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DLN: 93493135032132

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

·The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number C Name of organizatio MILTON ACADEMY B Check if applicable 04-2103603 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (617)898-1798 170 CENTRE STREET Terminated **G** Gross receipts \$ 92,705,921 City or town, state or country, and ZIP + 4 MILTON, MA 02186 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes THEODORICK BLAND 170 CENTRE STREET H(b) Are all affiliates included? MILTON, MA 02186 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW MILTON EDU K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1798 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities MILTON ACADEMY IS AN INDEPENDENT COLLEGE PREPARATORY K-12 SCHOOL, BOARDING AND DAY IN GRADES 9-12 Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 30 Number of independent voting members of the governing body (Part VI, line 1b) . 4 29 680 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 450 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 125,355 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b -472,371 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 10,751,208 13,611,661 Rayenue Program service revenue (Part VIII, line 2g) . 38,763,266 40,945,653 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,064,000 17,752,037 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 56,578,474 72,309,351 13 7,452,821 8,219,457 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 25,968,207 27,214,976 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \triangleright 2,661,778 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 25,707,928 25,001,681 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 59,128,956 60,436,114 19 Revenue less expenses Subtract line 18 from line 12 . -2,550,482 11,873,237 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 257,719,863 286,388,266 Total assets (Part X, line 16) . 60,280,966 Total liabilities (Part X, line 26) . 61.959.398 22 195,760,465 226,107,300 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-05-09 Signature of officer Sign Here STEVEN MOORE CFO Type or print name and title Print/Type preparer's name Check if self-Preparer's signature Date PTIN CRAIG KLEIN CRAIG KLEIN employed ▶ [Paid Firm's name 🕨 CBIZ TOFIAS Fım's EIN

BOSTON, MA 02116

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

Firm's address 🕨 500 BOYLSTON STREET

Preparer

Use Only

Phone no 🕨 (617) 761-

Γ

▽ Yes

FUIIII	990 (2010)					Page 2
Par		of Program Se Jule O contains a re		llishments uestion in this Part III		·
1	Briefly describe the o	rganization's miss	ion			
DIVE CON CREA	RSITY AND THE PUR FIDENCE AND CHARA	SUIT OF EXCELLE ACTER OUR ACT: LTHINKERS, UNA	ENCE, WE CREAT IVE LEARNING E FRAID TO EXPR	TE A COMMUNITY IN ENVIRONMENT, IN A ESS THEIR IDEAS, P	AND A RESPECT FOR C WHICH INDIVIDUALS ND OUT OF THE CLASS REPARED TO SEEK MEA	DEVELOP COMPETENCE, ROOM, DEVELOPS
2	Did the organization u the prior Form 990 or				r which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	se new services on	Schedule O			
3	Did the organization of services?			nt changes in how it co	nducts, any program	┌ Yes ┌ No
4		d 501(c)(4) organı	zatıons and sectı	on 4947(a)(1) trusts a	largest program services are required to report the service reported	
4a	(Code) (Expenses \$	37,957,200	including grants of \$	7,750,414) (Revenue	\$ 36,131,316)
	COMMUNITY SERVICE AN FULL AND PARTIAL SCHOI LEARNING AND A RESPEC COMPETENCE, CONFIDEN THINKERS, UNAFRAID TO COMMUNITY SERVICE PR PROVIDING A MULTITUDE TO PROVIDE THE MILTON SERVICE AT OVER 30 DIF GREATER BOSTON FOODI PARTICIPATES IN THE AN	ID VOLUNTEER OPPORT LARSHIPS ARE AWARDICT FOR OTHERS EMBR NCE AND CHARACTER DEXPRESS THEIR IDEA COGRAM SEEKS TO INS E OF OPPORTUNITIES F I COMMUNITY WITH IN FERENT ORGANIZATIO BANK, SPECIAL OLYMPI INUAL OXFAM HUNGER	FUNITIES DURING THED TO STUDENTS BAS ACING DIVERSITY AN OUR ACTIVE LEARNII S, PREPARED TO SEE TILL AND SUPPORT A FROM TUTORING IN L TERESTING AND MEA INS IN THE GREATER ICS TOURNAMENTS, I BANQUET AND THE E	E YEAR IN AN EFFORT TO 3 SED ON FINANCIAL NEED N ID THE PURSUIT OF EXCEL NG ENVIRONMENT, IN AND K MEANINGFUL LIFETIME S PASSION FOR SERVICE IN OCAL SCHOOLS, TO DONAT ANINGFUL SERVICE OPPORT BOSTON AREA ANOTHER 2 THE BLOOD DRIVE AND HOL BI-ANNUAL COMMUNITY SE	INSTILL A PASSION FOR GIVING MILTON ACADEMY CULTIVATES IN LENCE, WE CREATE A COMMUN OUT OF THE CLASSROOM, DEVICUCESS AND TO LIVE BY THE NEW MILTON ACADEMY'S STUDENTS ING BLOOD, TO ASSISTING THE CUNITIES ON AVERAGE, ABOUT ADDOCTOR OF THE ENTITAL O	E ENCOURAGED TO PARTICIPATE IN BACK TO OTHERS FOR MANY YEARS IN ITS STUDENTS A PASSION FOR ITY IN WHICH INDIVIDUALS DEVELOP (ELOPS CREATIVE AND CRITICAL MOTTO, "DARE TO BE TRUE" THE FACULTY AND STAFF THROUGH ELDERLY, THE PROGRAM STRIVES 200 STUDENTS PERFORM WEEKLY MULTI-ANNUAL EVENTS SUCH AS THE IRE MILTON COMMUNITY ROGRAM ALSO SUPPORTS INDIVIDUAL
	(C-1-) (Farance +	2.610.716		460.043.) (Bassassa	
4b	WORK ON AN ORGANIC F COUNTRY COURSES PRO CAMPUS STUDENTS COM FROM EACH OTHER, AS T	FARM IN RURAL VERMO DVIDE A DEMANDING, I ME FROM DIFFERENT B FHEY EXPLORE THE INT	ONT EACH SEMESTER INTEGRATED LEARNIN ACKGROUNDS AND S TERSECTION OF THE	R THE MOUNTAIN SCHOOL IN EXPERIENCE THAT TAKE SCHOOLS AROUND THE COUSCHOOL'S FARM, ACADEMI	DRAWS 45 HIGH-ACHIEVING ST IS FULL ADVANTAGE OF THE SC JNTRY, AND ARE CHALLENGED	ORS THE OPPORTUNITY TO LIVE AND UDENTS FROM ALL OVER THE HOOL'S SMALL SIZE AND MOUNTAIN TO WORK TOGETHER AND LEARN LIFE THE GOAL IS FOR STUDENTS
	(Codo) (European d	2.020.027	maludusa aranta af A	0) (Payanya	.
4c	PHYSICALLY ACTIVE AND	CHALLENGING PURSUI	ITS THAT HELP FORM	AN EXCEPTIONAL EDUCAT:	0) (Revenue DURSES, ALL MILTON ACADEMY IONAL EXPERIENCE ATHLETIC A ED AND NURTURED AS DOES AN	STUDENTS ARE INVOLVED IN ACTIVITY IS CERTAINLY AN
4d		•	Schedule O) See Including grants o	also Additional Data f	•	1 400 505 \
	(Expenses \$			<u> </u>) (Revenue \$	1,490,585)
4e	Total program servic	e expenses►\$	43,822,29	19		

