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DLN: 93493136010882

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public

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

		e Service The Organization may have to door a copy or time retain to batter,			Inspection	
		2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-203	L1	D Employ	er identification number	
		MIDDLESEX SCHOOL				
	lress cl	Doing Business As		04-21	03821	
	me cha			E Telepho	ne number	
Init	ıal retu	Number and street (of F or box if final is not delivered to street address)	Room/suite	(978)	369-2550	
Ter	mınate	1400 LOWELL ROAD				
┌ Am	ended	return City or town, state or country, and ZIP + 4 CONCORD, MA 01742		G Gross re	ceipts \$ 39,574,024	
M App	olicatioi	n pending				
		F Name and address of principal officer	H(a) Is this a	group return for	affiliates? Yes No	
		AUSTIN P OLNEY 1400 LOWELL ROAD				
		CONCORD, MA 01742	H(b) Are all			
					list (see instructions) n number ►	
I Ta	x-exen	npt status		p exemption	Thamber F	
J W	ebsite	e: > WWW MXSCHOOL EDU				
K Forr	n of or	rganization	L Year of for	mation 1901	M State of legal domicile MA	
	rt I	Summary	2 rear or ion	madon 1901	11 state of legal doffficier 17	
		Briefly describe the organization's mission or most significant activities				
		MIDDLESEX SCHOOL IS A COLLEGE-PREPARATORY SCHOOL FOR GRAD	ES 9 THROUGI	H 12		
ತ್ತ						
E						
Activities & Governance	2	Check this box 🔭 if the organization discontinued its operations or disposed	of more than 2	5% of its n	et assets	
Ğ	l	Number of voting members of the governing body (Part VI, line 1a)		1	3 34	
න් ර		Number of independent voting members of the governing body (Part VI, line 1)		⊢	4 31	
ĕ	l	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	•		5 272	
톭	l	Total number of volunteers (estimate if necessary)			6 85	
ă	l	Total unrelated business revenue from Part VIII, column (C), line 12		7	7a 351,081	
	ь	Net unrelated business taxable income from Form 990-T, line 34		7	7b 0	
			Prio	r Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		5,106,51	4 10,146,938	
Revenue	9	Program service revenue (Part VIII, line 2g)		16,018,17	3 16,842,844	
e Ac	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,441,30	2 2,678,406	
±	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,021,42	5 1,109,127	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii		24,587,41	4 30,777,315	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,685,29		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0 0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines				
8		5-10)		11,853,14	2 13,503,317	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,90	1 2,734	
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,258,397				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		11,196,73	8 11,894,902	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		26,742,07		
	19	Revenue less expenses Subtract line 18 from line 12		-2,154,65		
% & ₹0€8				of Current ear	End of Year	
Set afait	20	Total assets (Part X, line 16)		83,677,68	7 214,420,576	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		27,638,57		
Š.	22	Net assets or fund balances Subtract line 21 from line 20		56,039,10		
Pai	t II			, ,	, ,	
Unde know	r pena	lties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than office				
				12-05-15		
Sign		Signature of officer	Da	te		
Here	е	RSMI CFO				
		Type or print name and title	-	Objective in		
		Print/Type preparer's name LYNNE JOHNSON Preparer's signature LYNNE JOHNSON		Check if self- employed 🕨	PTIN	
Paid	ļ	Firm's name MCGLADREY LLP	I	Firm's EIN		
Prepa		Firm's address 80 CITY SQUARE		Phone no (617) 912-		
Use (JNIY	BOSTON, MA 02129			9000	

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

	(,				. ugc -
Pari	: 1111	Statement of Program S Check if Schedule O contains a				୮
1	Brief	ly describe the organization's mis	sion			
OVE	RONE	X SCHOOL IS AN INDEPENDEN HUNDRED YEARS, HAS BEEN O DEVELOPMENT OF YOUNG PE	COMMITTED TO EXCELLEN			
2	the p	ne organization undertake any sig rior Form 990 or 990-EZ?			tlisted on	ア No
		s," describe these new services				
3	servi	ne organization cease conducting ces?		s in how it conducts, any pro	gram \ \ \ \ \ Yes	▽ No
	If "Ye	s," describe these changes on So	chedule O			
4	Secti	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga ations to others, the total expens	nızatıons and section 4947(a)(1) trusts are required to r	eport the amount of gr	
4a	(Cod	e) (Expenses \$	21,363,790 including	grants of \$ 4,504,100) (Revenue \$ 1	7,782,530)
	PRID ENRO THE I	DLESEX SCHOOL IS A NON-SECTARIAN CO ED ITSELF IN ATTRACTING A DIVERSE, H DLLMENT IS ABOUT 375 STUDENTS FROM MOST SELECTIVE COLLEGES MIDDLESEX DF ITS CAMPUS FACILITIES FOR SUMME	IGHLY MOTIVATED GROUP OF STU MANY STATES AND COUNTRIES F OFFERS A CHALLENGING ACADEM:	DENTS FROM ACROSS THE COUNT OUNDED IN 1901, THE SCHOOL HA C PROGRAM IN ADDITION TO ITS	RY AND MORE RECENTLY T AS A LONG TRADITION OF F	THE WORLD CURRENT PLACING STUDENTS IN
4b	(Cod	e) (Expenses \$	ınclud ing g	rants of \$	(Revenue \$)
4c	(Cod	e) (Expenses \$	ıncludıng ç	rants of \$	(Revenue \$)
4d		er program services (Describe ir		\	ф.	\
		enses \$	including grants of \$) (Revenue	*	,
4e	Iota	I program service expenses►\$	21,363,790			

art TV	Check	list of	Required	Schedules
	CIICCE		IXC GGII CG	Scricadics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? If "Yes," complete Schedule C, Part II	4	Yes	
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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	Yes	
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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F:	orm 990	(2010)

Form 990 (2010)

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
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 148			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	fat 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)			
	Old the organization have unrelated business gross income of \$1,000 or more during the	За	Yes	
)	f "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
	f "Yes," enter the name of the foreign country 🕨			
:	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
,	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have appual gross rescints that are normally gross-star than \$100,000 and did the	5c		NI -
	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
	f "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).			
	Old 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	Yes	
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
	f "Yes," indicate the number of Forms 8282 filed during the year			
.	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νc
	Old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did he 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.	_		
	Old the organization make any taxable distributions under section 4966?	9a		
	Old the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	nitiation 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			
	acilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them)			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the rear			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s 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		
	Entor the amount of recognics the agreement is a secured to recognize the state of			
	n which the organization is licensed to issue qualified health plans			
-	Enter the amount of reserves on hand			
, 1	Old the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	f "Voc." has it filed a Form 7.20 to report these payments? If "No." provide an explanation in Schedule O	1/h		.,,

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

Check if Schedule O contains a	a response to any question in this Part VI		 			. 攵

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o			
4							
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?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No.			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75		110			
0	year by the following						
а	The governing body?	8a	Yes				
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		N o			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		110			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	Yes				
С	describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 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?	16b					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶MA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THERESE A CUNNINGHAM CFO
 1400 LOWELL ROAD

