

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



Form **990** 

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

2010

Open to Public Inspection

A Fo	r the 2	2010 ca	, , , ,	ning 07-01-2010 and ending 06-30-20	11				
		pplicable	C Name of organization TILTON SCHOOL				•	identification number	
	lress ch	_	Doing Business As			02-0	222	239	
	ne char					E Telep	hone	number	
	ıal retur mınated		Number and street (or P O box i 30 SCHOOL STREET	f mail is not delivered to street address)	Room/suite	(603	) 28	6-4342	
┌ Am	ended i	return	City or town, state or country, an TILTON, NH 03276	d ZIP + 4		<b>G</b> Gross	receil	ots \$ 12,925,562	
App	lication	pending	11E10N, NIT 03270						
			F Name and address of p	rıncıpal officer	H(a) Is this	a group return	for affil	lates? Yes No	
			JAMES R CLEMENTS 30 SCHOOL STREET		H(b) Are al	l affiliator in	sludos	7 Fyes F No	
			TILTON,NH 03276		1 ' '			t (see instructions)	
 т Та:	x-exem	npt status	<b>▼</b> 501(c)(3) <b>▼</b> 501(c) ( ) •	¶ (insert no )		up exempt			
		·	/W TILTO NSCHOOL ORG	4 (msert no )   1317(d)(1) 31   327	-				
					1				
	n of org rt I		Corporation Trust Associa	tion   Other -	<b>L</b> Year of fo	rmation 18	45	M State of legal domicile NH	
Pa			mary	sion or most significant activities					
Activities & Governance	( 1 1 ( F	GOALS THAT EN NEW ON CHALLE PRECON	TILTON SCHOOL FOR OVER VERY STUDENT HAS THE AB IES THE POWER OF POTENT INGE, OF YOUNG ADULTS STACEIVED NOTION OF THEIR IESSENTIAL TO A LIFE OF P	GES ALL STUDENTS TO TRY NEW THI 160 YEARS HAS BELIEVED IN AND S SILITY TO ACHIEVE, TO EXCEL, TO U TAL IS ABOUT BOTH THE OUTCOME RETCHING AND ACCOMPLISHING B CCAPABILITIES STUDENTS LEAVE T PERSONAL AND PROFESSIONAL SUC	SEEN THE PO'NCOVER THE AND PROCESEYOND THEIR	WER OF PO IR INNAT SS - A PRO R IMAGIN THE SKIL	OTE ESK OCES ATIO LS, K	NTIAL - THE IDEA (ILLS AND DEVELOP SS OF DISCOVERY, OF DN OR (NOWLEDGE, AND	
Ě	2 (	Check th	nis box 📭 if the organization	discontinued its operations or disposed	of more than 2	25% of its	net	assets	
Ş	3 1	Number	of voting members of the gove	rnıng body (Part VI, lıne 1a)			3	27	
	<b>4</b> r	Number	of independent voting member	s of the governing body (Part VI, line 1	o)		4	25	
				-	5	152			
			mber of volunteers (estimate i			-	6	110	
				Part VIII, column (C), line 12 e from Form 990-T, line 34		ŀ	7a 7b	0 0	
				<i>'</i>	Pric	or Year		Current Year	
_	8	Contri	butions and grants (Part VIII,	line 1 h)		1,544,	745	903,228	
Revenue	9			, line 2g)		11,251,0		11,816,053	
Ě	10			mn (A), lines 3, 4, and 7d)	•	235,9	_	206,281	
_	11 12			.), lines 5, 6d, 8c, 9c, 10c, and 11e) L1 (must equal Part VIII, column (A), li	ne		0	0	
	12		_			13,031,7	35	12,925,562	
	13			rt IX, column (A), lines 1-3)		2,387,	-	2,481,192	
	14			t IX, column (A), line 4)	_		0	0	
\$	15	10)	es, other compensation, emplo	yee beliefits (Fait 1X, Column (A), mies	J-	5,031,	329	5,368,709	
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0	
핓	b		ndraising expenses (Part IX, column						
	17 18			), lines 11a-11d, 11f-24f) nust equal Part IX, column (A), line 25)	•	5,625,9	$\overline{}$	5,827,395	
	19			ie 18 from line 12		-12,6	_	-751,734	
Net Assets or Fund Balances			,		_	g of Curre	-	End of Year	
SS et	20	Totala	assets (Part X, line 16)			38,164,4	58	38,288,021	
Age Baga	21	Totall	liabilities (Part X, line 26) .			22,133,2	244	21,078,985	
	22			ct line 21 from line 20		16,031,2	214	17,209,036	
Undei knowl	edge a edge.	ties of po and belies  **** Signa	f, it is true, correct, and complet	nined this return, including accompanying te. Declaration of preparer (other than offic	er) is based on				
	Т	Print/Type		Preparer's signature	Date	Check if sel	f-	DTIN	
Paid		preparer's	s name	. ,	Date	employed I		PTIN	
Prepa	ror		me NATHAN WECHSLER & COMPAI					Firm's EIN 🕨	
Use (		rıım's add	dress 70 COMMERCIAL STREET SU  CONCORD, NH 03301	11 E 401				Phone no • (603) 224- 5357	