2:1144 Checkinst of Required Schedule	Checklist of Required	Schedule ⁴
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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		Νo
4	Section 501(c)(3) organizations. 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 1	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? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	<u> </u>
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		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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		N o
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		N o
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? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (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 Museus	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	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 \bigcirc Yes \checkmark 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

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 159			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
l	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
j	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	_		
	facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	-		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		NI -
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14a 14b		No
_	z		i	

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.

Enter the number of voting members of the governing body at the end of the tax year	Se	ection A. Governing Body and Management				
b Enter the number of voting members included in line 1s, above, who are independent of the property of the pr				Yes	No	
b Enter the number of voting members included in line 1s, above, who are independent of the property of the pr						
b Enter the number of voting members included in line 1a, above, who are independent independent in independent independent in independent in independent in independent in independent in independent independent in independent in independent independent in independent in independent in independent independent in independent in independent independent in independent independent in independent independent in independent independent independent in independent independent in independent independent in independent i	1a	Enter the number of voting members of the governing body at the end of the tax				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 abusiness relationship with any 3 supervision of officers, director, trustee, or key employee? 3 Did the organization diverses, directors or trustees, or key employees to a management during the direct officer, director, trustee, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled. Put the organization have members or stockholders? 5 No 6 Does the organization have members or stockholders? 6 No 70 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons? 7 Did No 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization of the governing body? 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 Schedulle O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 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? 10 If Yes, does the organization have written policies and procedures governing the Deforming the form of the process, if any, used by the organization or review th						
3 Dut the organization designed 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? A Dut the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations shalling address? If Yes, Provide the names and addresses in Schedule O. 8 Describe organization have written policies and procedures governing the activities of such chapters, is affiliates, and branches to ensure their operations are consistent with those of the organization? 10 If Yes, does the organization have written policies and procedures governing the activities of such chapters. 11 In Yes, and branches to ensure their operations are consistent with those of the organization? 12 In Has the organization have a written which the form 990 of the immembers of its governing body before filing the form 10 the year. 12 D	b					
3 Dut the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to all management company or other person? 4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Dut the organization become aware during the year of a significant diversion of the organization's assets? 5 No 6 Desc the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Saction B. Policies (This Section B organizations mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Describe organization have local chapters, branches, or affiliates? 10 Describe organization have local chapters, branches, or affiliates? 10 Describe in Schedule O the process, if any, used by the organization to review this Form 990 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 Describe organization have a written objectes and another organization to review this Form 990 13 Describe organization have a written document retention and destruction policy? 14 Describe organization have a written document retention and destruction policy? 15 Dut 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? 16 Dut the organization invest in, contribute assets to, or participate in a joint venture or sim	2		2		No	
4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was field? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 6 Does the organization have members or stockholders? 7 Does the organization have members of stockholders? 8 Over the organization decisions of the governing body? 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at 1 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If "Yes," provide the names and addresses in Schedule 0 Section B, Policies (This Section B requests information about policies not required by the Internal Prival, "does the organization have local chapters, branches, or affiliates? 9 If Yes," does the organization have local chapters, branches, or affiliates? 9 Did be organization have local chapters, branches, or affiliates? 9 Did be organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Did be organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Did be organization have a written conflict of interest policy? If "No," go to line 13 12 Dies the organization and consistently monitor and enforce compliance with the policy? If "Yes," ades the organization have a written whistleblower policy? 1 Did the organization have a written document retention and destruction policy? 1 Did the organization have a written whistleblower policy? 1 Did the organization have a written document retention and destruction policy? 2 Did the organization have a written whistleblower policy? 3 The o	3		3		No	
Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 6 Does the organization have members or stockholders? 7 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cennot be reached at the organization's mailing address? If Yes," provide the names and addresses in Schedule 0 8 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 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? 10 If Yes, organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 If Yes 12 Does the organization have a written conflict of interest policy? If Yes," go to line 13 12 Does the organization have a written conflict of interest policy? If Yes," go to line 13 12 Does the organization have a written whistleblower policy? 13 Obes the organization have a written whistleblower policy? 14 Obes the organization have a written whistleblower policy? 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? 15 Did the process for determ	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No	
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b No 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the granization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have boal chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Yes 11a Has the organization have a written operations are consistent with those of the organization? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12c Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Yes 12c Yes 13 Does the organization have a written winsteblower policy? 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? 15b Yes 15b Yes 15c 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? 15c Yes 15d Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ta	5					
year ming body?	6	Does the organization have members or stockholders?	6		Νo	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b No 1b the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 11b 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Has the organization have a written conflict of interest policy? If "No," go to line 13 12b Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Ares officers, directors or trustees, and key employees required to disclose annually interests that could give ness to conflicts? 12c Ves 13d Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Ves 13d Does the organization have a written whistleblower policy? 14d Yes 15d 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? 15d Officers or key employees of the organization 15d If "Yes," to line 15a or 15b, describe the process in Schedule O (See instructions) 15d Did the organization invest in, contribute	7a		7a		No	
year by the following a The governing body?	b	7b		No		
a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organizations mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Yes 11b 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 12b Yes 12c Yes 12c Yes 12d Yes 12d Oses the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written document retention and destruction policy? 12d To be the organization have a written document retention and destruction policy? 13d Yes 15d 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? 15d Te ves," has the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year? 15d If "Yes," has the organization dopted a written policy or procedure requiring the organization to evaluate its participation in joint venture	8					
1 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 7 if "ves," provide the names and addresses an Schedule 0	а		8a	Yes		
section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Vest V	b	8b	Yes			
Revenue Code.) 10a Poes the organization have local chapters, if any, used by the organization to review this Form 990 10b Does the organization have a written conflict of interest policy? If "No," go to line 13 10c Does the organization have a written conflict of interest policy? If "No," go to line 13 10b Does the organization have a written conflict of interest policy? If "No," go to line 13 10c Does the organization have a written conflict of interest policy? If "No," go to line 13 10c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 10c Does the organization have a written whistleblower policy? 11d Does the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d Poes the organization have a written whistleblower policy? 12d Does the organization have a written whistleblower policy? 12d Does the organization have a written document retention and destruction policy? 12d Poes the organization have a written whistleblower policy? 12d Poes the organization have a written whistleblower policy? 12d Poes the organization have a written document retention and destruction policy? 12d Poes the organization have a written whistleblower policy? 12d Poes the organization have a written whistleblower policy? 12d Poes the organization have a written document retention and destruction policy? 12d Poes the organization have a written document retention and destruction policy? 12d Poes the organization have a written document retention and destruction policy? 12d Poes The organization have a written whistleblower policy? 12d Poes The organization have a written whistleblower policy? 12d Poes The organization have a written whistleblower policy? 12d Poes The organization have a	9		9		No	
Note the organization have local chapters, branches, or affiliates? 10	Se		_			
10a Poes the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 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? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 Poes 14 Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a Yes b Other officers or key employees of the organization 15 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 No 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? 15b List the States with which a copy of this Form 990 is required to be filed MAA, FL	Re	venue Code.)				
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?					No	
affiliates, and branches to ensure their operations are consistent with those of the organization?			10a	Yes		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	b					
Does the organization have a written conflict of interest policy? If "No," go to line 13	11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes		
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
to conflicts?	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
describe in Schedule O how this is done	b		12b	Yes		
13 Does the organization have a written whistleblower policy?	C		12c	Yes		
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? The organization's CEO, Executive Director, or top management official	13	Does the organization have a written whistleblower policy?	13	Yes		
a The organization's CEO, Executive Director, or top management official	14	Does the organization have a written document retention and destruction policy?	14	Yes		
The organization's CEO, Executive Director, or top management official	15					
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?	а	The organization's CEO, Executive Director, or top management official	15a	Yes		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes		
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
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?		16a		No		
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed MA, FL	b	164				
17 List the States with which a copy of this Form 990 is required to be filed►MA , FL	Se		100			