CONCORD, MA 01742 (978) 371-6589

<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	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee	
(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	Highest compensated employee Key employee Officer Institutional Trustee			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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(ition that a		/)			(D) Reportable compensation from the	(E) Reportable compensatior from related		(F) Estima amount o	ited f other
		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 t organizati relate organiza	:he on and ed
See A	ddıtıonal Data Table											,	
											+		
											+		
											+		
											+		
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											+		
											+		
											_		
											\bot		
1b	Sub-Total						 b -	•			+		
c	Total (add lines 1b and 1c) .	<u> </u>						F	906,373		0		334,820
2	Total number of individuals (inc \$100,000 in reportable comper	ludıng but not lır	nited to	thos	e lıs) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.									ated employee	3		No
4	For any individual listed on line organization and related organiz	ations greater t	han \$15	0,00	002	f "Y	es," co	mple	te Schedule I for suc	:h	4	Yes	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS 106 SAINT STEPH STREET BOSTON, MA 02115	DINING SERVICES	1,240,605
INFRANET SOLUTIONS INC 105 ROC SAM PARK ROAD BRAINTREE, MA 02184	IT SERVICES	493,918
GLOBAL MONTELLO GROUP 800 SOUTH STREET 200 WALTHAM, MA 02453	OIL COMPANY	424,291
CBTCHILDS BERTMAN TSECKARES 110 CANAL STREET BOSTON, MA 02114	ARCHITECT	330,548
COMMODORE BUILDERS 80 BRIDGE STREET NEWTON, MA 02458	CONSTRUCTION	307,047
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

		(2010) Statement of Reven					Pa	ge 9
Zalit	V	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
00 OS	1a	Federated campaigns	1a					513, or 514
Contributions, gitts, grants and other similar amounts		Membership dues	. 1b					
e al		Fundraising events		31,202				
JIIIS ar a		Related organizations						
is, c		Government grants (contributions)	1e					
er s	_	All other contributions, gifts, grants		10,115,736			 	
t d		similar amounts not included above	2					
2	_			8,496,420	10.116.020			
n (h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		10,146,938			
ıne	2a			Business Code				
Program Serwoe Revenue	_	TUITION REVENUE		611600	16,430,052			<u> </u>
e Fr	b	INSTRUCTIONAL		611710	412,792	412,792		
rws	c d							
32	e							
Jran		All other program service re	venue					
₽Ç								
_	 З				16,842,844			
	3	Investment income (including and other similar amounts)		-	147,941			147,9
	4	Income from investment of tax-ex			,			,
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	219,136					
	Ь	Less rental expenses	174,661					
	C	Rental income or (loss)	44,475					
	d	Net rental income or (loss)		·	44,475			44,4
			(ı) Securities	(II) O ther				
	7a	from sales of	10,707,879					
		assets other than inventory						
	b	Less cost or other basis and	8,177,414					
	•	sales expenses Gaın or (loss)	2,530,465					
		Net gain or (loss)			2,530,465		351,081	2,179,3
		Gross income from fundraisi						
		(not including						
,		of contributions reported on						
		See Part IV, line 18	a					
	ь	Less direct expenses .		243,005 108,060				
'		Net income or (loss) from ful		100,000	134,945			134,9
	9a	Gross income from gaming a	ctivities See Part IV, line 19 .	а				
				b				
		Net income or (loss) from ga						
	TOS	Gross sales of inventory, les returns and allowances	S					
			a	326,595				
		Less cost of goods sold .		336,574				
	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory 🟲	Pugingga Cada	-9,979			-9,9
	112	OUTSIDE MUSIC LESSONS	:	Business Code 611600	138,845	138,845		
		OUTSIDE MUSIC LESSONS COMMUNICATION FEES	<u> </u>	900099	112,200			
		PROGRAM TRIP INCOME		611710	108,496	·		
		All other revenue			580,145	·		
		• Total. Add lines 11a-11d			,	·		
			•		939,686			
	12	Total revenue. See Instructi	ons		30,777,315		351 081	2,496,76
					30,777,313	17,782,530		_, .55,7

	990 (2010)				Page 10		
Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (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 $$	162,666			<u> </u>		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,341,434	4,341,434				
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	524,186	162,576	324,891	36,719		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	324,100	102,370	324,031	30,713		
7	Other salaries and wages	7,891,173	5,426,205	1,737,425	727,543		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,883,981	1,983,111	634,975	265,895		
9				' +			
	Other employee benefits	1,601,990	 	352,715	147,699		
10 a	Payroll taxes	601,987	416,898	130,459	54,630		
ь	Management	113,321		113,321			
С	Accounting	96,488		96,488			
d	Lobbying	450		450	_		
e	Professional fundraising services See Part IV, line 17	2,734		130	2,734		
f	Investment management fees	865,312		865,312	2,734		
g g	Other	757,302		150,976	63,218		
12	Advertising and promotion	105,023		5	60,479		
13	Office expenses	556,737	323,761	131,744	101,232		
14	Information technology	571,200		 	1,330		
15	Royalties	2,972	2,972	300,070	1,550		
16	Occupancy	1,890,857	1,415,878	386,132	88,847		
17	Travel	758,798			181,944		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	730,790	470,000	98,760	101,944		
19	Conferences, conventions, and meetings	56,267	41,796	11,694	2,777		
20	Interest	467,962	446,532	17,820	3,610		
21	Payments to affiliates	,	,	·	·		
22	Depreciation, depletion, and amortization	3,080,702	2,310,527	616,140	154,035		
23	Insurance	197,026		' 	<u> </u>		
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	FOOD	1,563,890	1,343,994	61,823	158,073		
b	EQUIPMENT	145,683	125,500	17,320	2,863		
c	FACILITY RENTAL	93,182	11,872	0	81,310		
d	BOOKS	44,284	42,888	1,396	0		
e	MEMBERSHIP FEES	40,208	9,182	29,652	1,374		
f	All other expenses	487,238	269,791	95,362	122,085		
25	Total functional expenses. Add lines 1 through 24f	29,905,053	21,363,790	6,282,866	2,258,397		
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						
					000 (2010)		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı		1,978,813	1	3,186,968
	2	Savings and temporary cash investments			7,357,151	2	6,047,427
	3	Pledges and grants receivable, net			17,141,862	3	22,081,346
	4	Accounts receivable, net			205,391	4	153,548
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L			125,000	5	
	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				
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net			68,367	7	61,558
₹	8	Inventories for sale or use			43,859	8	59,827
	9	Prepaid expenses and deferred charges			758,732	9	719,054
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	104,756,024			
	b	Less accumulated depreciation	10b	42,063,725	63,154,969	10c	62,692,299
	11	Investments—publicly traded securities		14,025,064	11	12,729,121	
	12	Investments—other securities See Part IV, line 11	74,714,377	12	94,219,280		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,104,102	15	12,470,148
	16	Total assets. Add lines 1 through 15 (must equal line 34)			183,677,687	16	214,420,576
	17	Accounts payable and accrued expenses .			8,960,179	17	9,987,316
	18	Grants payable				18	
	19	Deferred revenue			5,972,379	19	5,886,766
	20	Tax-exempt bond liabilities			9,416,188	20	9,206,353
Se	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			3,289,833	25	9,342,903
	26	Total liabilities. Add lines 17 through 25			27,638,579	26	34,423,338
5		Organizations that follow SFAS 117, check here ► 🗸 and com	plete	lines 27			
; - -3		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			52,451,032	27	55,769,899
Balance	28	Temporarily restricted net assets			39,359,383	28	51,402,383
þι	29	Permanently restricted net assets			64,228,693	29	72,824,956
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd cor	nplete			
ō		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 for	unds			32	
Net	33	Total net assets or fund balances			156,039,108	33	179,997,238
	34	Total liabilities and net assets/fund balances			183,677,687	34	214,420,576

