction				х		x
В	MA DEV 2009 SERIES B	04-3431814	57583RR64	12-22	2-2009	17	,265,000	To fund cor	To fund construction			х		х
С	MA DEV 2009 SERIES C	04-3431814	SEESCHedo	12-22	12-22-2009 9,610,000 To fun		To fund cor	To fund construction			Х		х	
D	MA DEV 2003 (SEE SCH O)	04-3431814	57583FX71	11-20	0-2003	27,346,967 To fund construction			х			х		
Pa	Part II Proceeds													
					A B		С		C	)		E		
1	Total proceeds of issue				25,550,870	1	7,175,452	. 1	0,492,321	2	6,265,00	0		
2	Gross proceeds in reserve funds				1,019,211				960,999					
3	Proceeds in refunding or defeasance escrows				.2,919,895	1	7,025,315	;	9,469,000	1	2,479,42	6		
4	Other unspent proceeds				5,030,833				5,133					
5	Issuance costs from proceeds				230,083	150,137		57,189		525,300		0		
6	Working capital expenditures fro	om proceeds												
7	Capital expenditures from proce	eeds			6,350,848					13,260,274		4		
8	Year of substantial completion			20	12	20	09	20	09	20	04			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part o	of a current refunding is	ssue?		Х		Х		Х		Х			
10	Were the bonds issued as part o	of an advance refundin	g issue?	Х		Х			Х	Х				
11	Has the final allocation of proce	eds been made?			Х		Х		Х	Х				
12	Does the organization maintain the final allocation of proceeds?	Х		Х		х		Х						
Pa	rt IIII Private Business Us				1			1	1					
		_			A		В	С		D			E	
1						T		T				T		

Yes

No

Χ

Χ

Was the organization a partner in a partnership, or a member of an LLC,

Are there any lease arrangements with respect to the financed property

which owned property financed by tax-exempt bonds?

which may result in private business use?

No

Χ

Х

Yes

No

Χ

Χ

Yes

No

Χ

Х

Yes

Yes

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		Α		E	В		С	D			Е
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х		х		х		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х		Х		Х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х		х		х		х			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %			
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		х		Х		Х			
	Aulitus as										

Part IV Arbitrage

			A		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	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?		х		x		х	х			
2	Is the bond issue a variable rate issue?		×	Х			X		Х		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х	x			x		x		
ь	Name of provider	NA		SEE SCHEE	OULE O	NA	•		•		•
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	Х			Х		Х		Х		
b	Name of provider	MORGANS	TANLEY	NA		NA		NA			
С	Term of GIC	15 700	000000000								
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		х		х		х		
6	Did the bond issue qualify for an exception to rebate?		х		х		х		х		
											-

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DLN: 93493131000251

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization MILTON ACADEMY

**Employer identification number** 

								4-21036					
Part I Excess Benefit Tran										4.01			
Complete if the organizat			Yes" on Form 990	0, Ра	art IV, line 25a d	or 250	, or Form	990-EZ,	Part V, III		orro	cted?	
1 (a) Name of disqu	ualıfıed	person		<b>(b)</b> Description of transaction				action		Yes		No No	
										163	+	NO	
										_	+		
2 Enter the amount of tax impos	ed on th	ne organ	nızatıon managers	s or d	disqualified pers	ons du	iring the y	ear unde	r				
section 4958								🕨	* \$				
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed by	y the	organization .			🕨	* \$				
Part II Loans to and/or F	Erom 1	[ntoro	stad Darsons	,									
Complete if the organiz					Part IV . line 26	. or Fo	rm 990-E	Z. Part V	'. line 38a				
e ep. e e e e e e e e e e e e e e e				1		,		(f)					
(a) Name of interested person and		an to m the	(c)O riginal				In	Appro		<b>(g)</b> Writ			
purpose	organiz		principal amour		(d)Balance due	defa	ıult?	by boar		agreeme	greement?		
	То	From				Yes	No	Yes	No	Yes	TN	lo	
	'	110111		-		103	110	103	110	103	+"		
				$\dashv$							+		
otal			<b>.</b> .	•									
Part III Grants or Assistan							2-						
Complete if the orga	nizatio						27.						
(a) Name of interested pers	on	(1	<b>b)</b> Relationship be and the		in interested per anization	son	(c)A m	ount of g	rant or typ	e of assı	star	ıce	
arious													
		tuıt	ıon abatement								188	3,611	
Part IV Business Transact	ione I	'ny oly	ing Interacto	d D	orconc								
Part IV Business Transact Complete if the orga						' line	28a 28	h or 28	c				
complete it the orga	meacio		Relationship	<del>1</del>	330, 1 die 14	, <u>c</u>	200, 20	<i>5,</i> 0, 20	<u>.                                    </u>	(e) S	har	ıng of	
(a) Name of interested person	_		veen interested		(c) A mount of		<b>/d)</b> Doco	rintion of	transastio	lorga		tion's	
(a) Name of interested persor	1		rson and the		transaction		(a) Desc	ויףנוטוו טו	transactio	rev	/enu		
		-	organization	-						Yes	$\perp$	No	
		1		-						-	+		
										-	+		
				1									