- (3)s only) available for public inspection Indicate how you make these available Check all that apply

 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 🕨 EDWARD DONAHUE 170 CENTRE STREET

MILTON, MA 021863397 (617)898-2280

<u>Part VIII</u> 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 organ	nization nor any r	isated any current officer, director, or trustee								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	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)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours		tion (that a			ıll		Rep comp	(D) ortable ensation	(E) Reportable compensation		(F) Estima amount o	ited fother
		per week (describe	ln: or	lns		 x	Highest compensati employee		organı	m the zation (W- 19-MISC)	from related organizations (W- 2/1099-	,	compens from t rganızatı	the
		hours	윷	#		X 0 0	[일 호 [일 호		·	•	MISC)		relate	ed
		for related	Individual trustee or director	Institutional Truste	Office	employee	PS	Former					organıza	itions
		organizations	r tag	₹	₽) 0	PE	单						
		In Schedule O))tee	istee		Č.	sated							
See A	Addıtıonal Data Table	,												
										\perp				
	0.17.1							<u> </u>						1
1b c	Sub-Total	to Part VII Sec				•	· ·	_						
	Total (add lines 1b and 1c) .							•		1,606,276		0		321,860
2	Total number of individuals (incl \$100,000 in reportable compen	ludıng but not lın	nited to	thos	e lıs) who	receive	ed more tha	n			· .
													Yes	No
3	Did the organization list any for				e, k	еу е	mploy	ee, o	r highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sci					•	•	•				3		No
4	For any individual listed on line organization and related organiz individual											4	Yes	
5		receive or accri	ıe comr	ensa	ition	fror	m anv	unrel	ated or	nanization o	r individual for		165	
complete condensed to the experience 2 If "Very " complete Cabedyle I favourable name									5		No			
	Section B. Independent Contractors													
1	Complete this table for your five	highest comper		ndep	ende	ent o	contrac	tors	that re	ceived more	than			
	\$100,000 of compensation from	n the organizatio								T				
	(A) (B)									(B)		(C)	

(A) Name and business address	Description of services	Compensation
FLIK 2400 YORKMONT ROAD CHARLOTTE, NC 28217	DINING SERVICES	2,608,691
SUBURBAN CONTRACT CLEANING INC 65 BAY STATE DR STE 4 BRAINTREE, MA 02184	CLEANING COMPANY	575,385
CM CLEANING CO INC 32 WASHINGTON STREET STOUGHTON, MA 02072	CLEANING COMPANY	420,746
ATRION NETWORKING COMPANY 30 SERVICE AVE WARWICK, RI 02886	COMPUTERS/NETWORKING	360,829
SHAWMUT DESIGN AND CONSTRUCTION 560 HARRISON AVE BOSTON, MA 02118	CONSTRUCTION COMPANY	351,895
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►26	e) who received more than	

Form 9		(2010) Statement of Reven					Рa	ge 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e , and 1f enes 1a-1f \$	13,611,661	13,611,661			
Program Service Revenue	2a b c d	TUITION		Business Code 900099 900099 900099	38,839,305 1,496,408 422,525 187,415	422,525	550,190	
	3	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	g dividends, interest empt bond proceeds		40,945,653 1,878,922		-424,835	2,303,757
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)		(II) Personal				
	c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(1) Securities 36,269,685 20,319,552 15,950,133	(II) O ther 77,018 -77,018	15 072 115			
Other Revenue		Gross income from fundraisi (not including \$ of contributions reported on See Part IV , line 18	ng events		15,873,115			15,873,115
Other R	C 9a b C 10a b C C d d	Less direct expenses . Net income or (loss) from fur Gross income from gaming a Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	a b ndraising events	Business Code				
		Total revenue. See Instructi	▶		72,309,351	40,395,463	125,355 rm 990 (20	18,176,872

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must lother organizations must complete column (A) but are not required to a			(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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		СХРСПЭСЭ	general expenses	Скрепосо
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,219,457	8,219,457		
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	1,265,632	810,160	209,183	246,289
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,203,032	010,100	203,103	210,203
7	Other salaries and wages	19,135,679	14,349,638	3,781,788	1,004,253
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,349,671	810,180	487,194	52,297
9	Other employee benefits	4,090,867	2,386,500	,	87,778
10	Payroll taxes	1,373,127	824,260	 	53,206
a	Fees for services (non-employees)	1,3/3,12/	624,200	493,001	33,200
	Management	110,093		110,093	
b	Legal	23,615		23,615	
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,528,858		2,528,858	
g	Other	1,663,644	821,708	666,614	175,322
12	Advertising and promotion	38,994	27,995	10,999	
13	Office expenses	7,555,719	6,422,574	708,446	424,699
14	Information technology	1,353,963		1,353,963	
15	Royalties				
16	Occupancy				
17	Travel	702,306	417,284	156,455	128,567
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,604	18,322	10,719	59,563
20	Interest	2,202,597	1,651,948	440,519	110,130
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,316,466	4,795,113	1,201,679	319,674
23	Insurance				
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)				
а	DINING SERVICES	2,267,160	2,267,160		
b	TAXES - REAL ESTATE	92,810		92,810	
c	BAD DEBTS	56,852		56,852	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	60,436,114	43,822,299	13,952,037	2,661,778
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation			<u> </u>	000 (3010)