Ра	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		30.7	777,315
2	Total expenses (must equal Part IX, column (A), line 25)	2			905,053
3	Revenue less expenses Subtract line 2 from line 1	3			372,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		156,0	39,108
5	Other changes in net assets or fund balances (explain in Schedule O)	5		23,0	085,868
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		179,9	997,238
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 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 in a separate basis, consolidated basis, or both	ssuea			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493136010882

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization MIDDLESEX SCHOOL

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	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)					<u> </u>	
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-ti	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 file	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

DLN: 93493136010882

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign A	ıctivities),
then	

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 zations Complete Part III	(Proxy Tax) or For	m 990-EZ, Part V, line 35a	(Proxy Tax), then
Na	me of the organization	·		Employer iden	tification number
MIT	DDLESEX SCHOOL			04-2103821	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	tJEB Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under section	n 4955 🕨	\$
3		section 4955 tax, did it file Form 4			☐ Yes ☐ No
4a	Was a correction made?	,	•		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Par		ganization is exempt unde	er section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	¢
4	Did the filing organization file I	Form 1120-POL for this year?			↑ —
	organization made payments amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
For F	Paperwork Reduction Act Notice, s	ee the Instructions for Form 990 or	 990-EZ. <i>(</i>	Cat No 50084S Schedule C (F	orm 990 or 990-F7\ 2010

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

	,	<u> </u>	~ 9 '
Part II-B	Complete if the organiz	ation is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under section	501(h)).	

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV	Yes			
j	Total lines 1c through 1i			C	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r section	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		MIDDLESEX SCHOOL IS A MEMBER OF MASSACHUSETTS ASSOCIATION OF NONPROFIT SCHOOLS & COLLEGES, A GROUP WHICH MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITES AND AS SUCH NO DETERMINATIVE AMOUNT IS LISTED IN THE SCHEDULE

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DLN: 93493136010882

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	Revenue Service	orm 990. ► See separate instructions.			ınspec	uon
	me of the organization DLESEX SCHOOL		Emp	loyer identificati	on numb	er
MIL	JELSEN SCHOOL		04-2	2103821		
Pa	rt I Organizations Maintaining Donor A				Comple	te if the
	organization answered "Yes" to Form 99			LY Funda and att		.nha
1	Total number at end of year	(a) Donor advised funds		b) Funds and oth	ner accou	unts
	Aggregate contributions to (during year)					
<u>.</u> Ł	Aggregate grants from (during year)					
, 1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	or advi	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit	nefit of the donor or donor advisor, or for an	y othe	r purpose	┌ Yes	┌ No
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	Forn	າ 990, Part IV,	line 7.	
2	Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	ertifie	d historic structu	ire	
	Tabal mumban of annumentan annumba	-		Held at the E	nd of the	e Year
а	Total number of conservation easements	_	2a			1 60 00
Ь	Total acreage restricted by conservation easements		2b			160 00
с	Number of conservation easements on a certified his	` ´	2c			0
d	Number of conservation easements included in (c) a	L	2d			0
3	Number of conservation easements modified, transfer the taxable year -		d by th	e organization di	uring	
ļ 5	Number of states where property subject to conserv Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	— llıng of	violations, and	┌ Yes	√ No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents d	uring the year 🛌	3 (00
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	g the year ► \$	40,00	00
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•		
ar	Complete if the organization answered		or Otl	ner Similar A	ssets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	d for public exhibition, education or researc	h in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan			
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Par	THE Organizations Maintaining Co	liections of Art, H	ISTO	ric	cai ireas	ures, or Otne	r Similar A	sse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	the	foll	owing that a	are a significant i	use of its colle	ction	1	
а	Public exhibition	d	ıſ	_	Loan or ex	change programs	5			
ь	Scholarly research	e	• [_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and explain h	now t	hey	further the	e organization's e	xempt purpose	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						mılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Complete	ıf th	ie d	organizati		es" to Form	990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedia	ry fo	rco	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the foll	owin	g ta	ble		1 4	mou	ınt.	
c	Danisar balanca					1c	-	imou	int	
d	Beginning balance Additions during the year					1d				
e	Distributions during the year					10 1e				
f	Ending balance					1f				
	-	000 Dowt V Ivos 3	1 7					_	Yes	
2a	Did the organization include an amount on F		1,					,	res	j No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete		ncw	oro	d "Vac" to	Form 990 Da	rt IV line 10)		
r a	Endownient i unus. complete	(a)Current Year	(b) Pi			Two Years Back (:)Four Y	ears Back
1a	Beginning of year balance	78,448,358		73	,301,746	97,381,480				
b	Contributions	1,841,144			937,038	2,522,431				
C	Investment earnings or losses	17,451,654		7	,574,532	-21,796,722				
d	Grants or scholarships									
e	Other expenditures for facilities and programs	3,272,717		3	,364,958	4,805,443				
f	Administrative expenses									
g	End of year balance	94,468,439		78	,448,358	73,301,746				
2	Provide the estimated percentage of the year	r end balance held as								
а	Board designated or quasi-endowment 🕨	11 700 %								
b	Permanent endowment ► 50 700 %									
c	Term endowment ► 37 600 %									
3a	Are there endowment funds not in the posse	ssion of the organizatio	n tha	at a	re held and	administered for	the			
	organization by (i) unrelated organizations						3	a(i)	Yes Yes	No
	(ii) related organizations		•	•			<u> </u>	a(ii)	163	No
b	If "Yes" to 3a(II), are the related organization			ed	ule R? .			3b		
4	Describe in Part XIV the intended uses of th								•	
Par	t VI Investments—Land, Building	s, and Equipment.	See	e Fo	orm 990,	Part X, line 10.				
	Description of investment				Cost or other (investment)		(c) Accumulate depreciation		(d) Boo	ok value
1a	Land					563,898				563,898
b	Buildings					97,364,182	37,124,7	716	6	0,239,466
c	Leasehold improvements									
d	Equipment					6,240,968	4,939,0	009		1,301,959
_е	Other					586,976				586,976
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	orm 990, Part X, column	(B), I	ine	10(c).) .				6.	2,692,299

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	od of valuation f-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) DOMESTIC EQUITY	24,597,059	F
(B) INTERNATIONAL EQUITY	15,728,845	F
(C) PRIVATE EQUITY	20,880,438	F
(D) ABSOLUTE RETURN	6,788,079	F
(E) DIRECTIONAL HEDGE	361,351	F
(F) REAL ASSETS	6,239,441	F
(G) OTHER	19,624,067	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	94,219,280	
Part VIII Investments—Program Related. See	Form 990, Part X, line	od of valuation
(a) Description of investment type	(b) Book value	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE REMAINDER		12,470,148
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	<i>5</i>)	12.470.149
Part X Other Liabilities. See Form 990, Part X		 12,470,148
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CHARITABLE REMAINDER TRUSTS LIABILITY TAX-EXEMPT COMMERCIAL PAPER REVENUE NOTES	8,395,591 947,312	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	9,342,903	
	4.1 4	