DLN: 93493131000251

# **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization MILTON ACADEMY

**Employer identification number** 

04 2102602

Pa	rt I Types of Property			1.	04-2103603			
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of do reven	etermı	nıng	
1	Art—Works of art	аррисавіе		1 g				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	68	802,684	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .			·				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		- I	
30~	During the year did the ergonia	tion receive	o by contribution any areas	rty reported in Bart I. lines	1 - 28 +bat +t		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be used			
	for exempt purposes for the enti					30a		No
ь 31	If "Yes," describe the arrangement of the organization have a gif			review of any non-standard	contributions?	31	Yes	
∍∠a	Does the organization hire or us contributions?	e tnira parti	es or related organizations		ion-cash	32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

> **EIN:** 04-2103603 Name: MILTON ACADEMY

Trustees, Audit, Budget, and Investment Committees document meetings. As of February 1, 2010, the

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**SCHEDULE 0** 

**Supplemental Information to Form 990** 

OMB No 1545-0047

**Employer identification number** 

DLN: 93493131000251

Internal Revenue Service Name of the organization MILTON ACADEMY

(Form 990)

line 8b

Department of the Treasury

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

04-2103603 Identifier Return Explanation Reference Form 990, Part All trustee committees have historically documented meetings, with the exception of the executive VI, Section A, committee It was not deemed necessary for Executive Committee to document meetings, since the Board of

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The information requested on the 990 is gathered by the business office staff. The 990 form is prepared by our independent accounting firm, CBIZ Tofias. The draft form is reviewed by the controller, CFO, HEAD OF SCHOOL and the Audit committee for approval by the board. The document is made available on the trustee wiebsite before filing and all trustees are notified by email that the form 990 is available for review on the trustee wiebsite.

Executive Committee has adopted the policy to document all meetings

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		The purpose of the Conflict of Interest Policy is to protect the organization's interests when it is contemplating entering into a transaction or arrangement that might potentially affect the personal or organizational interests of the following persons and their families in another capacity trustees, officers, or any other person in a position to exercise substantial influence at the organization, or a member of the administration at Milton Academy. The organization's Policy emphasizes (a) disclosure rather than prohibition of conflicts or potential conflicts of interest and (b) case-by-case resolutions rather than categorical conclusions. This approach combines ethical safeguards with operational flexibility, but its success depends on conscientious self-policing in addition, the controller's office reviews transactions with interested Persons to ensure that conflicts are disclosed. All Interested Persons must complete a Conflict of Interest Policy Memorandum of Disclosure annually and shall update the Disclosure at any time during the year whenever a potential or apparent conflict may arise. The Audit Committee, the Head of School, or the Board of Trustees, as appropriate, shall address conflicts of interest involving Interested Persons in accordance with the standards set forth in this Policy. Procedures for Addressing Conflicts of Interest with Interested Persons.  1) Prohibition. No Interested Person may enter into a transaction or arrangement with the organization unless the facts of such transaction or arrangement has been expressly authorized by the disinterested members of the Audit Committee or the Board of Trustees, as applicable. 2) Duty to Disclose In connection with any transaction or arrangement under consideration by the organization, an Interested Person must disclose the existence of such Interested Person my other interested Person's interest to the organization's Audit Committee of Such of Trustees at a meeting called for the purpose of considering the transaction or arrangement and the Int