Pa	rt X	Balance Sheet					<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,642,763	1	1,643,840
	2	Savings and temporary cash investments		3,063,234	2	6,549,555	
	3	Pledges and grants receivable, net		9,087,506	3	10,654,676	
	4	Accounts receivable, net			76,980	4	304,714
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
ts	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	_
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	133,072,141			
	b	Less accumulated depreciation	10b	71,432,525	64,623,075	10 c	61,639,616
	11	Investments—publicly traded securities			144,415,422	11	157,616,867
	12	Investments—other securities See Part IV, line 11			23,649,728	12	40,556,620
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			9,161,155	15	7,422,378
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			257,719,863	16	286,388,266
	17	Accounts payable and accrued expenses .			4,425,897	17	4,004,927
	18	Grants payable		18			
	19	Deferred revenue	2,533,358	19	2,240,641		
	20	Tax-exempt bond liabilities	52,755,422	20	51,941,451		
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,244,721	25	2,093,947
	26	Total liabilities. Add lines 17 through 25			61,959,398	26	60,280,966
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete l	ines 27			
e)		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			36,212,397	27	38,300,858
Balance	28	Temporarily restricted net assets		83,694,672	28	106,491,575	
Fund	29	Permanently restricted net assets			75,853,396	29	81,314,867
Fu		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ a	nd con	nplete			
ě		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 f	unds			32	
Net	33	Total net assets or fund balances			195,760,465	33	226,107,300
	34	Total liabilities and net assets/fund balances			257,719,863	34	286,388,266

Pal	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		72,3	309,35
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		11,8	373,23
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		195,7	760,46
5	Other changes in net assets or fund balances (explain in Schedule O)	5		18,4	173,59
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		226,1	107,30
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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Employer identification number

OMP No 1545 004

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.

2010

Open to Public Inspection

MILTON ACADEMY 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) 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 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	Is the organizati col (i) lis your gove	organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		
		inst ruct ions))	Yes	No	Yes	No	Yes	No		
Total										

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.)

S	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test fill	z organizacion qual	mes as a publici	y ▶[¯
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	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 04-2103603

Name: MILTON ACADEMY

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
DAVID ABRAMS TRUSTEE	1 00	Х						0	0	0	
GEORGE ALEX TRUSTEE	1 00	Х						0	0	0	
ROBAZEKE TRUSTEE	1 00	Х						0	0	0	
JULIE BENNETT TRUSTEE	1 00	Х						0	0	0	
ROBERT CUNHA TRUSTEE	1 00	Х						0	0	0	
MARK DENNEEN TRUSTEE	1 00	X						0	0	0	
ELISABETH DONOHUE TRUSTEE	1 00	X						0	0	0	
JOHN FITZGIBBONS TRUSTEE	1 00	Х						0	0	0	
CATHERINE KITTY GORDAN TRUSTEE	1 00	Х						0	0	0	
CAROLINE HYMAN TRUSTEE	1 00	Х						0	0	0	
ANTONIA MUNROE GRUMBACH TRUSTEE	1 00	X						0	0	0	
KERRY MURPHY HEALEY TRUSTEE	1 00	X						0	0	0	
LISA JONES TRUSTEE	1 00	Х						0	0	0	
CHRIS MCKOWN TRUSTEE	1 00	Х						0	0	0	
ERIKA MOBLEY TRUSTEE	1 00	Х						0	0	0	
JOHN P REARDON JR TRUSTEE	1 00	Х						0	0	0	
KARAN SHELDON TRUSTEE	1 00	Х						0	0	0	
V-NEE YEH TRUSTEE	1 00	Х						0	0	0	
JAMES M FITZGIBBONS TRUSTEE - EMERITUS	1 00	Х						0	0	0	
MARGARET JEWETT GREER TRUSTEE - EMERITUS	1 00	Х						0	0	0	
FRANKLIN W HOBBS IV TRUSTEE - EMERITUS	1 00	Х						0	0	0	
HAROLD W JANEWAY TRUSTEE - EMERITUS	1 00	Х						0	0	0	
H MARSHALL SCHWARZ TRUSTEE - EMERITUS	1 00	Х						0	0	0	
BRADLEY BLOOM TRUSTEE - PRESIDENT	3 00	Х		Х				0	0	0	
VICTORIA HALL GRAHAM TRUSTEE - VICE PRESIDENT	3 00	Х		Х				0	0	0	

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

(A) Name and Title	(B) Average hours	Posi t		•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	. _		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
OGDEN M HUNNEWELL TRUSTEE - VICE PRESIDENT	3 0 0	Х		х				0	0	0
F WARREN MCFARLAN TRUSTEE - VICE PRESIDENT	3 00	Х		х				0	0	0
FREDERICK G SYKES TRUSTEE - SECRETARY	3 00	Х		х				0	0	0
JIDE J ZEITLIN TRUSTEE - TREASURER	3 00	Х		х				0	0	0
THEODORICK BLAND HEAD OF SCHOOL	40 00	Х		х				529,386	0	77,159
STEVEN MOORE CFO	40 00			х				177,757	0	21,306
ALDEN SMITH DIR OF THE MTN SCHOOL	40 00			х				97,511	0	27,256
GORDON SEWALL DIRECTOR OF DEVELOPMENT	40 00				х			165,025	0	93,290
CATHLEEN EVERETT DIR OF COMMUNICATION	40 00					Х		143,367	0	11,867
PAUL REBUCK DIR OF ADMISSIONS	40 00					Х		129,363	0	35,034
MARSHALL CARTER LOWER SCHOOL PRINCIPAL	40 00					Х		120,882	0	10,662
STEPHANIE TRUESDELL DIRECTOR OF DEVELOPMENT	40 00					Х		130,952	0	33,846
DENNIS GLYNN DIRECTOR OF FACILITIES	40 00					Х		112,033	0	11,440