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

Forn	n 990 (i	2010)						Page <b>2</b>
Pai	t III		Program Service O contains a respon			III		<del>/</del>
1	Brief	y describe the orga	nızatıon's mıssıon					
12T STU CHA YEA ACH THE ACC	H GRAI DENTS LLENG RS HAS IIEVE, OUTC OMPLI TON WI	DE AND POST-GRAFOM 22 STATES ES ALL STUDENTS BELIEVED IN AN TO EXCEL, TO UNG OME AND PROCES SHING BEYOND T	ADUATES TILTON'S AND 21 COUNTRIE TO TRY NEW THIN D SEEN THE POWEF COVER THEIR INNA SS - A PROCESS OF HEIR IMAGINATION NOWLEDGE, AND VA	STUDENT S ALTHOU GS, LEARN OF POTE TE SKILLS DISCOVER N OR PREC	BODY OF 256 CO JGH THE TILTON I NEW SKILLS, AND NTIAL - THE IDEA AND DEVELOP NE LY, OF CHALLENGE ONCEIVED NOTIC	RATORY SCHOOL SE NSISTS OF 65 DAY S EXPERIENCE IS DIFF SET NEW GOALS TI THAT EVERY STUDE W ONES THE POWE OF YOUNG ADULTS ON OF THEIR CAPAB OF PERSONAL AND	STUDENTS AND FERENT FOR EV LTON SCHOOL ENT HAS THE A R OF POTENTIA S STRETCHING ILITIES STUD	0 191 BOARDING ERY STUDENT, IT FOR OVER 160 BILITY TO AL IS ABOUT BOTH AND ENTS LEAVE
2			ertake any significant 0-EZ?		ervices during the y	ear which were not list		s <b>▽</b> No
	If "Ye	s," describe these r	new services on Sche	dule O				
3	servi	es?	se conducting, or mak		nt changes in how it	conducts, any progra		s 🔽 No
4	Desci Section	ribe the exempt purpon 501(c)(3) and 50	pose achievements fo	or each of th s and section	on 4947(a)(1) trust	ee largest program se s are required to repo m service reported		
4a		TE SECONDARY SCHOO		STUDENTS DUI		2,481,192 ) (R EACHING SUBJECTS SIMILA VHICH VARY IN SIZE FROM	AR TO THOSE TAUGH	
4b	(Code	2	) (Expenses \$		including grants of \$	) (Re	venue \$	)
4c	(Code	2	) (Expenses \$		including grants of \$	) (Re	venue \$	)

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$

4e Total program service expenses▶\$

9,507,437

) (Revenue \$

Part IV	Checklist	of Red	uired	Schedule	S

			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 (see instruction)? 🕏	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV.	16		Νο
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 (see instructions)	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? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

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		No
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 lines 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	Yes	
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		Νο
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \to Yes \to 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 IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter the number of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 14.6 Enter the surplex of Forms W-26 included in line 24.6 Enter the surplex of Forms W-26 included in 14.6 Enter the surplex of Forms W-26 included in line 24.6 Enter		Check if Schedule O contains a response to any question in this Part V		.୮	
be enter the number of Forms W-26 included in line 1a enter-0- if not applicable  Die the organization comply with backup withholding rales for reportable payments to vendors and reportable games (genebits) without 5 to prevent the control of the complete games (genebits) without 5 to prevent the control of the complete games (genebits) without 5 to prevent the control of the complete games (genebits) without 5 to prevent and in the control of the complete games (genebits) with 6 to prevent and in the control of the complete games (genebits) with 6 to prevent and in the control of the complete games (genebits) with 6 to prevent and 15				Yes	No
Exter the number of Forms W-2G includes in line 1a. Enter-0- if not applicable   1b   0    could be organization comply with backup withholding rules for recordable payments to vendors and reportable graming (pambling) without payments or programming the payments of employees apported on form W-3, Transmitted Mage and Transmitted organization from W-3, Transmitted Mage and Transmitted organization from W-3, Transmitted Mage and Transmitted Mage a	1				
be the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (sambling) winnings to prize winners?  It is a provided to the calendar year ending with or within the year covered by this payment to resolve a many state of the calendar year ending with or within the year covered by this payment tax returns?  It is a least one is reported on line 2a, did the organization lite all required feeler employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 30, you may be required feel employment tax returns?  It is a least one is reported on line 2a, did the organization lite all required feel employment tax returns?  It is a least one is reported on line 2a, did the organization has an interest in, or a signature or other authority over, a financial account in a foreign country series. It is a finished a form 990-T for this year? If they provide an explanation in Schedulo 0.  If it is a finished a form 990-T for this year? If they provide an explanation in Schedulo 0.  If it is a finished a form 990-T for this year? If they provide an explanation in Schedulo 0.  If it is a finished a form 990-T for this year? If they provide an explanation in Schedulo 0.  If it is a finished a form 990-T for this year? If they provide an explanation in Schedulo 0.  If it is a finished a form 990-T for this year? If they provide an explanation in the average of the second of the organization and they are schedulo 0.  If it is a finished a finished provide of the finished a finished tax sheller transaction 3 to the organization schedulo an explanation of the shell of the organization schedulo and the organization	h		! 		
paming (gambing) winnings to price winner?  Lister the number of employees reported on Form W-3, Transmittal of Nage and Tax Statements filed for the cale and repart and from the cale and repart and for the cale and repart and repar	_	<b>1b</b> 0			
Either than rumber of employees reported on Farm W-3, Transmitted of Wage and Tax  Zalements filed for the calendary year ending with to within the year covered by this present that statums?  Note it in the organization in the state of the	C		1c		
Section   152    152    153					
Diffat least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines it and 2 as greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business greats, income of \$1.000 or more during the signature of the year?  At any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other authority ower, a financial account in the foreign country (such as a bank account, securities account, or other authority ower, a financial account in the foreign country (such as a bank account).  Was the organization and the foreign country (such as a bank account) and the tax wear?  So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Did so the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible?  Did the organization solicit any contributions with every solitotic any contributions and party for goods and a private organization that may receive eductible contributions under section 179(c).  Did the organization receive a contribution of the value of the goods or services provided?  Did the organization receive a contribution of united that party is a contribution and party for goods and a private for granization neither and the companies of the value of the goods or services provided?  The contribution of the service despose of tangolis personal property for which it was required to the organization services provided?  The contribution of the service of the service of the provided					
Note, if the sum of lines 1 a and 2 as greater than 250, you may be required to of file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  11 Year, 'has it filed a Form 950-T for this year? If 'No,' provide an explanation in Schedule 0.  38 b  11 Year, 'has it filed a Form 950-T for this year? If 'No,' provide an explanation in Schedule 0.  39 b  11 Year, 'has it filed a Form 950-T for this year? If 'No,' provide an explanation in Schedule 0.  40 a year of the growing organization in a foreign country.  41 Year, 'enter the name of the foreign country.  42 b  11 Year, 'enter the name of the foreign country.  43 b  44 b  45 b D d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55 b D d any taxable party notify the organization file Form 8886-T?  56 b D D ones the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of heavy annual prices receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual prices that are normally greater than \$100,000, and did the organization of heavy annual greater than \$100,000, and did the organization of heavy annual greater than \$100,000, a	b		1		
Due the organization have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0.  At any time during the calendar year, did the organization have an interest in, or a signature or other authority organization as count in a foreign beautiful as a bank account, are cutter financial scored in a foreign period of the organization have an interest in, or a signature or other authority organization aparty to a prohibited that she held as a bank account, securities account, or other financial (and in the provided of the provided as a shell account, a securities account, or other financial (and in the provided of the provided as a shell account, a securities account, or other financial (and in the provided account).  Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  So it if 'Yes,' to line So or Sb, did the organization file form 886-17?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a sympton in excess of \$75 made party as a contribution and party for goods and services provided to the prayer?  If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  To be the organization received a payer in a excess of \$75 made party as a contribution and quality or advantage of the prayer and the payer?  If 'Yes,' and the organization making organization section and contribution of qualitied intellectual property in the organization, have a contribution of qualitied intellectual property in the payer and paye		Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
by ear?  by tiff yea, the sit filed a Form 990-T for this year? If 'No,' provide an explanation on Schedule 0.  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, secunities account, or other financial accounts of the financial accounts.  Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  So that is a file of the programation of the form 886-7?  Does the organization as or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  Did the organization account of the value of the value of the value of the organization solicit any contributions that were not tax deductible?  So the organization that may receive deductible contributions under section 170(c).  Did the organization self, excholered to the year of the value of the goods or services provided?  To the organization self, excholered to the year?  To the the organization self, excholered to the year of the value of the goods or services provided?  To the organization self, excholered to the year of the year of the organization file Form 8899 as required to file Form 8282?  To the the organization self, excholered to the year of the year of the programation of the year of th					
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 accounts?    Fif'Yea's four the name of the foreign country			3a		N
over, a financial account in a foreign country (such as a bank account, secunities account, or other financial accounts)    16	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
### Second 17					
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa   P   Sa   P   Sb   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Lif Year's to line So or Sb, did the organization file Form 8886-17  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?  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?  Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and safety services provided to the payor?  Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and safety services provided to the payor?  Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and safety services provided to the payor?  Does the organization receive a payment in excess of \$75 made partly as a contribution of undersective or goods and safety as a contribution of the value of the goods or services provided?  To be dithe organization receive a payment in excess of \$75 made partly as a contribution of the organization property for which it was required to good if the organization received a contribution of qualified intellectual property, dot he organization file Form 8899 as required?  Does not not the organization received a contribution of qualified intellectual property, dot he organization file Form 8899 as required?  Does not not provide the property of the organization file organization and the provided provided the provided provided the organization provided to file organization provided to file organiza			4a		N
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13c	_	III which the organization is incensed to issue qualified fleatin plans	<b></b>		
a Did the organization receive any payments for indoor tanning services during the tax year? 14a	C				
	а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