Par	t XI Reconciliation of	Change in Net Assets from Fo	rm 99	0 to I	inancial Statemer	nts	
1	Total revenue (Form 990, Par	t VIII, column (A), line 12)				1	30,777,315
2	Total expenses (Form 990, Pa	art IX, column (A), line 25)				2	29,905,053
3	Excess or (deficit) for the yea	r Subtract line 2 from line 1				3	872,262
4	Net unrealized gains (losses)	on investments				4	19,116,772
5	Donated services and use of f					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	3,969,096
9	Total adjustments (net) Add	lines 4 - 8				9	23,085,868
10		r per financial statements Combine li	nec 3 ar	nd 0		10	23,958,130
		Revenue per Audited Financia			nts With Revenue p		
1		ner support per audited financial state				1	49,468,343
2	Amounts included on line 1 b	out not on Form 990, Part VIII, line 1.	2				
а	Net unrealized gains on inves	stments		2a	19,116,772		
b	Donated services and use of	facilities		2b			
c	Recoveries of prior year gran	its		2c			
d	Other (Describe in Part XIV))		2d	-1,045,039		
e	Add lines 2a through 2d					2e	18,071,733
3	Subtract line 2e from line 1					3	31,396,610
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line	1				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7t	· .	4a			
b	Other (Describe in Part XIV))		4b	-619,295		
C	Add lines 4a and 4b					4c	-619,295
5		nd 4c. (This should equal Form 990, P				5	30,777,315
		Expenses per Audited Financ	ial Sta	teme	nts With Expenses	per Re	
1	Total expenses and losses postatements	er audited financial				1	25,510,213
2		out not on Form 990, Part IX, line 25					
а	Donated services and use of	· · ·		2a			
b	Prior year adjustments .			2b			
c	Other losses			2c			
d	Other (Describe in Part XIV)			2d	619,295		
e	Add lines 2a through 2d .					2e	619,295
3	Subtract line 2e from line 1 .					3	24,890,918
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:					
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b	5,014,135		
c	Add lines 4a and 4b					4c	5,014,135
5	Total expenses Add lines 3 a	and 4c. (This should equal Form 990,	Part I, lı	ne 18)	5	29,905,053
Par	t XIV Supplemental In	nformation					
Part		escriptions required for Part II, lines i 8, Part XII, lines 2d and 4b, and Part					
	Identifier	Return Reference			Explanat	ion	
	ANATION OF EASEMENTS RCEMENT POLICIES	PART II, LINE 5	RESE		OL MEETS ANNUALLY ONS WHO ADMINIST SITE		
	RIPTION OF HOW	PART II, LINE 9			TION EASEMENTS ON ED TO THE PROTECTI		

Identifier	Return Reference	Explanation
EXPLANATION OF EASEMENTS ENFORCEMENT POLICIES	PART II, LINE 5	THE SCHOOL MEETS ANNUALLY WITH THE TRUSTEES OF RESERVATIONS WHO ADMINISTER THE EASEMENTS AND TOUR THE SITE
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	CONSERVATION EASEMENTS ON THE MIDDLESEX CAMPUS ARE RELATED TO THE PROTECTION/PRESERVATION OF WETLANDS AND THE PROTECTION OF RESIDENT WILDLIFE ON A PORTION OF THE MIDDLESEX PROPERTY MIDDLESEX USES AN ENVIRONMENTAL CONSULTING FIRM ANNUALLY TO TEST THE WATER QUALITY OF THE WETLANDS ON THE MIDDLESEX CAMPUS WHERE AMPHIPODS (SALAMANDERS) RESIDE THE LAND IS RECORDED AS AN ASSET ON THE BALANCE SHEET AND THE EXPENSES RELATED TO THE ENVIRONMENTAL CONSULTING SERVICES ARE CHARGED TO FACILITIES AND OPERATIONS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE SCHOOL MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PURPOSES AS WELL AS BOARD DESIGNATED FUNDS THE SCHOOL EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 8% ANNUALLY ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE SCHOOL RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE SCHOOL TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONGTERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED A POLICY INDEX
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES EXCEPT FOR NET REVENUE FROM UNRELATED BUSINESS ACTIVITIES THE SCHOOL FOLLOWS THE FASB GUIDANCE FOR UNCERTAINTY IN INCOME TAXES THE STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT BELIEVES THE SCHOOL HAD NO MATERIAL UNCERTAINTIES IN INCOMES TAXES THE SCHOOL WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,969,096
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,969,096 FINANCIAL AID NETTED WITH TUITION REVENUE PER AUDITED FS -4,248,250 INVESTMENT MGMT FEES NETTED WITH GAIN/LOSSES ON INVESTMENTS ON AUDITED FS -765,885
PART XII, LINE 4B - OTHER ADJUSTMENTS		COSTS OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -336,574 RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -174,661 DIRECT EXP FROM FUNDRAISING EVENTS REPORTED ON FORM 990, PART VIII, LINE 8B -108,060
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COSTS OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B 336,574 DIRECT EXP FROM FUNDRAISING EVENTS REPORTED ON FORM 990, PART VIII, LINE 8B 108,060 RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 174,661
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID NETTED WITH TUITION REVENUE PER AUDITED FS 4,248,250 INVESTMENT MGMT FEES NETTED WITH GAIN/LOSSES ON INVESTMENTS ON AUDITED FS 765,885
		Schedule D (Form 990) 2010

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DLN: 93493136010882

OMB No 1545-0047

2010

2010

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

►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

Inspection
Employer identification number

MIDDL	ESEX SCHOOL	. ,		
		4-2103821	L VEC	T 110
Ра	rt I	_	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admi programs, and scholarships?	l l	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progrethat makes the policy known to all parts of the general community it serves? If "Yes," please descripted explain If you need more space use Part II	am, in a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	42	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	ondiscriminatory 4L	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the publ with student admissions, programs, and scholarships?	ıc dealıng	: Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	40	l Yes	
5	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?	56	<u> </u>	No
b	Admissions policies?	51	<u> </u>	No
c	Employment of faculty or administrative staff?		:	No
d	Scholarships or other financial assistance?	50		No
е	Educational policies?	56	:	No
f	Use of facilities?	51	·	No
g	Athletic programs?			No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	51		No
_	Provide a service of the service of			
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6l	_	No No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II		<u>'</u>	110
7	Does the organization certify that it has complied with the applicable requirements of sections 4 0.3 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part	l l	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	NOTICE OF NONDISCRIMINATION POLICY IS IN THE NEWSPAPER AS A LISTED MEMBER OF THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND (AISNE)

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493136010882

OMB No 1545-0047

2010

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 MIDDLESEX SCHOOL

Employer identification number

				04-2103821	
Part I General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
For grantmakers. Does the	organization n	naıntaın record	s 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	ard
the grants or assistance?					│ Yes │ No
Programmakers. Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside th	ne
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
EUROPE (INCLUDING ICELAND & GREENLAND)			PARTNERSHIP INVESTMENTS		9,845,000
CENTRAL AMERICA AND THE CARIBBEAN			PARTNERSHIP INVESTMENTS		723,000
3a Sub-total	0	0			10,568,000
b Total from continuation sheets	0	,			C

c Totals (add lines 3a and 3b)

10,568,000

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				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

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	Νo
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)	Г	Yes	<u> ~</u>	Νo
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)	✓	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	্ব	No

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

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.