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code) (Expenses \$ 851,670 including grants of \$ 0)(Revenue\$ 1,490,585) MILTON ACADEMY PROVIDES A SATURDAY COURSE TO GIFTED STUDENTS, SUMMER DAY CAMPS, ADULT WORKSHOPS, AN OUTDOOR PROGRAM, AFTER SCHOOL ACTIVITIES, AND YEARBOOK PROGRAM (Code) (Expenses \$ 354,846 including grants of \$ 0)(Revenue\$ 0) COLLEGE COUNSELING THE COLLEGE COUNSELING OFFICE AT MILTON BUILDS ITS PROGRAM AROUND INDIVIDUALISM WE BELIEVE THAT THE COLLEGE COUNSELING PROCESS BEGINS AND ENDS WITH THE STUDENT WE KNOW THAT EACH STUDENT HAS A DIFFERENT STORY, OUR GUIDING PRINCIPLE IS MUCH LIKE THAT OF A GOOD TEACHER START WHERE THE STUDENT

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DLN: 93493135032132

OMB No 1545-0047

Supplemental Financial Statements

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Name of the organization **Employer identification number** MILTON ACADEMY 04-2103603 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶\$_____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part	4 III Organizations Maintaining Co	llections of Art,	Hist	<u>tori</u>	cal Tre	asures, or (<u> Othe</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing tha	at are a signific	ant u	se of its collec	tion	
а	Public exhibition		d	Γ	Loan or	exchange prog	ırams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how	the y	/ further t	the organizatio	n's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								┌ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	•					ed "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermec	diary	for c	ontributio	ons or other as	setsı		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	and complete the fo	ollow	ıng ta	able					
_							_	An	nount	
q C	Beginning balance						1c			
d	Additions during the year						1d			
e f	Distributions during the year						1e 1f			
f	Ending balance						11			
2a	Did the organization include an amount on Fo		217						│ Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV		222		nd "Vac"	' to Form 000	Dow	+ T\/ line 10		
Pa	rt V Endowment Funds. Complete							(d)Three Years	1, ,,, ,	
		(a)Current Year	(b)) Prior		(c)Two Years Ba		Back	(e)Four	Years Back
1a	Beginning of year balance	165,831,724			,417,036	176,661,				
b	Contributions	4,888,161			,993,489	4,263,				
C	Investment earnings or losses	33,605,330		18	,570,107	-27,179,	976			
d	Grants or scholarships									
е	Other expenditures for facilities and programs	-269,060			3,413,092	,	884			
f	Administrative expenses	8,230,995			,562,000	8,335,				
g	End of year balance	195,825,160		165	,831,724	145,417,	036			
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	12 430 %								
b	Permanent endowment 🕨 38 050 %									
c	Term endowment ► 49 520 %									
За	Are there endowment funds not in the posses	ssion of the organizat	tion t	hat a	re held a	and administer	ed for	the		
	organization by							[<u></u>	Yes	No
	(i) unrelated organizations			•				3a(No
b	(ii) related organizations		• on S	ched	ule R?		•	3a(3	_	I NO
4	Describe in Part XIV the intended uses of th	•					•		<u> </u>	
	t VI Investments—Land, Buildings). Part X. line	10.			
	Description of investment	, <u> </u>		(a)	Cost or oth	ner (b)Cost or	other	(c) Accumulated	(d) Bo	ook value
	· ·			pasis	s (investme	,		depreciation	+ , , =	
	Land			<u> </u>			98,648			198,648
	Buildings			<u> </u>		119,6	10,558	64,900,02	20 5	54,710,538
	Leasehold improvements		•							2.027.55
	Equipment		•			· ·	3,045			2,837,287
	Other	rm 990 Part V colum	n /P1	line	10(c)	· · · · · · · · · · · · · · · · · · ·	59,890			3,893,143
iota	. Aud illes 1a-1e (Column (a) snoula equal Fo	THE 990, PARE A, COLUM	п (<i>в),</i>	, iirie	IO(C).)				1 6	51,639,616

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) REAL ESTATE PARTNERSHIPS	15,849,364	F
(B) PRIVATE EQUITY AND VENTURE CAPITAL	19,707,256	<u></u>
(C) REAL ESTATE PARTNERSHIPS	5,000,000	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	40,556,620	
Part VIII Investments—Program Related. See	, ,	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descri	peron	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(F.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) Amount	
Federal Income Taxes		
PAYABLE TO ANNUITANTS	1,040,959	
ASSET RETIREMENT OBLIGATION	289,293	
OBLIGATIONS UNDER INTEREST RATE SWAP CONTRACTS	763,695	
CONTRACTS	703,093	
	i l	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		

Sche	dule D (Form 990) 2010		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	72,309,351
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,436,114
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,873,237
4	Net unrealized gains (losses) on investments	4	18,627,121
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-153,523
9	Total adjustments (net) Add lines 4 - 8	9	18,473,598
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,346,835
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	80,268,721
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,295,539
3	Subtract line 2e from line 1	3	69,973,182
4	Amounts 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 2,413,187		
b	Other (Describe in Part XIV) 4b -77,018		
c	Add lines 4a and 4b	4 c	2,336,169
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	72,309,351
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	49,921,886
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	34,403
3	Subtract line 2e from line 1	3	49,887,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,413,187		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	10,548,631
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	60,436,114
Pai	t XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT IS USED TO INVEST FUNDS FOR THE SCHOOL A SPENDING RATE OF FIVE PERCENT OF A ROLLING TWELVE QUARTER AVERAGE FAIR VALUE OF THE INVESTMENTS IS USED TO FUND PROGRAMS AND PROVIDE SCHOLARSHIPS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENTS -196,138 GAIN ON INTEREST RATE SWAP CONTRACT 42,615
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENTS -196,138 STUDENT FINANCIAL AID -8,135,444
PART XII, LINE 4B - OTHER ADJUSTMENTS		ON RETIREMENT OF PP&E -77,018
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON RETIREMENT OF PP&E 77,018 GAIN ON INTEREST RATE SWAP CONTRACT -42,615
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 8,135,444
		PART X, LINE 2 - UNCERTAIN TAX POSITIONS THE ACADEMY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE ACADEMY HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION, HOWEVER, THE ACADEMY HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE ACADEMY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE ACADEMY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED

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As Filed Data -

DLN: 93493135032132

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

Schools

Name of the organization **Employer identification number** MILTON ACADEMY 04-2103603 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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	MILTON ACADEMY'S NONDISCRIMINATORY POLICY IS PUBLISHED IN THE SCHOOL'S BROCHURES AND APPLICATIONS IT IS ALSO INCLUDED IN THE BOSTON GLOBE