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.

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
_	Independent			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
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		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Re</u>	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, 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?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NH			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ELIZABETH SHEEHAN

TILTON SCHOOL 30 SCHOOL STREET

TILTON, NH 03276 (603) 286-1722

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( that a	che		11		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) STEPHEN ANDERSON CHAIR	25 00	х		х				0	0	0
(2) JAMES R CLEMENTS HEAD OF SCHOOL	40 00	х		Х				224,217	0	46,340
(3) THOMAS CALLAHAN TRUSTEE	3 00	х						0	0	0
(4) MARCIA J CLEVELAND ESQ TRUSTEE	1 00	х						0	0	0
(5) TIMOTHY CLOUDMAN TRUSTEE	2 00	х						0	0	0
(6) DR R THOMAS FINN JR TRUSTEE	1 00	х						0	0	0
(7) ROBERT GRAHAM TRUSTEE	2 00	х						0	0	0
(8) PHILIP HAMBLET TRUSTEE	3 00	х						0	0	0
(9) MARK MCAULIFFE TRUSTEE	3 00	х						0	0	0
(10) SARAH BIRD FIRST VICE CHAIR	10 00	х		х				0	0	0
(11) ROBERT RORISTON TRUSTEE	3 00	х						0	0	0
(12) DR ROBERT WILSON TRUSTEE	2 00	х						0	0	0
(13) ELLEN H FINN TRUSTEE	1 00	х						0	0	0
(14) LARRY BARTELL SECRETARY	10 00	х		х				0	0	0
(15) J TERRILL JUDD SECOND VICE CHAIR	10 00	х		х				0	0	0
(16) JAMIE ROME TREASURER	10 00	Х		Х				0	0	0 Form <b>990</b> (2010)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

from the ganization (W- /1099-MISC) 0	(W- 2/1099- MISC)	compensation from the organization and related organizations
		-
0	0	
1		0
0	0	0 0
0	0	0 0
0	0	0 0
0	0	0 0
0	0	0 0
0	0	0 0
34,858	8	0 6,899
0	0	0 0
0	0	0 0
ı		
	0	53,239
_	259,075	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		Νο
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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	-	103	
,	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

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

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

f services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Form 9						Pa	ge <b>9</b>
Part \	<u>/!!!</u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
							512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	903,228 Business Code	903,228			
Program Service Revenue	2a	THITTON AND EFFE					
Жем	Ь	TUITION AND FEES ANCILLARY SERVICES	900099	10,303,794	10,303,794 1,000,349		
Ce		GORDON RESEARCH CONFER	900099	511,910			
erw	d			·	·		
۳. ا	е						
gra	f	All other program service revenue					
Pç		<b>Total.</b> Add lines 2a-2f		11,816,053			
	3	Investment income (including dividends, interest		11,810,033			
	4	and other similar amounts)		187,781			187,78
	b	(1) Real  Gross Rents Less rental expenses Rental income	(II) Personal				
	d	or (loss)  Net rental income or (loss)	(II) O ther				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	18,500				
		Net gain or (loss)		18,500			18,50
Other Revenue		Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18  a Less direct expenses b					
_		Net income or (loss) from fundraising events •					
		Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses	L				
		Gross sales of inventory, less					
		returns and allowances .					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory •	Durage C. J.				
	11a	Miscellaneous Revenue	Business Code				
		`					
	ь						
	c						
		All other revenue					
	12	Total revenue. See Instructions		12,925,562	11,816,053	0	206,28
						rm <b>990</b> (20	110