DLN: 93493136010882

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. **Inspection** Name of the organization **Employer identification number** MIDDLESEX SCHOOL 04-2103821 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (v) A mount paid to (vi) A mount paid to (iii) Did (iv) Gross receipts ındıvıdual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization control of col (i) contributions? Yes

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

			(a) Event #1 GOLF OUTING	(b) Event #2 GALA AUCTION	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
ELE	1	Gross receipts	33,435	240,772		274,207
Revenue	2	Less Charitable contributions	5,900	25,302		31,202
	3	Gross income (line 1 minus line 2)	27,535	215,470		243,005
	4	Cash prizes				
မှ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	21,060	49,252		70,312
Ğ Ö	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	9,837	27,911		37,748
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)	🛌	108,060
	11	Net income summary Combine li	ines 3 and 10 in column (d)		134,945
	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue	1	Gross revenue		bingo/progressive bingo		(Add col (a) through col (c))
နှ ိ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facılıty costs				
Direct	5	Other direct expenses				
	6	Volunteer labor		Γ Yes <u>%</u> Γ No	┌ Yes <u>%</u> ┌ No	_
		Direct expense summary Add line				
9						
a		er the state(s) in which the organization licensed to operate				
	If"N	No," Explain				
b						
b 10a		e any of the organization's gaming				

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable o	gaming?		. Г _{Yes} Г _{No}		
13	Indicate the percentage of gamin	ng activity operated in				
а	The organization's facility		13a			
b	An outside facility		13b			
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and			
	Name 🟲					
	Address 🟲					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			· Fyes Fno		
b			tion 🏲 \$ and the	, , , , , , , , , , , , ,		
	amount of gaming revenue retain	ed by the third party 🟲 \$				
С	If "Yes," enter name and address	S				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	* \$				
	Description of services provided	-				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а		er state law to make charitable distribu				
				Tyes Tho		
b		·	o other exempt organizations or spent			
Par		activities during the tax year * \$	responses to question on Schedule G (See		
	instructions.)	STOTIAC Additional Information for	responses to question on seneutile of			
	Identifier	ReturnReference	Explanation			

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

General Information on Grants and Assistance

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: 93493136010882

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MIDDLESEXSCHOOL

Schedule I

(Form 990)

► Attach to Form 990

Employer identification number 04-2103821

Form 990, Part I	V, line 21 for any	o Governments and recipient that received eded	d more than \$5,000	. Check this box if r	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
1) CROSSROADS COMMUNITY COUNDATION21 ELIOT STREET NATICK, MA 01760	04-3266789	501(C)(3)	12,400				DONATION OF FUNDS FROM A STUDENT GROUP TO THE ORGANIZATIO
2) TOWN OF CONCORD .33 KEYES ROAD CONCORD, MA 01742	04-6001121		145,000				TOWN SIDEWALK UPGRADES

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) FINANCIAL AID	125		4,341,434	FAIR MARKET VALUE	FINANCIAL ASSISTANCE OFFSETS AGAINST THE STUDENTS' ACCOUNTS

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	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FINANCIAL AID WAS PROVIDED FOR TUITION AND FEES TO STUDENTS EXHIBITING FINANCIAL NEED, NO OUTSIDE GRANTS WERE PROVIDED
OTHER INFORMATION	PART IV	THE SCHOOL SCHOLARSHIP SERVICE, AN INDEPENDENT ORGANIZATION, PROCESSES THE APPLICATIONS FOR FINANCIAL AID MIDDLESEX SCHOOL DISTRIBUTES THE FUNDS TO THOSE CANDIDATES WHO DISPLAY NEED BASED ON THESE APPLICATIONS, SUPPORTING TAX DOCUMENTS AND AVAILABLE GRANT FUNDS MIDDLESEX SCHOOL'S TWO MEDIUMS FOR THE SOLICITATION OF APPLICANTS FOR ENROLLMENT TO THE SCHOOL ARE ITS ADMISSIONS BROCHURES AND ITS WEB SITE THE STATEMENT THAT FINANCIAL AID IS AWARDED TO STUDENTS ON THE BASIS OF FINANCIAL NEED, WITHOUT REGARD TO RACE, CREED, SEX OR NATIONAL ORIGIN IS CONTAINED IN ALL SUCH LITERATURE THE SCHOOL ALSO GIVES TUITION REMISSION TO FACULTY CHILDREN WHO ATTEND MIDDLESEX SCHOOL THE AMOUNT OF ANY QUALIFIED TUITION REDUCTION FOR AN EMPLOYEE OF AN EDUCATIONAL INSTITUTION IS EXCLUDABLE FROM GROSS INCOME UNDER CODE SECTION 117 IN ORDER TO QUALIFY FOR THE EXCLUSION, THE TUITION REDUCTION MUST BE PROVIDED TO AN EMPLOYEE OF A QUALIFIED EDUCATIONAL ORGANIZATION ALSO, THE TUITION REDUCTION MUST BE FOR EDUCATION AT THE ELEMENTARY, SECONDARY, OR UNDERGRADUATE LEVELS, EITHER AT THE EMPLOYER EDUCATIONAL INSTITUTION OR AT ANOTHER EDUCATIONAL INSTITUTION

Compensation Information

DLN: 93493136010882

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 MIDDLESEX SCHOOL

Employer identification number

	04-2103821			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	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		No
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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	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		No
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		No
	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		No
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			
	ın Part III	8		No
9	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	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(ı)-(D)	Form 990 or Form 990-EZ
(1) KATHLEEN C GILES	(ı) (ıı)	269,369 0		2,796 0	50,561 0	83,705 0	406,431 0	0 0
(2) THERESE A CUNNINGHAM	(I) (II)	101,806 0	0	30 0	11,110 0	47,487 0	160,433 0	0 0
(3) MATTHEW E CROZIER	(I) (II)	108,293 0	0 0	20,030 0	11,110 0	21,024 0	160,457 0	0 0
(4) JAMES J ZIMMERMAN	(I) (II)	163,184 0		24,869 0	17,292 0	23,984 0	229,329 0	0 0
(5) DOUGLAS C PRICE	(ı) (ıı)	98,544 0	0 0	1,890 0	11,029 0	46,494 0	157,957 0	0 0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1 A	SINCE THE SCHOOL IS A BOARDING SCHOOL, THE MAJORITY OF THE FACULTY ARE REQUIRED TO LIVE ON CAMPUS FOR THE PURPOSE OF SUPERVISING THE STUDENTS THE ESTIMATED VALUE OF THIS BENEFIT WAS \$20,000 DURING THE YEAR WHICH IS INCLUDED IN THE ESTIMATE OF OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN THE HEAD OF SCHOOL'S ON-CAMPUS RESIDENCE PURSUANT TO HER CONTRACT THE VALUE OF THIS NONTAXABLE BENEFIT IS INCLUDED IN HER OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J
	1B ,	THE SCHOOL DOES NOT HAVE A WRITTEN POLICY IN REGARDS TO THE ALLOCATION OF FACULTY MEMBERS TO AVAILABLE ON CAMPUS HOUSING WHILE THE SCHOOL WOULD LIKE TO HOUSE ALL MEMBERS OF THE FACULTY ON CAMPUS, THE NUMBER OF FACULTY MEMBERS EXCEED THE NUMBER OF AVAILABLE HOUSING UNITS UNITS ARE ALLOCATED BASED ON AVAILABILITY AND FIT (FEMALE FACULTY IN FEMALE DORMS, DORM RESPONSIBILITIES COMPARED WITH FACULTY RESPONSIBILITIES) THE ESTIMATED NON TAXABLE VALUE FOR THIS ON-CAMPUS HOUSING IS INCLUDED IN PART VII FOR THE HEAD OF SCHOOL, CFO, AND DIRECTOR OF ADMISSIONS IN SOME INSTANCES WHERE ON-CAMPUS HOUSING IN NOT AVAILABLE, TAXABLE STIPENDS ARE ADDED TO FACULTY MEMBER CONTRACTS AND ARE REPORTED IN PART VII, COLUMN (F) UNDER OTHER COMPENSATION AND IN SCHEDULE J, COLUMN (B)(III) THE ONLY INDIVIDUAL PROVIDED WITH PERSONAL SERVICES IS THE HEAD OF SCHOOL AND THAT IS PART OF HER CONTRACT THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN BOTH THE PUBLIC AND PRIVATE PORTION OF HER ON-CAMPUS RESIDENCE
	4B ,	KATHY GILES - THE ORGANIZATION HAS ENTERED INTO A DEFERRED COMPENSATION ARRANGEMENT WITH ITS HEAD OF SCHOOL UNDER THE TERMS OF THE AGREEMENT, AN AMOUNT DETERMINED BY THE COMPENSATION COMMITTEE WILL BE CREDITED TO THE INDIVIDUAL'S ACCOUNT ON A YEARLY BASIS PURSUANT TO THE AGREEMENT, THE INDIVIDUAL BECOMES VESTED IN THE ACCOUNT UPON THE EARLIER OF THE FOLLOWING (A) THE FIFTH JULY 1ST FOLLOWING THE CREDITING OF THE AMOUNT (B) THE ATTAINMENT OF THE AGE OF 62 PROVIDED THE INDIVIDUAL REMAINS EMPLOYED WITH THE ORGANIZATION, (C) TERMINATION WITHOUT CAUSE, (D) LONG-TERM DISABILITY, OR (E) DEATH PART II KATHLEEN C GILES FOR THE CALENDAR YEAR 2010, KATHLEEN C GILES, HEAD OF SCHOOL, RECEIVED NON-TAXABLE ON-CAMPUS HOUSING, VALUED AT \$20,000 SHE ALSO RECEIVED NON-TAXABLE TUITION REMISSION OF \$36,870 IN ADDITION, SHE RECEIVED EMPLOYER PROVIDED LIFE AND LONG TERM CARE INSURANCE TOTALING \$244 IN ADDITION, SHE MADE NON-TAXABLE CONTRIBUTIONS TO AN FSA ACCOUNT AS WELL AS PAID NON-TAXABLE HEALTH INSURANCE PREMIUM PAYMENTS UNDER A SECTION 125 PLAN, BOTH OF WHICH TOTALED \$9,093 ALL OF THESE AFOREMENTIONED NON-TAXABLE BENEFITS ARE OFFERED TO FACULTY MEMBERS AND ARE NOT EXCLUSIVE TO KATHLEEN C GILES' CONTRACT, PER KATHLEEN C GILES' CONTRACT, THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN THE HEAD OF SCHOOL'S ON-CAMPUS RESIDENCE THE NON-TAXABLE VALUE OF THIS BENEFIT IS \$3,302