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493135032132

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

'IIL	TON ACADEMY				04-2103603	
Pā	General Informatio "Yes" to Form 990, Pa			he United States. Co		ation answered
1	For grantmakers. Does the	organızatıon n	naıntaın record	ls to substantiate the a	amount of the grants (or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ırd
	the grants or assistance?					│ Yes │ No
2	For grantmakers. Describe in Pa United States	irt V the organiz	atıon's procedui	res for monitoring the use	of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EAST ASIA AND THE PACIFIC	0		INVESTMENTS		8,735,000
	EUROPE (INCLUDING ICELAND & GREENLAND)	0		INVESTMENTS		5,496,000
	SUB-SAHARAN AFRICA	0	0	INVESTMENTS		3,146,000
	NORTH AMERICA	0	0	INVESTMENTS		4,183,000
3	Sub-total	0	0			21,560,000
I	Total from continuation sheets to Part I	0	o			C

c Totals (add lines 3a and 3b)

0

21,560,000

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			1				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 04-2103603

Name: MILTON ACADEMY

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493135032132

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number MILTON ACADEMY 04-2103603 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) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	246		7,666,402	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE
(2) SCHOLARSHIPS - MOUNTAIN SCHOOL	34		469,043	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE
(3) SUPPLEMENTAL FINANCIAL AID	53		84,012	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	1	SCHEDULE I, PART I, LINE 2 MOST GRANT EXPENSE CONSISTS OF SCHOLARSHIP AWARDS WHICH ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS AT THE ACADEMY
OTHER INFORMATION		THE 53 STUDENTS THAT RECEIVED SUPPLEMENTAL FINANCIAL AID ARE PART OF THE SAME GROUP AS THE SCHOLARSHIPS WITH THE 246 RECIPIENTS

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DLN: 93493135032132

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization MILTON ACADEMY

Employer identification number

04-2103603

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
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 ☐ Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	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?	2	Yes	
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			
	▼ Compensation committee ▼ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Vac" to line 8, did the organization also follow the rebuttable procumption procedure described in Descriptions			140
5	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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		(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1)THEODORICK BLAND	(I) (II)	425,101 0	0	104,285	36,100	41,059 0	606,545	(
(2) STEVEN MOORE	(I) (II)	168,296 0	5,000	4,461	20,063	1,243 0	199,063 0 0)
(3) GORDON SEWALL	(I) (II)	165,025 0	0 C	O C	13,788	79,502 0	2 258,315 0 0)
(4) CATHLEEN EVERETT	(ı) (ıı)	143,367 0	0 0	0 0	11,499	368 0	155,234 0 0)
(5) PAUL REBUCK	(I) (II)	129,363 0	0 C	0 0	10,349	24,685 0	164,397 0 0)
(6) STEPHANIE TRUESDELL	(I) (II)	130,952 0	0 0	0 0	26,263	•)
(7)			(<u> </u>	,		1		
(8)								
(9)						1		
(10)	<u> </u>	1		,		1		
(11)	 '	1			1	1		
(12)	 '	1				1		
(13)	 '	1				1		
(14)		†			†	1		
(15)	 '	†			†	1		
(16)		<u> </u>				1	†	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1A	TRAVEL FOR COMPANIONS IS LIMITED TO THE HEAD OF SCHOOL AND IS DONE SO WITH DISCRETION ON A CASE BY CASE BASIS WHEN DEEMED APPROPIATE THE TRAVEL FOR COMPANIONS BENEFIT IS TREATED AS NONTAXABLE COMPENSATION HOUSING BENEFITS ARE NORMATIVE FOR HEAD OF SCHOOL AND CERTAIN OTHER KEY EMPLOYEES, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES TO BE AVAILABLE TO STUDENTS 24 HOURS A DAY TO FULLFILL DUTIES HOUSING BENEFITS ARE TREATED AS A NONTAXABLE WORKING CONDITION FRINGE BENEFIT
	PART I, LINE 7	STEVEN MOORE'S BONUS IN THE AMOUNT OF \$5,000 WAS DETERMINED BY THE HEAD OF SCHOOL

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493135032132

Open to Public **Inspection**

Internal Revenue Service Name of the organization MILTON ACADEMY

Department of the Treasury

Employer identification number

04-2103603

P	art I Bond Issues												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description of Purpose	(g) Defeased		(h) On Behalf of Issuer			Pool ncing
								Yes	No	Yes	No	Yes	No
A	MA DEV 2009 SERIES A	04-3431814	SEESCHEDO	12-22-2009	25,555,000	TO FU	ND CONSTRUCTION		х		Х		Х
В	MA DEV 2009 SERIES B	04-3431814	57583RR64	12-22-2009	17,265,000	TO FU	IND CONSTRUCTION		Х		Х		х
С	MA DEV 2009 SERIES C	04-3431814	SEESCHEDO	12-22-2009	9,610,000	TO FU	IND CONSTRUCTION		Х		Х		Х
D	MA DEV 2003 (SEE SCH O)	04-3431814	57583FX71	11-20-2003	27,346,967	TO FU	IND CONSTRUCTION	Х			Х		Х
P	art II Proceeds										_		
					Α		В		С			D	
1	A mount of bonds retired					,							

Pa	rt II Proceeds									
			A		В		С		D	
1	A mount of bonds retired									
2	A mount of bonds legally defeased		955,000					955,000		
3	Total proceeds of issue	27,158,005			17,175,452 10,49			10,492,446 26,182,447		
4	Gross proceeds in reserve funds		3,881,330				961,167			
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrow		12,919,895		17,025,315		9,469,000		11,441,873	
7	Issuance costs from proceeds		230,083		150,137	57,189		525,300		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds		5,090				5,090			
10	Capital expenditures from proceeds	7,903,351							13,260,274	
11	O ther spent proceeds		627,738							
12	O ther unspent proceeds		1,595,608							
13	Year of substantial completion	20	12	20	009	20	09	2004		
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?		Х		Х		Х		Х	
15	Were the bonds issued as part of an advance refunding issue?	Х		Х			Х	Х		
16	Has the final allocation of proceeds been made?		Х		Х		Х	Х		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х		
Par	TIII Private Business Use	•	•							

Part III	Private	Business Use

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		х		X		X

Par	Private Business Use (Continued)								
		ı	١		В	c)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		х		х		Х
b	Are there any research agreements that may result in private business use of bond-financed property?		×	x			х		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?	Х		Х		Х		Х	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %	0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %	0 %		0 %	
6	Total of lines 4 and 5	0 %			0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х		Х		Х	
Par	t IV Arbitrage		•						

řŒ	Arbitrage						_		
			4	В			<u> </u>	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?		х		×		x	х	
2	Is the bond issue a variable rate issue?		X	X			X		X
 3a	Has the organization or the governmental issuer entered								
Ju	into a hedge with respect to the bond issue?								
			X	×			×		×
		NA		SEE SCHED		NA			
b	Name of provider	IN A		SEE SCHEL	JULE O	IN A			
С	Term of hedge								
d	Was the hedge superintegrated?		х		х				
e	Was a hedge terminated?		Х		х				
4a	Were gross proceeds invested in a GIC?	X			Х		Х		Х
b	Name of provider	MORGAN S	TANLEY	NA	•	NA	•	NA	
С	Term of GIC	15 7000	00000000						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х						
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		х
6	Did the bond issue qualify for an exception to rebate?		×		х		х		х

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I AND II		FOR BOND A, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF THE APPLICATION OF GIC PRINCIPAL AND CUMULATIVE INVESTMENT EARNINGS FOR BOND B, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS FOR BOND C, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS FOR BOND D, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS

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(a) Name of disqualified person

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Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

DLN: 93493135032132

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

MILTON ACADEMY

1

Transactions with Interested Persons

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Open to Public Inspection

(c)

Corrected?