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		S. Parisasa	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,481,192	2,481,192		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16		, ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	269,674	94,386	80,902	94,386
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	4,149,025	2,702,818	1,243,085	203,122
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	193,859	128,534	58,079	7,246
9	Other employee benefits	458,496	293,533	137,376	27,587
10	Payroll taxes	297,655	188,961	89,187	19,507
а	Fees for services (non-employees) Management				· · · · · ·
ь	Legal	32,564		32,564	
с	Accounting	52,705		52,705	
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	77,980		77,980	
g	Other	5,733		5,733	
12	Advertising and promotion			3,133	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	783,563		783,563	
21	Payments to affiliates			, 55,555	
22	Depreciation, depletion, and amortization	858,998	858,998		
23	Insurance	54,812	,	54,812	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	31,012		31,012	
а	OPRTN & MAINT OF PLANT	1,147,789	1,147,789		
b		781,153		781,153	
	ANCILLARY SERVICES	669,692		1 32,233	
	AUXILIARY ENTERPRISES	330,888	330,888	†	
	STUDENT SERVICES	269,100	<u> </u>		
f	All other expenses	762,418	,		169,218
25	Total functional expenses. Add lines 1 through 24f	13,677,296	·		521,066
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the	13,077,230	3,307,437	3,010,133	321,000
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u>-</u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,046,636	1	945,587
	2	Savings and temporary cash investments	9,972,847	2	2,854,392		
	3	Pledges and grants receivable, net	161,831	3	85,651		
	4	Accounts receivable, net			36,177	4	27,378
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mploy	ers, and			
÷		Schedule L				6	
Assets	7	Notes and loans receivable, net			380,367	7	337,793
ď	8	Inventories for sale or use			49,292	8	31,657
	9	Prepaid expenses and deferred charges			399,979	9	305,955
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	29,626,308			
	ь	Less accumulated depreciation	10b	8,488,856	21,373,564	10c	21,137,452
	11	Investments—publicly traded securities			3,066,527	11	4,268,782
	12	Investments—other securities See Part IV, line 11			1,200,535	12	7,698,365
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	476,703	15	595,009		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	38,164,458	16	38,288,021		
	17	Accounts payable and accrued expenses .			916,643	17	861,389
	18	Grants payable				18	
	19	Deferred revenue			1,518,828	19	1,469,850
	20	Tax-exempt bond liabilities			16,405,000	20	16,085,000
S	21	Escrow or custodial account liability Complete Part IV of Schedul				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		•			
Lia		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,292,773	25	2,662,746
	26	Total liabilities. Add lines 17 through 25			22,133,244	26	21,078,985
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27			
ě.		through 29, and lines 33 and 34.					
Fund Balances	27	Unrestricted net assets			7,408,138	27	8,301,622
89	28	Temporarily restricted net assets		4,285,999	28	4,550,389	
귤	29	Permanently restricted net assets			4,337,077	29	4,357,025
Ξ		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	ıd con	ıplet e			
2		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
¥ĕ	33	Total net assets or fund balances			16,031,214	33	17,209,036
~	34	Total liabilities and net assets/fund balances			38,164,458	34	38,288,021
	-				•		

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12.9	925,562
2	Total expenses (must equal Part IX, column (A), line 25)	2			577,296
3	Revenue less expenses Subtract line 2 from line 1	3		- 7	751,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,0	31,214
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,9	929,556
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		17,2	209,036
Pa	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	৮	
				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 taudit, 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 its 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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

## OMB No 1545-0047

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

TILTON SCHOOL 02-0222239 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 described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 Type I **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, check this box 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

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

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))		15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493315031271

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Open to Public

ernal	Revenue Service Attach to F	orm 990. ► See separate instructions.			nspect	HON
	ne of the organization DN SCHOOL		Emp	loyer identificatio	n numbe	er
			02-0	)222239		
Рa	t I Organizations Maintaining Donor A		ınds	or Accounts.	Complet	te if the
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	,	<b>b)</b> Funds and other	.r. 2000	ntc
	Total number at end of year	(a) Donor advised funds		) Funds and Othe	er accou	IILS
	,					
	Aggregate contributions to (during year)					
1	A ggregate grants from (during year) A ggregate value at end of year					
•	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advi		☐ Yes	┌ No
ı	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit			r purpose	┌ Yes	┌ No
Par	Conservation Easements. Complete	if the organization answered "Yes" to	Forn	າ 990, Part IV, l	ıne 7.	
!	Purpose(s) of conservation easements held by the of 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 easement on the last day of the tax year	ion or pleasure) Preservation of an Preservation of a c	ertified	d historic structur		a
		[		Held at the En	d of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	[	2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
;	Number of conservation easements modified, transfethe taxable year -		d by th	e organization du	rıng	
	Number of states where property subject to conserv	ation easement is located 🗠				
i	Does the organization have a written policy regardin enforcement of the conservation easements it holds		llıng of	violations, and	┌ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents d	uring the year ►		
'	A mount of expenses incurred in monitoring, inspect	ng, and enforcing conservation easements	during	; the year 🟲 \$		
ļ	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sec	tıon		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	•	•		
ar	Organizations Maintaining Collection Complete if the organization answered		or Otl	ner Similar As	sets.	
.a	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 file.	l for public exhibition, education or researc	h 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 item	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1	<u>.</u>		<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		r finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
	merada mir orm bbo, raic vill, mic i			- Ψ		