Schedule K

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: 93493136010882

Open to Public Inspection

Internal Revenue Service Name of the organization MIDDLESEX SCHOOL

Department of the Treasury

(Form 990)

Employer identification number

MID	DDLESEX SCHOOL								04	4-2103	3821				
Pa	art I Bond Issues		•												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	псе	(f) Description	n of Purpose	(g) Defease		Beh) On nalf of suer	If of finan		
									Yes	No	Yes	No	Yes	No	
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-2608195	57583FV65	10-01-2003	10,570,	,000 RE	CONSTRUCTION AND REDEMPTION OF TAX- EXEMPT COMMERCIAL PAPER			х		х		х	
_															
Pa	rt III Proceeds		1									I		<u></u>	
					Α		В			С			D		
1_	A mount of bonds retired					1,360,00	00								
2	A mount of bonds legally defeas														
3	Total proceeds of issue	·						0,000							
4	Gross proceeds in reserve fund			688,02	25					<u> </u>					
5	Capitalized interest from proce														
6	Proceeds in refunding escrow					7,700,00	0 0								
7	Issuance costs from proceeds					145,64	48								
8	Credit enhancement from proc	eeds													
9	Working capital expenditures f	irom proceeds													
10	Capital expenditures from proc	ceeds				2,056,99	99					T			
11	O ther spent proceeds				T										
12	O ther unspent proceeds														
13	Year of substantial completion	1			200	4									
					Yes	No	Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as part	of a current refundi	ng Issue?			Х									
15	Were the bonds issued as part	of an advance refur	nding issue?		Τ	Х						Τ	$^{-}$ \perp		
16	Has the final allocation of proc	eeds been made?			Х										
17	Does the organization maintair allocation of proceeds?	n adequate books ar	nd records to supp	ort the final	Х										
Pai	rt IIII Private Business U	se						·		•					
					A			В		C			D		
	Was the organization a partner in a partnership, or a member of an LLC, which owned				Yes	No	Yes	No	Yes	+	No	Yes	+	No	
1	was the organization a partner		Χ								ļ				

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

property financed by tax-exempt bonds?

financed property?

2

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	File ate business ose (continued)								
			Α		В		С	[D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond-financed property?		×						
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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government •	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Da	TATV Aubituaca					-			

		~		0		-			
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
2	Is the bond issue a variable rate issue?		X						
<u>-</u> 3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		×						
6	Did the bond issue qualify for an exception to rebate?		×						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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DLN: 93493136010882

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Open to Public Inspection

Internal Revenu	ue Service											Inspec	tion	
Name of MIDDLESE	t he organi X SCHOOL	zation										ition numbe	er	
Part I	Evenes	Popofit Tran	.cocti	one /c	oction E01	(6)(2) -	and section 501	(c)(4)		4-21038				
Paill							Part IV, line 25a d					ıne 40b		
1		a) Name of disqu					(b) Desc				, .		(c) rected?	
_							(2, 2 33 3		Yes	No				
						-								
	er the amou tion 4958	•	ed on tl	he orgai		-	disqualified pers			/ear unde ▶	r • s			
			, on line	2, abo			e organization .			•	• \$			
Part II		to and/or F					Part IV line 26	or For	n 990-F	7 Part V	/ line 38	а		
	Сопіріс	cte ii the organiz			1 103 0111	01111 330	The state of the s	, 01 1 011	m 990-EZ, Part V, line 38 (f)			<u></u>		
(a) Name	e of interes	ted person and		oan to om the	(c)0 rig	ninal		(e) !		Approved		(g)Writt		
(4)	purpos	•	organı	zatıon?			(d)Balance due	defau	ilt?	by boar commit		agreeme	nt?	
			То	From	1			Yes	No	Yes	No	Yes	No	
									<u> </u>					
									-	-				
Total .						▶ \$			<u> </u>				<u> </u>	
Part III	Grants	or Assistan	ice Be	nefitt	ina Intere		Persons.			<u> </u>				
	Comple	ete ıf the orga	nızatıd	on ansv	wered "Yes	" on Fo	rm 990, Part IV	, line 2	27.					
(a	(a) Name of interested person (b)Relati						een interested per ganization	son	(c)A mount of grant or type of assistance					
							-							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ii alisweled les oil	i Ollili 990, Falt IV, III	16 Z0a, Z0b, 01 Z0c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız	aring of ration's nues?
	organization			Yes	No
(1) OAK HILL CAPITAL PARTNERS II LP	SEE PART V	111,775	SEE PART V		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
		(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS III, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION PARTNERSHIP MORE THAN 5% OWNED BY ROBERT AND ANNE BASS, TRUSTEES OF THE BOARD (C) AMOUNT OF TRANSACTION \$111,775(D) DESCRIPTION OF TRANSACTION CAPITAL CALL AND DISTRIBUTIONS(E) SHARING OF ORGANIZATION'S REVENUES NO

Schedule L (Form 990 or 990-EZ) 2010

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SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization MIDDLESEX SCHOOL