Internal Revenue Service

Name of the organization

Employer identification number

(b) Description of transaction

2 Enter the amount of tax impose section 4958								⁄ear unde	r • \$		
3 Enter the amount of tax, if any,									• ¢		
5 Enter the amount of tax, if any	, 011 11110	. 2, abo	ve, reimbars	cu by th	e organization :				ў —		
Part II Loans to and/or F	rom	Intere	sted Pers	ons.							
Complete if the organiz					, Part IV , line 26	, or For	m 990-E	Z, Part V	, line 38	a	
			T			,		(f)			
		oan to m the				(e)	In	Appro		(g)Writi	ten
(a) Name of interested person and		zation?	(c)Orig principal a		(d)Balance due	defau	ılt?	by boar		agreeme	ent?
purpose	organi	20110111	principal a	imount			_	commit	committee?		
	То	From				Yes	No	Yes	No	Yes	No
										1	
							+			+	
								+	-	+	
Total			l	▶ \$				+		+	<u> </u>
Part IIII Grants or Assistan Complete if the orga	ice Be	netitt	ing intere	stea F	ersons.	ا مصا	7				
Complete if the orga	IIIZatic						27.				
(a) Name of interested pers	on				en interested per ganization	son	(c) A m	nount of g	rant or ty	pe of assi	stance
(4) WARTOUG			all	u the org	Janiizacion						
(1) VARIOUS		₊₁₁ .	ITION ABAT	TEMENT							151,553
		10.	LITON ADAI	LITILINI		-+					131,333
						+					
		-				\rightarrow					
or Privacy Act and Paperwork Reduction	on Act N	lotice, s	ee the		Cat N	o 50056	Α	Schedul	e L (Form	990 or 990)-EZ) 201

Part IV Business Transactions In Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's
	organızatıon			Yes	No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493135032132

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Other ►(_

28 Other ▶ (_

27

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

Name of the organization **Employer identification number** MILTON ACADEMY 04-2103603 Types of Property (a) (b) (c) (d) Method of determining oncash contribution Check if Number of Contributions or items Noncash contribution amounts applicable contributed reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded Χ 97 721,538 FAIR MARKET VALUE 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . . Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other . . 18 Collectibles **19** Food inventory 20 Drugs and medical supplies **21** Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (__ 26 Other ►(__

29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Number of Forms 8283 received by the organization during the tax year for contributions

0

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135032132

Employer identification number

04-2103603

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MILTON ACADEMY

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Identifier Return Reference

FORM 990, PART VI, SECTION B, LINE 11

THE CONTROLLER, CFO, HEAD OF SCHOOL, AND IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE BEFORE BEING REVIEWED BY THE BOARD THE DOCUMENT IS MADE AVAILABLE ON THE TRUSTEE WEBSITE, BEFORE FILING, AND ALL TRUSTEES ARE NOTIFIED BY EMAIL THAT THE FORM 990 IS AVAILABLE

FOR REVIEW ON THE TRUSTEE WEBSITE.