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

Sche	dule D (Form 990) 2010						Page 2
Par	Organizations Maintaining Co	llections of Art, I	Historical Tre	asures, or Othe	r Similar As	sets (c	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	_	-		tion	
а	Public exhibition		<b>d</b> Loan or	exchange programs			
b	Scholarly research		<b>e</b> $\Gamma$ Other				
c	Preservation for future generations						
ļ	Provide a description of the organization's co Part XIV	ollections and explain	how they further	the organization's ex	cempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		,			┌ Yes	Г No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an				es" to Form S	990,	
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedı	ary for contributi	ons or other assets		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fol	lowing table			_	
_				<u> </u>	1 A	nount	
C -	Beginning balance			1c			
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
а	Did the organization include an amount on Fo		21?			☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV						
Рa	rt V Endowment Funds. Complete	f the organization a	answered "Yes" (b)Prior Year		<u>t IV, line 10.</u> I)Three Years Back	(e)Four	Years Bac
а	Beginning of year balance	14,570,289	13,892,434	15,164,832	Three rears back	(C) Our	rcars bac
b	Contributions	197,011	1,205,511	977,578			
c	Investment earnings or losses	1,567,645	272,471	-1,447,075			
d	Grants or scholarships	219,683	216,217	250,455			
e	Other expenditures for facilities and programs	526,655	561,713	531,831			
f	Administrative expenses	77,980	22,197	20,615			
g	End of year balance	15,510,627	14,570,289	13,892,434			
	Provide the estimated percentage of the yea	r end balance held as					
а	Board designated or quasi-endowment 🕨	43 860 %					
ь	Permanent endowment > 27 830 %						
С	Term endowment - 28 310 %						
a	Are there endowment funds not in the posses	ssion of the organizati	on that are held a	and administered for	the		
	organization by					Yes	No
	(i) unrelated organizations				3a		No
	(ii) related organizations				3a(		No
Ь	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	·			3	ь	<u> </u>
	t VI Investments—Land, Buildings			) Dart V line 10			
ĊЦ	Tivestments—Land, Bundings	s, and Equipment	(a) Cost or ot		(c) Accumulated		
	Description of investment		basis (investme		depreciation	(d) Bo	ook value
	Land			3,778,225			3,778,22
b	Buildings			22,950,628	7,130,63	8 :	15,819,99
С	Leasehold improvements						
d	Equipment		·	2,844,216	1,358,21	8	1,485,99
	Other			53,239	<u> </u>		53,239
~+ ~	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column	(B), line $10(c)$ .)		•	1 2	21,137,452

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>2</u> ,
(a) Description of security or category (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of enu-of-year market value
(2)Closely-held equity interests		
(3)O ther (A) CHARITABLE TRUST	270,344	F
(B) CHARITABLE GIFT ANNUITIES	950,496	F
(C) HSBC - PARTNERS CAPITAL	2,172,453	F
(D) TIFF INVESTMENTS	1,103,721	F
(E) HIGH VISTA INVESTMENTS	3,201,351	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,698,365	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of 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, lin (a) Descrip		(b) Book value
(a) besemp	CION	(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  (a) Description of Liability	( <b>b)</b> A mount	
Federal Income Taxes	. ,	
PRESENT VALUE OBLIGATION OF CHARITABLE GIFT ANNUITIES	470,668	
INTEREST RATE SWAP CONTRACT	2,192,078	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 🖡	2,662,746	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,925,562
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,677,296
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-751,734
4	Net unrealized gains (losses) on investments	4	1,348,372
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	581,184
9	Total adjustments (net) Add lines 4 - 8	9	1,929,556
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,177,822
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	11,724,262
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	1,357,872
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,366,390
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 77,980		
b	Other (Describe in Part XIV) 4b 2,481,192		
c	Add lines 4a and 4b	4c	2,559,172
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	12,925,562
Par	<b>XIIII</b> Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn
1	Total expenses and losses per audited financial	1	11,127,624
2	statements	+	
	Donated services and use of facilities		
a b	Prior year adjustments	<u>'</u>	
	Other losses	-	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d		9.500
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,118,124
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a   77,980	,	
ь	Other (Describe in Part XIV) 4b 2,481,192	╡	
c	Add lines <b>4a</b> and <b>4b</b>	4c	2,559,172
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,677,296
Pai	rt XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV , Iır	nes 1b and 2b,

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 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