Employer identification number

					04-2103821			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ntribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		2,302	FAIR MARKET VAL	UE		
5	Clothing and household							
good	ls							
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded	X	38	8,492,727	FAIR MARKET VAL	UE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	ATHLETIC Other►(<u>GIFTS</u>)	Х	1	1,391	FAIR MARKET VAL	UE		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b for which the organization complete				29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			· ·	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	t in Part 1	ΙΙ					
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report redescribe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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							
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS		THE NUMBER OF CONTRIBUTIONS FOR PUBLICLY TRADED SECURITIES ARE BASED ON THE NUMBER OF TYPE OF SECURITIES THAT EACH DONOR HAS CONTRIBUTED AS FOR THE OTHER ITEMS, IT IS BASED ON NUMBER OF CONTRIBUTORS SCHEDULE M, LINE 25 ATHLETIC GIFTS RECEIVED INCLUDES BACKPACKS AND GOALIE BAGS, AND EMBROIDERING							

Schedule M (Form 990) 2010

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DLN: 93493136010882

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization MIDDLESEX SCHOOL

Employer identification number

04-2103821

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ROBERT M BASS AND ANNET BASS HAVE A FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ONCE THE DRAFT FORM 990 IS PREPARED, IT IS FIRST REVIEWED MY MIDDLESEX MANAGEMENT, INCLUDING THE CHIEF FINANCIAL OFFICER, THE SENIOR ACCOUNTANT AND THE HEAD OF SCHOOL IT IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AN AUDIT COMMITTEE MEETING IS THEN SCHEDULED TO DISCUSS THE RETURN, ANY CHANGES IN THE CURRENT YEAR, OR DIFFICULTIES ENCOUNTERED, ETC AT THE TIME OF THE REVIEW OF THE DRAFT FORM 990, THE AUDIT COMMITTEE MAY DECIDE TO APPROVE THE FORM AS IT IS TO BE FILED PRIOR TO FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBERS ELECTRONICALLY (OR, WHERE EMAIL IS NOT AVAILABLE, A HARD COPY OF THE FORM IS PROVIDED VIA MAIL) PRIOR TO THE ACTUAL FILING OF THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST/GOVERNANCE QUESTIONNAIRES ARE DISTRIBUTED ANNUALLY TO ALL CURRENT VOTING BOARD MEMBERS, ALL TRUSTEE EMERITI (NON-VOTING), ALL FORMER TRUSTEES THAT WERE VOTING BOARD MEMBERS WITHIN THE LAST FIVE YEARS, ALL KEY-EMPLOYEES, AND ALL FORMER KEY-EMPLOYEES THAT LEFT EMPLOYMENT WITH THE SCHOOL AT SOME POINT WITHIN THE LAST 5 YEARS IF FORMS ARE NOT COMPLETED, A SECOND REQUEST IS SENT OUT ALL FORMS ARE REVIEWED BY THE CHAIR OF OUR TRUSTEE AND GOVERNANCE COMMITTEE AND A SUMMARY IS REPORTED TO THE AUDIT COMMITTEE

Identifier Return Reference	Explanation e
FORM 990 PART VI, SECTION E LINE 15	THE PRACTICE HAS BEEN TO APPOINT THE PRESIDENT OF THE BOARD, THE CHAIR OF THE FINANCE & BUDGET

Identifier	Return Reference	Explanation
	VI, SECTION C,	MIDDLESEX SCHOOL MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST CURRENTLY, THE SCHOOL HAS NOT MADE PUBLIC ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, AS THIS IS NOT REQUIRED BY FEDERAL TAX LAW UNLESS THEY WERE INCLUDED ON A FORM THAT IS PUBLICLY AVAILABLE SUCH AS FORM 1023

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 19,116,772 CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,969,096 TOTAL TO FORM 990, PART XI, LINE 5 23,085,868

ldentifier	Return Reference	Explanation
CONTINUATION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	WE HONOR THE IDEAL, ARTICULATED BY OUR FOUNDING HEADMASTER, OF "FINDING THE PROMISE" IN EVERY STUDENT, AND WE WORK TOGETHER IN AN ATMOSPHERE OF MUTUAL TRUST AND SHARED RESPONSIBILITY TO HELP STUDENTS BRING THEIR TALENTS TO FRUITION AS KNOWLEDGEABLE, CAPABLE, RESPONSIBILITY TO HELP STUDENTS BRING THEIR TALENTS TO FRUITION AS KNOWLEDGEABLE, CAPABLE, RESPONSIBLE AND MORAL CITIZENS OF THE WORLD AS A COMMUNITY, WE RESPECT THE INDIVIDUAL INTERESTS, STRENGTHS, AND NEEDS OF EACH STUDENT WE ALSO VALUE THE RICH DIVERSITY OF BELIEF AND EXPERIENCE EACH OF US BRINGS TO THE SCHOOL WE EXPECT THAT EACH STUDENT WILL BRING HIS OR HER BEST EFFORTS TO THE SHARED ENDEAVOR OF LEARNING AND THAT THE SCHOOL, THROUGH IT'S FACULTY, WILL BNGAGE AND ENCOURAGE EACH STUDENT'S GROWTH, HAPPINESS, AND WELL-BEING WE ASPIRE FOR ALL MIDDLESEX STUDENTS TO DEVELOP PERSONAL INTEGRITY, INTELLECTUAL VITALITY AND DISCIPLINE, AND RESPECT FOR THEMSELVES AND FOR THEMSELVES AND WE SEEK TO INSPIRE IN ALL STUDENTS THE DESIRE TO SEEK UNDERSTANDING OF THEMSELVES AND THE LARGER WORLD, BOTH NOW AND IN THEIR FUTURES OPERATING PRINCIPLES ACCOMPLISHING THIS MISSION IS THE SHARED RESPONSIBILITY OF THE WHOLE MIDDLESEX COMMUNITY FOR THAT REASON THE SCHOOL EXPECTS, OF ALL ITS STUDENTS, DEDICATION TO ACADEMIC EXCELLENCE, WILLINGNESS TO WORK ENERGETICALLY AND COOPERATIVELY TOWARD COMMON GOALS IN ALL ACTIVITIES, RESPECT BOTH FOR THEMSELYES AND FOR THE INDIVIDUAL DIFFERENCES OF OTHERS, AND DETERMINATION TO REACH BEY OND MERELY COMFORTABLE LIMITS OF KNOWLEDGE AND EXPERIENCE. IN THE SAME SPIRIT THE SCHOOL PROVIDES STUDENTS WITH SMALL CLASSES AND A STRONG, RICH, VARIED CURRICULUM, WITH A TALENTED, DEDICATED, AND ACCESSIBLE FACULTY, MOST OF WHOM TEACH, COACH, AND LIVE ON CAMPUS WITH THE STUDENTS. WITH OUTSTANDING FACILITIES FOR ACADEMICS, ATHLETICS, AND THE ARTS, AND WITH A SOCIAL COMMUNITY WHOSE MEMBERS REPRESENT DIFFERENT BACKGROUNDS AND INTERESTS TAKEN TOGETHER, THESE ELEMENTS - SUPPLEMENTED BY ADVISING, COUNSELING, SCHOOL ASSEMBLIES AND SPECIAL PROGRAMS, WEEKLY CHAPEL GATHE

ldentifier	Return Reference	Explanation
ESTIMATE OF VOLUNTEERS	FORM 990, PART I, LINE 6	FROM TIME TO TIME, MIDDLESEX SCHOOL MAY HAVE SEVERAL VOLUNTEERS WHO PARTICIPATE IN SCHOOL-RELATED COMMITTEES AND CLASS EVENTS, SUCH AS PROM, THE MIDDLESEX PARENTS ASSOCIATION ("MPA") OR ALUMNI ASSOCIATION MPA - APPROXIMATELY 50 PARENTS ATTEND MEETINGS AND VOLUNTEER DURING THE YEAR ALUMNI ASSOCIATION - APPROXIMATELY 35 ACTIVE ALUMNI VOLUNTEER