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In setting, reviewing and approving the compensation of the Head of School and reviewing and approving the compensation of the Administrative Council, the Compensation Committee of Milton Academy utilizes a three-part process. The process includes Impartial Decision Makers, Comparability Data, and Concurrent Documentation. The procedures are in place so that payments under the organization's executive compensation arrangements are presumed to be reasonable, under Treas. Reg. section 53:4958-6.1 Impartial Decision Makers. The compensation arrangement must be approved in advance (before any payment is made) by the Compensation Committee of Milton Academy composed entirely of individuals who do not have a conflict of interest with respect to the compensation arrangement. 2 Comparability Data. When the Compensation Committee is considering compensation to Covered Individuals, it must rely on comparability data that demonstrate the fair market value of the compensation in question. For example, when crafting compensation packages, the Compensation Committee must secure data that documents compensation levels for similarly qualified individuals in like positions at like organizations. Possible sources include, but are not necessarily limited to a) expert compensation studies by independent firms, by survey data from the Association of Business Officers at Preparatory Schools, National Association of Independent Schools, Association of Independent Schools of New England, or other educational associations of information obtained from the IRS Form 990 fillings of similar organizations, and d) written job offers for positions at similar organizations. 3 Concurrent Documentation. The Compensation Committee must document how it reached its decisions, including the data on which it relied. Records must be prepared before the later of the next meeting of the authorized body or 60 days after the final action or actions of the authorized body are taken. Records must be reviewed and approved by the Compensation Committee as rea

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MILTON ACADEMY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE WWW MILTON EDU the form 990 is available upon request

ldentifier	Return Reference	Explanation
Form 990, schedule k, part ı, lıne a, column c		CUSIP NUMBERS FOR THE MA DEV 2009 SERIES A BONDS ARE 57583RQ40, 57583RR72, 57583RR57, 57583RR80, 57583RQ65, 57583RQ73

ldentifier	Return Reference	Explanation
Form 990, schedule k, part ı, line c, column c		CUSIP NUMBERS FOR THE MA DEV 2009 SERIES C BONDS ARE 57583RQ81, 57583RQ99, 57583RR23, 57583RR64

ldentifier	Return Reference	Explanation
Form 990, schedule k, part ı, line d, column e		THE MA DEV 2003 BOND EXISTED THROUGH DECEMBER 2009 IT WAS DEFEASED AS PART OF THE MA DEV 2009 SERIES B BOND

ldentifier	Return Reference	Explanation
Form 990, schedule k, part iV, line 3B AND 3C, column B		BARCLAYS BANK IS THE PROVIDER FOR 5 YEARS, ENDING JANUARY 2015, BNY IS THE PROVIDER FOR 10 YEARS, ENDING IN JANUARY 2020

ldentifier	Return Reference	Explanation
Form 990, schedule r, part ıv		actual trust names have been omitted to protect the privacy of the contributors such information is available to the irs upon request

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

DLN: 93493131000251

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

**Employer identification number** 

# **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

**Related Organizations and Unrelated Partnerships** 

N ACADEMY				04-2103603	
rt I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes" on	Form 990, Par		
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
it II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	<b>nizations</b> (Complete ıf g the tax year.)	the organization an	swered "Yes" o	n Form 990, Part :	IV, line 34 because it had on
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) On Public charity statu (if section 501(c)(3	us Direct controlling entity

Cat No 50135Y

<b>(a)</b> Name, address, and EIN of related organization	(b) (c Leg Primary activity domi (state fore count		(d) Direct controllir entity	g	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total in	come	Share of e	<b>(g)</b> Share of end-of-year assets		i) ortionate tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	of ma	(j) General or managing partner?	
										Yes	No		Gene f mana part	s l	No
														+	
														+	
														+	
line 34 be	ation of Related (cause it had one or (a) N of related organization	more r		zations			during			ı		es" on Form 99  (g)  Share of	(h)	)	
, ,	j		inary activity		(state or foreign country)	entity	(C co	orp, S corp, or trust)				end-of-year assets			
Charitable remainder trust 170 centre street milton, MA02186		char	ntable trust		MA	N/A	Т					73,437	100 000	0 %	

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		-		
_	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No 
	Gift, grant, or capital contribution from other organization(s)		1c		No
	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		<b>1</b> g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No_
j	Lease of facilities, equipment, or other assets from other organization(s)		<b>1</b> j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		<b>1</b> n		No
o	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)		<b>1</b> q		No
r	O ther transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	holds		
	(a)	(b)		(c)	
	Name of other organization	Transaction type(a-r)		t involve	ed
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
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