	Return Reference	Explanation
Identifier  DESCRIPTION OF INTENDED USE PART V, I		FOR GENERATIONS, TILTON SCHOOL HAS MAINTAINED A
OF ENDOWMENT FUNDS	INC 4	STABLE ENDOWMENT THROUGH THE GENEROSITY OF
		GRATEFUL ALUMNI AND ALUMNAE, FRIENDS AND BENEFACTORS THAT HAVE BELIEVED IN THE MISSION OF
		THE SCHOOL TO ADVANCE THE PASSIONATE PURSUIT OF
		LIFELONG LEARNING THE ENDOWMENT HELPS SUSTAIN THE SCHOOL ANNUALLY WITH A DRAW BASED ON A
		SPENDING POLICY IN LINE WITH UPMIFA TO LEND
		SUPPORT TO THE OPERATING BUDGET IN ORDER FOR THE
		ENDOWMENT FUNDS TO BE AVAILABLE FOR PERPETUITY, THE FUNDS ARE INVESTED WITH APPROPRIATE ASSET
		ALLOCATIONS THAT ARE REVIEWED THROUGHOUT THE
		YEAR BASED ON CLEAR GUIDELINES AND OBJECTIVES FOR PRESERVATION OF CAPITAL AND GROWTH FOR LONG
		TERM VIABILITY, BALANCING ITS POSITIVE IMPACT ON
		TILTON SCHOOL STUDENTS TODAY AND IN THE FUTURE WITH CAREFUL STEWARDSHIP, THE ENDOWMENT FUNDS
		ARE SPENT IN ACCORDANCE WITH DONOR INTENTS AND
		HAVE ENABLED THE SCHOOL WITH ASSISTANCE FOR A BROAD ARRAY OF ACTIVITIES SUCH AS FINANCIAL AID,
		MERIT SCHOLARSHIPS, ENRICHMENT PROGRAMS FOR
		FACULTY, CONTINUED EDUCATION FOR FACULTY, THEATRE, ARTS, ATHLETICS AND ENHANCEMENTS TO
		BUILDINGS EACH YEAR
DESCRIPTION OF UNCERTAIN PART X		THE SCHOOL ADOPTED THE PROVISIONS OF FASB
TAX POSITIONS UNDER FIN 48		INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740), ON
		JULY 1, 2009 FASB ASC 740 SEEKS TO REDUCE THE
		DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN
		ACCOUNTING FOR INCOME TAXES IN ADDITION, FASB
		ASC 740 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND
		ACCOUNTING IN INTERIM PERIODS AND REQUIRES
		EXPANDED DISCLOSURE WITH RESPECT TO THE
		UNCERTAINTY IN INCOME TAXES THE SCHOOL'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX
		POSITIONS INCLUDES A REVIEW OF ALL MATERIAL TAX
		POSITIONS FOR ALL TYPES OF TAXES IN ALL JURISDICTIONS AND FOR ALL OPEN YEARS IN
		ACCORDANCE WITH THE RECOGNITION AND
		MEASUREMENT REQUIREMENTS OF FASB ASC 740 THE MOST COMMON TAX POSITION FOR THE SCHOOL IS A
		POSITION TAKEN IN THE ENTITY'S TAX EXEMPT STATUS
		HOWEVER, FASB ASC 740 ALSO LOOKS AT OTHER FORMS OF TAX POSITIONS, INCLUDING WHETHER THERE ARE
		UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED
		THAT WOULD BE TAXABLE ONCE THIS PROCESS IS COMPLETED, THE POSITIONS ARE EVALUATED IN TERMS
		OF THEIR LIKELIHOOD TO SUCCEED FOR TAX POSITIONS
		THAT DO NOT MEET THE DEFINITION OF MORE LIKELY THAN NOT TO SUCCEED, NO TAX BENEFIT IS
		CONSIDERED ONLY THOSE TAX POSITIONS THAT HAVE A
		GREATER-THAN-50% CHANCE OF BEING SUSTAINED ON AUDIT BY A KNOWLEDGEABLE AGENT ARE INCLUDED IN
		VALUING THE BENEFIT THIS ANALYSIS IS PERFORMED
		USING ALL RELEVANT AUTHORITIES THE SCHOOL FILES
		THE FORM 990 WITH FEW EXCEPTIONS THE SCHOOL IS NO LONGER SUBJECT TO U S FEDERAL TAX
		EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING
		BEFORE JUNE 30, 2008 MANAGEMENT OF THE SCHOOL BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX
		POSITIONS AND, ACCORDINGLY IT WILL NOT RECOGNIZE
PART XI, LINE 8 - OTHER		CURRENT YEAR INCREASE IN CSV OF LIFE INSURANCE
ADJUSTMENTS		4,703 CHANGE IN VALUE OF SPLIT-INTEREST
		AGREEMENT 59,465 CHANGE IN VALUE OF INTEREST
PART XII, LINE 4B - OTHER		FINANCIAL AID TO STUDENTS (TUITION IS SHOWN NET
ADJUSTMENTS PART XIII, LINE 4B - OTHER		ON FINANCIAL REPORT) 2,481,192 FINANCIAL AID (NET WITH TUITION ON FINANCIAL
ADJUSTMENTS		REPORT) 2,481,192
		PART VI, LINE 1B THE COSTS BASIS AND ACCUMULATED DEPRECIATION FOR BUILDINGS INCLUDES BOTH
I I		BUILDINGS AND BUILDING IMPROVEMENTS

# 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

2010

Open to Public Inspection

Name of the organization TILTON SCHOOL

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	02-0222239			
Pai	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		-		
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νο
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
	Educational policies?	5e		No
	Use of facilities?  Athletic programs?	5f		No No
	Other extracurricular activities?	5g 5h		N o N o
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u> </u>		NO
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  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 Part II		Ves	
	c. No. 1. 100 . 5 50, 157.5 2 6 5 507, covering facial hondiscrimination. If No, explain on facility	7	Yes	

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL'S NON-DISCRIMINATION POLICY IS CLEARLY STATED IN ITS PROMOTIONAL CATALOG AND IS AVAILABLE ON THE WEBSITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GOVERNMENTAL FINANCIAL ASSISTANCE HAS NOT BEEN PREVIOUSLY REVOKED OR SUSPENDED THE SCHOOL RECEIVES FEDERAL FUNDS FOR THE BREAKFAST PROGRAM THE SCHOOL RECEIVED \$21,552 FROM THE STATE OF NEW HAMPSHIRE

Schedule E (Form 990 or 990-EZ) 2010

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

DLN: 93493315031271

OMB No 1545-0047

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

**Inspection** 

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Employer identification number Name of the organization TILTON SCHOOL 02-0222239 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

rt III	Grants and Other Assistance to Individuals in the United States.	Complete if the o	organization	answered "Ye	es" to Form 990,	Part IV, lıı	ne 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
(1) 127 STUDENTS WERE AWARDED FINANCIAL AID AND SCHOLARSHIPS FOR THE YEAR	127		2,481,192	FMV	TUITION REDUCTION

**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	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS AND FINANCIAL AID PROVIDE ASSISTANCE TO STUDENTS WHO
MONITORING GRANTS		COULD NOT OTHERWISE AFFORD TO ATTEND THE SCHOOL FINANCIAL AID IS BASED ON FINANCIAL NEED
IN THE U S		SCHOLARSHIPS AND FINANCIAL AID ALSO INCLUDES 19 STUDENTS WHO RECEIVED MERIT BASED
		SCHOLARSHIPS AND 29 STUDENTS WHO RECEIVED BOTH MERIT BASED SCHOLARSHIPS AND NEED BASED AID
		SCHOLARSHIPS AND FINANCIAL AID ARE OFFERED AS A TUITION REDUCTION ONLY AND ARE NON-REFUNDABLE