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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493136010882

OMB No 1545-0172

Attachment Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** MIDDLESEX SCHOOL FORM 990 PAGE 10 04-2103821 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 500,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election . . . **16** Other depreciation (including ACRS) . 3.080.702 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ 39 yrs S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L ΜМ S/L c40-year 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 3,080,702 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evidend																iles
	ce to support t	he business/inv	estment u	se claimed	d? ┌ Yes	Гио		24	b If "Ye	es," is th	ne ev	idence	written?	Гүе	sГN	o
(a) Type of property (list l vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost oi ba	other	(busines	(e) deprecia s/investrr e only)		(f) Recovery period	Metl	j) nod/ ention	[(h) Deprecia deduc	ation/		(i) Electe section : cost	179
.5 Special depreciation allow 50% in a qualified busing	•		rty placed	n service (during the	tax year	and us	ed more	than	25						
6 Property used more			husiness	IISE						23						
Tropercy ascamore	than 50 70 1	%	Business	450			T									
		%														
7 Dura mandri wa a d 5 0 0/		%														
7 Property used 50%	or less in a	quanned bus	mess us	e			I		S/L -							
		%							S/L -							
		%							S/L -	$\overline{}$				4		
28 Add amounts in co						ne 21, p	age :		28							
29 Add amounts in co	lumn (ı), lıne						•	•				29				
	6		ction B								. 1 - 4 -					
omplete this section you provided vehicles to y														e vehic	les	
30 Total business/inv					a)	(b			(c)	<u> </u>	(d			=)		f)
year (do not includ			ing the	Vehi	cle 1	Vehic	le 2	Ve	hicle 3	V	ehic	le 4	Vehi	cle 5	Vehi	cle
			-													
31 Total commuting m		,														
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven	during the y	ear Add line	s 30													
through 32 . 34 Was the vehicle av	· · · ·	· · · · ·		V	No.	V 1	N ₁ -	V	T No			N _a	V	l Na	Vaa	LN
		ersonal use		Yes	No	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	N
during off-duty hou 35 Was the vehicle us		· · · ·	 .an E%						+		\dashv					\vdash
owner or related pe																
36 Is another vehicle	avaılable fo	r personal us	e? .													
Sectio	n C—Que	stions for	Employ	ers W	ho Pro	vide V	ehic	les fo	r Use	e by 1	Γhe	ir En	nploy	ees	<u>I</u>	<u> </u>
nswer these question	s to determ persons (see			eption to	complet	tıng Sec	tion	B for ve	hicles	used b	oy er	nploy	ees wh	o are 1	not mo	re th
% owners or related p		e instructions														
37 Do you maintain a v	written polic			ıbıts all	personal •	use of	vehic	les, inc	luding	comm	utıng	g, by y	our	Y	es	No
	written polic			ıbıts all	personal 	use of	vehic •	les, inc	luding •	comm	utınç •	g, by y •	our •	Y	es	Nc
Proposition of the second seco	written polic	y statement	that proh	· · ·	sonal us	 e of veh	ıcles	 , excep	t comr	 nuting,	, by :	•	our	Y	es	No
37 Do you maintain a memployees? 38 Do you maintain a memployees? See th	written polic	y statement · · · cy statement ns for vehicle	that proh • • that proh s used b	· · · · · · · · · · · · · · · · · · ·	sonal us	 e of veh	ıcles	 , excep	t comr	 nuting,	, by :	•	our	<u>Y</u>	es	No
37 Do you maintain a semployees? 38 Do you maintain a semployees? See the semployees all uses to be you provide more than the semployees.	written polic ie instructio e of vehicles re than five	cy statement cy statement ns for vehicle s by employee vehicles to ye	that prohes used bes as per	ibits per y corpors	sonal us ate office	e of vehers, dire	ucles ctors	excep	t comr or mo	nuting, re own	, by y	your 			es	No
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Functional Currency and Exchange Rate QBU Statement

Name: MIDDLESEX SCHOOL

EIN: 04-2103821

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

Software ID: Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

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		tion (that a	che	/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
ALEXANDER C BANKER TRUSTEE	5 00	Х						0	0	0	
HUGH BARIT TRUSTEE	5 00	Х						0	0	0	
ANNE T BASS VICE PRESIDENT	5 00	Х		Х				0	0	0	
ROBERT M BASS VICE PRESIDENT	5 00	Х		x				0	0	0	
ANSON H BEARD TRUSTEE	5 00	Х						0	0	0	
MARY LOU BOUTWELL TRUSTEE	5 00	Х						0	0	0	
JOHN BROOKE TRUSTEE	5 00	Х						0	0	0	
JOY CONNOLLY TRUSTEE	5 00	Х						0	0	0	
ABIGAIL MARR DOFT TRUSTEE	5 00	Х						0	0	0	
JOHN H DYETT TRUSTEE	5 00	Х						0	0	0	
ALBERT H ELFNER III VICE PRESIDENT	5 00	Х		х				0	0	0	
KATHLEEN C GILES HEAD OF SCHOOL	70 00	Х		х				272,165	0	134,266	
ARCHIBALD L GWATHMEY TRUSTEE	5 00	Х						0	0	0	
COREY HAJIM TRUSTEE	5 00	Х						0	0	0	
KATHLEEN HALEY TRUSTEE	5 00	Х						0	0	0	
EDWIN D HETZ TRUSTEE	5 00	Х						0	0	0	
CHARLES C ALEXANDER TRUSTEE	5 00	Х						0	0	0	
JAMES F CURTIS III TRUSTEE	5 00	Х						0	0	0	
THE HONORABLE JEFFREY P HOPKINS TRUSTEE	5 00	Х						0	0	0	
COLEMAN HOYT TRUSTEE	5 00	Х						0	0	0	
JO SEPH F KAHN TRUSTEE	5 00	Х						0	0	0	
LISA MOLVAR PRO-TEM TRUSTEE	5 00	Х						0	0	0	
STEPHEN D LARI TRUSTEE	5 00	Х						0	0	0	
SARAH C LEARY VICE PRESIDENT	5 00	Х		Х				0	0	0	
MARK J MASIELLO TRUSTEE	5 00	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) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ALLEN J MODEL VICE PRESIDENT	5 00	×		х				0	0	0
JOHN E NEWMAN TRUSTEE	5 00	Х						0	0	0
AUSTIN P OLNEY PRESIDENT	5 00	Х		х				0	0	0
THOMAS S KREITLER PRO-TEM TRUSTEE	5 00	Х						0	0	0
MARGARET H PIERCE TRUSTEE	5 00	Х						0	0	0
WANJI BARRINGTON WALCOTT TRUSTEE	5 00	Х						0	0	0
DAVID S WEIL JR CLERK	5 00	Х		х				0	0	0
JONATHAN B TREAT II TREASURER	5 00	Х		х				0	0	0
MARY ANN TYNAN VICE PRESIDENT	5 00	Х		х				0	0	0
THERESE A CUNNINGHAM CFO	70 00			х				101,836	0	58,597
MATTHEW E CROZIER CHIEF OPERATING OFFICER	70 00					Х		128,323	0	32,134
JAMES J ZIMMERMAN DIRECTOR OF DEVELOPMENT (DURING FY11)	60 00					х		188,053	0	41,276
HEATHER J PARKER DIRECTOR OF DEVELOPMENT (CURRENT)	60 00					х		115,562	0	11,024
DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	60 00					х		100,434	0	57,523