Identifier F	Return Reference	Explanation
P. S	FORM 990, PART VI, SECTION B, INE 12C	THE CONTROLLER'S OFFICE REVIEWS TRANSACTIONS WITH INTERESTED PERSONS (TRUSTEES, TRUSTEE COMMITTEE MEMBERS, AD COUNCIL MEMBERS, DEPARTMENT HEADS, OFFICERS, OR ANY OTHER PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE AT THE ORGANIZATION) TO ENSURE THAT CONFLICTS ARE DISCLOSED ALL INTERESTED PERSONS MUST COMPLETE A CONFLICT OF INTEREST POLICY MEMORANDUM OF DISCLOSURE ANNUALLY AND SHALL UPDATE THE DISCLOSURE AT ANY TIME DURING THE YEAR WHENEVER A POTENTIAL OR APPARENT CONFLICT MAY ARISE THE AUDIT COMMITTEE, THE HEAD OF SCHOOL, OR THE BOARD OF TRUSTEES, AS APPROPRIATE, SHALL ADDRESS CONFLICTS OF INTEREST INVOLVING INTERESTED PERSONS IN ACCORDANCE WITH THE STANDARDS SET FORTH IN THIS POLICY PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST WITH INTERESTED PERSONS 1) PROHIBITION NO INTERESTED PERSON MAY BUTTER INTO A TRANSACTION OR ARRANGEMENT WITH THE ORGANIZATION UNLESS THE FACTS OF SUCH TRANSACTION OR ARRANGEMENT WITH THE ORGANIZATION UNLESS THE FACTS OF SUCH TRANSACTION OR ARRANGEMENT HAS BEEN EXPRESSLY AUTHORIZED BY THE DISINTERESTED MEMBERS OF THE AUDIT COMMITTEE OR THE BOARD OF TRUSTEES, AS APPLICABLE 2) DUTY TO DISCLOSE IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT UNDER CONSIDERATION BY THE ORGANIZATION, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF SUCH INTERESTED PERSONS OR ANY OTHER INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF SUCH INTERESTED PERSONS OR ANY OTHER INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF SUCH INTERESTED PERSONS OR ANY OTHER INTERESTED PERSON SINTEREST TO THE DIFFERENT OF THE AUDIT COMMITTEE OR BOARD OF TRUSTEES AT A MEETING CALLED FOR THE PURPOSE OF CONSIDERATION BY THE ORGANIZATION, AN INTERESTED PERSON SINTEREST TO THE DISCLOSE ALL FACTS TO THE AUDIT COMMITTEE OR BOARD OF TRUSTEES AT A MEETING CALLED FOR THE PURPOSE OF CONSIDERING THE TRANSACTION OR ARRANGEMENT AND THE INTERESTED PERSON OR COMMITTEE OR BOARD OF TRUSTEES SHALL, IF APPROPRIATE, APPOINT A DISINTEREST AFTER THE INTERESTED PERSON OR RESSITIATION, THE INTERESTED PERSON OR FRESHITATION, THE INTERESTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN SETTING, REVIEWING AND APPROVING THE COMPENSATION OF THE HEAD OF SCHOOL AND REVIEWING AND APPROVING THE COMPENSATION OF THE ADMINISTRATIVE COUNCIL, THE COMPENSATION COMMITTEE OF MILTON A CADEMY UTILIZES A THREE-PART PROCESS THE PROCESS INCLUDES IMPARTIAL DECISION MAKERS, COMPARABILITY DATA, AND CONCURRENT DOCUMENTATION THE PROCEDURES ARE IN PLACE SO THAT PAY MENTS UNDER THE ORGANIZATIONS EXECUTIVE COMPENSATION ARRANGEMENTS ARE PRESUMED TO BE REASONABLE, UNDER TREAS REG. SECTION 53 4958-6 1 IMPARTIAL DECISION MAKERS THE COMPENSATION ARRANGEMENT MUST BE APPROVED IN ADVANCE (BEFORE ANY PAY MENT IS MADE) BY THE COMPENSATION COMMITTEE OF MILTON ACADEMY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT? 2 COMPARABILITY DATA WHEN THE COMPENSATION ARRANGEMENT THE SEMECT TO THE COMPENSATION ARRANGEMENT? 2 COMPARABILITY DATA WHEN THE COMPENSATION ARRANGEMENT TO COVERED INDIVIDUALS, IT MUST RELY ON COMPARABILITY DATA THAT DEMONSTRATE THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION FOR EXAMPLE, WHEN CRAFTING COMPENSATION PACKAGES, THE COMPENSATION COMMITTEE MUST SECURE DATA THAT DOCUMENTS COMPENSATION PACKAGES, THE COMPENSATION COMMITTEE MUST SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS FOR SIMILARLY QUALIFIED INDIVIDUALS IN LIKE POSITIONS AT LIKE ORGANIZATIONS POSSIBLE SOURCES INCLUDE, BUT ARE NOT INCESSARILY LIMITED TO A) EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS, B) SURVEY DATA FROM THE ASSOCIATION OF BUSINESS OFFICERS AT PREPARATORY SCHOOLS, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS, ASSOCIATION OF THE REDUCATIONAL ASSOCIATION OF NOW THE RESOURCES MUST BE PERARATORY SCHOOLS, NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS, ASSOCIATION OF THE REDUCATIONAL ASSOCIATION OF REPORT THE RESOURCES THE LATER OF THE NEXT MEETING OF THE AUTHORIZED BODY OR 60 DAYS AFTER TH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MILTON ACADEMY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE WWW MILTON EDU THE FORM 990 IS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 18,627,121 CHANGE IN SPLIT INTEREST AGREEMENTS -196,138 GAIN ON INTEREST RATE SWAP CONTRACT 42,615 TOTAL TO FORM 990, PART XI, LINE 5 18,473,598

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE K, PART I, LINE A, COLUMN C	CUSIP NUMBERS FOR THE MA DEV 2009 SERIES A BONDS ARE 57583RQ40, 57583RR72, 57583RR57, 57583RR80, 57583RQ65, 57583RQ73

Identifier	Return Reference	Explanation
	i i i i i i i i i i i i i i i i i i i	CUSIP NUMBERS FOR THE MA DEV 2009 SERIES C BONDS ARE 57583RQ81, 57583RQ99, 57583RR23, 57583RR64

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART IV	ACTUAL TRUST NAMES HAVE BEEN OMITTED TO PROTECT THE PRIVACY OF THE CONTRIBUTORS SUCH INFORMATION IS AVAILABLE TO THE IRS UPON REQUEST

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DLN: 93493135032132

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2010

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MILTON ACADI	e organization EMY				Employer iden	tification number		
			1 110 4		04-2103603			
Part I	Identification of Disregarded Entities (Complete	e if the organization	on answered "Yes"	' on Form 990, Pa	rt IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete tax year.)	ıf the organization	n answered "Yes"	on Form 990, Part	: IV, line 34 becau	se it had	one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(1 rolled nization
							Yes	No
							_	
							+	
							_	
For Privacy	Act and Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Cat No 5(0135Y		Schedule R (Form 990	2010

Part III Identifi because	cation of Relat	ed Org	anizations Taxa	ble as a Partner treated as a partne	ship ership	(Complete if during the ta	the ax y	organization a	answe	ered "\	es" on F	orm 990,	Part :	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share	(f) e of total income	Sha	(g) ire of end-of-year assets	(h Disprop allocat	rtionate	Code ' amount in	i) V—UBI box 20 of ule K-1 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
									Yes	No			Yes	No	
					 										
				ible as a Corpora zations treated as a							nswered	"Yes" on	Form	990,	Part IV,
Name, address, and	(a) EIN of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	ing	(e) Type of entity (C corp, S corp, or trust)	Sha	(f) are of tot	al income	(g) Share end-of- asse	of year		(h) Percentage ownership
(1) CHARITABLE REMAINDE 170 CENTRE STREET MILTON, MA02186	er trust		CHARITABLE TRUST	МА		N/A		Т			68,144				100 000 %

Part V Transactions With Related Organizations (Complete if the	organization answered "Yes	" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No		
1 During the tax year, did the orgranization engage in any of the following transaction:	s with one or more related organ	ızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ity			1a		No		
b Gift, grant, or capital contribution to other organization(s)				1b		No		
c Gift, grant, or capital contribution from other organization(s)				1c		No		
d Loans or loan guarantees to or for other organization(s)				1d		No		
e Loans or loan guarantees by other organization(s)				1 e		No		
f Sale of assets to other organization(s)				1f		No		
g Purchase of assets from other organization(s)				1 g		No		
h Exchange of assets								
i Lease of facilities, equipment, or other assets to other organization(s)				1i		No		
j Lease of facilities, equipment, or other assets from other organization(s)								
k Performance of services or membership or fundraising solicitations for other organization								
I Performance of services or membership or fundraising solicitations by other orga	I Performance of services or membership or fundraising solicitations by other organization(s)							
m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees				1n		No		
• Reimbursement paid to other organization for expenses				10		No		
p Reimbursement paid by other organization for expenses				1p		No		
q Other transfer of cash or property to other organization(s)				1 q		No		
r Other transfer of cash or property from other organization(s)				1r		No		
2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, in	cluding covered relati	onships and transact	ion thresholds				
(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		ount		
(1)								
(2)								
(3)								
···								
(4)								
(5)								
(6)								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets) ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l Gene mana part	agıng tner?
			Yes	No		Yes	No		Yes	No
										-
										<u> </u>
										+
							-			_
										T

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010