DLN: 93493315031271

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Part I Questions Regarding Compensation  1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    First-class or charter travel					on nur	mber	
Part I Questions Regarding Compensation  1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   First-class or charter travel   Flouring allowance or residence for personal use   Travel for companions   Payments for business use of personal residence   Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Flouring allowance or residence   Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Flouring and payment for business use of personal residence   Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Flouring and payment for business and characteristic payments   Flouring and payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain   Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 uses to establish the compensation of the organization's CEO/Executive Director Check all that apply   Written employment contract   Flouring and payment for Ceo/Executive Director Check all that apply   Written employment contract   Payment formensation consultant   Payment formensation survey or study   Payment formensation survey or study   Payment formensation for study   Payment formensation formensation or a related organization   Payment formensation for a related organization   Payment formensation formensation formensation form, an equity-based co							
Pa	rt I Questions Regarding Compensation		·				
						Yes	Νo
1a							
	First-class or charter travel	7	Housing allowance or residence for personal us	s e			
	Travel for companions	_	Payments for business use of personal residen	ıc e			
	Discretionary spending account	7	Personal services (e g , maid, chauffeur, chef)				
b	· · · · · · · · · · · · · · · · · · ·				1b	Yes	
2					2	Yes	
3							
	✓ Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	7	Approval by the board or compensation commi	ttee			
4		<b>√</b> I :	I, Section A, line $1a$ with respect to the filing org	janization			
а	Receive a severance payment or change-of-control paym	ner	nt from the organization or a related organization	?	4a		Νο
Ь	Participate in, or receive payment from, a supplemental n	on	qualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based	со	mpensation arrangement?		4c		Νo
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must con	mj	plete lines 5-9.				
5		1 a,	, did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	, , , , , , , , , , , , , , , , , , , ,	1 a,	, did the organization pay or accrue any				
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line : payments not described in lines 5 and 6? If "Yes," descri				7		No
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III				8		No
9	If "Yes" to line 8 did the organization also follow the rebu	1++	able presumption procedure described in Regula	tions			

section 53 4958-6(c)?

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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		(R) Broakdown of	W-2 and/or 1000 MIS	EC companyation	(C) Poturement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	W-2 and/or 1099-MISC compensation  (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	benefits	(E) Total of columns (B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JAMES R CLEMENTS	(I) (II)	211,967 0	0	12,250 0	18,526 0	27,814 0	270,557 0	309,163 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

### 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
	1A	THE HEAD OF SCHOOL AS CHIEF EXECUTIVE OFFICER IS REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF EMPLOYMENT FOR A BOARDING SCHOOL THE SCHOOL PROVIDES A HOME FOR THE HEAD OF SCHOOL AND HIS FAMILY AS PART OF HIS SALARY ARRANGEMENT THE VALUATION OF THE HOUSING BENEFIT IS DETERMINED THROUGH DATA COMPARISON WITH SIMILAR SCHOOLS IN THE INDEPENDENT SCHOOLS ASSOCIATION OF NORTHERN NEW ENGLAND OF WHICH TILTON SCHOOL IS A MEMBER THE SCHOOL DOES PROVIDE PERSONAL MAID SERVICE FOR THE HOME OF THE HEAD OF SCHOOL AS THE HOME IS OFTEN USED FOR MEETINGS AND FUNDRAISING ACTIVITIES, CLEANING SERVICES ARE PROVIDED THROUGH THE SCHOOL'S HOUSEKEEPING DIVISION THE VALUATION OF THIS SERVICE HAS BEEN COMPUTED BY DETERMINING THE NUMBER OF PERSONNEL ASSIGNED TO THIS TASK AND THE HOURS PER WEEK
	· · · · · · · · · · · · · · · · · · ·	JAMES R CLEMENTS PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN HOWEVER, DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2010, HE DID NOT RECEIVE ANY PAYMENTS FROM THIS PLAN

Schedule J (Form 990) 2010

DLN: 93493315031271

Inspect ion

OMB No 1545-0047

Open to Public

## Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

**Supplemental Information on Tax Exempt Bonds** 

Name of the organization TILTON SCHOOL

Employer identification number 02 0222220

	TON SCHOOL									0	2-022	2239			
P	art I Bond Issues			_											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	Price	(f)	<b>)</b> Description	of Purpose	( <b>g)</b> De	feased	Beh	On alf of suer		Pool ancing
										Yes	No	Yes	No	Yes	No
<b>A</b>	NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY - SERIES 2006	02-0279866	644614NX3	02-23-2006	17,00	0,000	ISSU EXPE	EFINANCE LE AND FOR ENSES RELA DINGS			х		x		x
Pa	art II Proceeds														
						A		I	3		С		D		
1	A mount of bonds retired														
	A mount of bonds legally defe	ased													
_3	•	Total proceeds of issue					,000								
4	Gross proceeds in reserve fu														
5	Capitalized interest from proc	ceeds													
6	Proceeds in refunding escrow	1				2,499	499,326								
7	Issuance costs from proceed	ls				234	,283	33							
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds				14,260	,522								
11	Other spent proceeds														
12	Other unspent proceeds					5	,869								
13	Year of substantial completio	n			20	07			<u>'</u>						
					Yes	No	,	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as par	rt of a current refund	ling issue?		Х										
15	Were the bonds issued as par	rt of an advance refu	inding issue?			х									
16	Has the final allocation of pro	ceeds been made?				х									
17	Does the organization mainta allocation of proceeds?	ın adequate books a	and records to supp	ort the final	×										
Pa	rt IIII Private Business l	Use			•				\\		I				
						Ą			3		C			D	
					Yes	No	<b>)</b>	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

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

Are there any lease arrangements that may result in private business use of bond-

Χ

Part III Private Business Use (Continued)

		ı	١	ı	В	(	2	I	)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond-financed property?		х						
С	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?		x						
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 %						
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 %							
5	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							

Part IV Arbitrage

		А		В		С		D	
		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?		x						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
		X							
b	Name of provider	SOVEREIGN	BANK						
С	Term of hedge	30 00000	0000000						
d	Was the hedge superintegrated?		×						
e	Was a hedge terminated?		х						
4a	Were gross proceeds invested in a GIC?	×							
b	Name of provider	CITIGROUP FINANCIAL							
С	Term of GIC	1 830000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х							
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?		х						

# Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315031271

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization TILTON SCHOOL

Employer identification number

02-0222239

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBERS ELLEN FINN AND DR R THOMAS FINN HAVE A FAMILY RELATIONSHIP BOARD MEMBERS SARAH BIRD AND ROBERT RORISTON ALSO HAVE A FAMILY RELATIONSHIP

	eturn erence	Explanation
FORM 990, PART VI, SECTION B, LINE 11		POLICY TILTON SCHOOL RECOGNIZES THAT THE GOVERNANCE ROLE OF ITS BOARD OF TRUSTEES INCLUDES THE ANNUAL REVIEW OF FORM 990 (RETURN OF ORGANIZATIONS EXEMPT FROM TAXATION) ACCORDINGLY, TILTON SCHOOL REQUIRES REVIEW OF THE FORM 990 BY THE BOARD OF TRUSTEES PRIOR TO ITS FILING ON AN ANNUAL BASIS SCHEDULE B IS RECEIVED BY THE AUDIT COMMITTEE ONLY THIS COMMITTEE RECOMMENDS APPROVAL TO THE FULL BOARD PROCEDURES 1 SENIOR MANAGEMENT OF TILTON SCHOOL IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990 2 THE COMPLETED FROM 990 WILL BE PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS OF THE COMMITTEE ALL QUESTIONS, CONCERNS, ETC OF THE AUDIT COMMITTEE WILL BE ADDRESSED BY THE DIRECTOR OF FINANCE & OPERATIONS AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE 3 ALL MEMBERS OF THE BOARD OF TRUSTEES WILL BE INVITED TO REVIEW THE COMPLETED FORM 990 IN ADVANCE OF FILING DEADLINE VIA THE TRUSTEE PORTAL OF THE SCHOOL'S WEBSITE AT WWW TILTONSCHOOL ORG SHOULD A TRUSTEE NOT HAVE WEBSITE ACCESS, THEY MAY REQUEST AN ELECTRONIC COPY VIA EMAIL OR HARD COPY VIA US MAIL TO REVIEW ALL QUESTIONS, CONCERNS, ETC OF THE MEMBERS OF THE BOARD OF TRUSTEES WILL BE ADDRESSED BY THE DIRECTOR OF FINANCE & OPERATIONS AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE 4 AFTER ALL OF THE INPUT FROM THE BOARD OF TRUSTEES AND THE AUDIT COMMITTEE HAS BEEN APPROPRIATELY ADDRESSED, SENIOR MANAGEMENT OF TILTON SCHOOL WILL FILE THE FINAL FORM 990 AS REQUIRED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY ANNUALLY THE BOARD CHAIR IS CHARGED WITH ENSURING COMPLIANCE

ldentifier Ret Refer		Explanation
FORM PART SECTION LINE 1	VI, ON B,	THE POLICY ON THE PROCESS OF DETERMINING COMPENSATION OF TILTON SCHOOL APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY TILTON SCHOOL 1 TILTON SCHOOL EMPLOYED EXECUTIVE BY TITLE HEAD OF SCHOOL 2 OTHER OFFICERS OR KEY EMPLOYEES OF TILTON SCHOOL BY TITLE (IVA) THE PROCESS OF DETERMINING COMPENSATION INCLUDES THE FOLLOWING ELEMENTS (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS AS RECOMMENDED BY THE COMPENSATION. (3) REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION SPECIALIST, (4) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING 1 REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION SPECIALIST, (4) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING 1 REVIEW AND APPROVAL THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS RECOMMENDED AND PRESENTED BY THE COMPENSATION COMMITTEE. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT IS NOT INVOLVED IN THIS REVIEW AND APPROVAL 2 USE OF INDUSTRY DATA AS TO COMPARABLE COMPENSATION ANNUALLY THE COMPENSATION COMMITTEE REQUESTS INDUSTRY DATA ON COMPARABLE SALARY THAT IS PROVIDED BY THE DIRECTOR OF FINANCE AND OPERATIONS THE SCHOOL PARTICIPATES IN SALARY SURVEYS OF ITS NATIONAL AND LOCAL INDEPENDENT SCHOOL ASSOCIATIONS ANNUALLY IN ORDER TO OBTAIN COMPARABLE DATA AND REMAIN CURRENT IN THE INDUSTRY TRENDS 3 REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION SPECIALIST THE BOARD OF DIRECTORS FROM TIME-TO-TIME MAY HIRE AN INDEPENDENT COMPENSATION SPECIALIST TO REVIEW AND APPROVE THE COMPENSATION PACKAGE OF THE CHIEF EMPLOYED EXECUTIVE (HEAD OF SCHOOL) AND OTHER KEY EMPLOYEDS WHEN APPROPRIATE AND NOT REQUIRED ANNUALLY THIS REVIEW HELPS TO ENSURE THAT APPROPRIATE COMPARABLE DATA IS USED AND THE WRITTEN SALARY ARRANGEMENT IS PROPERLY MANAGED BY THE SCHOOL 4 CONTEMPORANEOUS DOCUMENTATION AND RECORDICEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDICEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDICEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND PROPENSATION ARRANGEMENT DOES RESULT IN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	TILTON SCHOOL'S 990 IS AVAILABLE ON-LINE AT WWW GUIDESTAR ORG GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE FOR INSPECTION AT THE SCHOOL

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	l '	NET UNREALIZED GAINS ON INVESTMENTS 1,348,372 CURRENT YEAR INCREASE IN CSV OF LIFE INSURANCE 4,703 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 59,465 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT 517,016 TOTAL TO FORM 990, PART XI, LINE 5 1,929,556

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE SCHOOL'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND RECOMMENDS THE INDEPENDENT AUDITOR THE FULL BOARD OF TRUSTEES VOTES TO ACCEPT THE AUDIT AND THE INDEPENDENT AUDITOR THERE HAVE BEEN NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR