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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317000082 OMB No 1545-0047 Return of Organization Exempt From Income Tax Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number B Check if applicable TILTON SCHOOL 02-0222239 Address change Doing Business As E Telephone number Name change (603) 286-4342 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 13,120,666 Terminated Amended return City or town, state or country, and ZIP + 4 TILTON, NH 03276 Application pending Name and address of principal officer H(a) Is this a group return for PETER SALIBA ΓYes **Γ**Nο affiliates? 30 SCHOOL STREET TILTON, NH 03276 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW TILTONSCHOOL ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1845 M State of legal domicile NH Part I Summary 1 Briefly describe the organization's mission or most significant activities TILTON SCHOOL IS AN INDEPENDENT, COEDUCATIONAL, COLLEGE PREPARATORY SCHOOL SERVING STUDENTS FROM 9TH TO 12TH GRADE AND POST-GRADUATES TILTON'S STUDENT BODY OF 262 CONSISTS OF 64 DAY STUDENTS AND 198 BOARDING STUDENTS FROM 23 STATES AND 17 COUNTRIES ALTHOUGH THE TILTON EXPERIENCE IS DIFFERENT FOR EVERY STUDENT, IT CHALLENGES ALL STUDENTS TO TRY NEW THINGS, LEARN NEW SKILLS, AND SET NEW GOALS TILTON SCHOOL FOR OVER 160 YEARS HAS BELIEVED IN AND SEEN THE POWER OF POTENTIAL - THE IDEA THAT EVERY STUDENT HAS THE ABILITY TO ACHIEVE, TO EXCEL, TO UNCOVER THEIR INNATE SKILLS AND DEVELOP NEW ONES THE POWER OF POTENTIAL IS ABOUT BOTH THE OUTCOME AND PROCESS - A PROCESS OF DISCOVERY, OF Activities & Governance CHALLENGE, OF YOUNG ADULTS STRETCHING AND ACCOMPLISHING BEYOND THEIR IMAGINATION OR PRECONCEIVED NOTION OF THEIR CAPABILITIES STUDENTS LEAVE TILTON WITH THE SKILLS, KNOWLEDGE, AND VALUES ESSENTIAL TO A LIFE OF PERSONAL AND PROFESSIONAL SUCCESS AND WITH A COMMITMENT TO SERVE OTHERS 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 24 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 141 **6** Total number of volunteers (estimate if necessary) . . . . 6 115 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . 903,228 1,325,537 9 Program service revenue (Part VIII, line 2g) . . . . . . 11,816,053 11,593,969 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 206,281 201,160 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12,925,562 13,120,666 2,481,192 2,661,701 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 5,368,709 4,969,220 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  627,824 b **17** 5,827,395 6,306,080 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,677,296 13,937,001 19 Revenue less expenses Subtract line 18 from line 12 . -751,734 -816,335 Not Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . . . . . . . . 38,288,021 37,211,959 21 Total liabilities (Part X, line 26) . . . . . . 21,078,985 23,062,208 Net assets or fund balances Subtract line 21 from line 20 . . . . . 22 17,209,036 14,149,751 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any 2012-11-09 Signature of officer Date Sign Here PETER SALIBA HEAD OF SCHOOL Type or print name and title Date Check If Preparer's taxpayer identification number Preparer's (see instructions) sıgnature Paid employed 🕨 P01402985 Preparer's NATHAN WECHSLER & COMPANY PA Firm's name (or yours EIN • 02-0327524 if self-employed), **Use Only** address, and ZIP + 4 70 COMMERCIAL STREET SUITE 401 Phone no 🕨 (603) 224-5357 CONCORD, NH 03301 May the IRS discuss this return with the preparer shown above? (see instructions) . ▼ Yes 「

Par	t III	Statement of Program S Check if Schedule O contains				দ
1	Brief	ly describe the organization's m	ISSION			
12TH STUI CHA YEAH ACH THE ACC TILT	H GRA DENTS LLENG RS HA IEVE, OUTC OMPL ON WI	CHOOL IS AN INDEPENDENT, DE AND POST-GRADUATES TO FROM 23 STATES AND 17 COMES AND 17 COMES AND 17 COMES AND SEEN THE TO EXCEL, TO UNCOVER THE OME AND PROCESS - A PROCESTING BEYOND THEIR IMAGE THE SKILLS, KNOWLEDGE OMMITMENT TO SERVE OTHE	ILTON'S STUDENT BOID DUNTRIES ALTHOUGH EWTHINGS, LEARN NEV E POWER OF POTENTIA IR INNATE SKILLS AND ESS OF DISCOVERY, O INATION OR PRECONO , AND VALUES ESSENT	DY OF 262 CONS THE TILTON EXF W SKILLS, AND SE AL - THE IDEA TH D DEVELOP NEW F CHALLENGE, O CEIVED NOTION	ISTS OF 64 DAY STUDENT PERIENCE IS DIFFERENT FET NEW GOALS TILTON SO AT EVERY STUDENT HAS ONES THE POWER OF POOF YOUNG ADULTS STRETO OF THEIR CAPABILITIES	S AND 198 BOARDING OR EVERY STUDENT, IT CHOOL FOR OVER 160 THE ABILITY TO TENTIAL IS ABOUT BOTH CHING AND STUDENTS LEAVE
_						
2		ne organization undertake any s rior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Y∈	s," describe these new services	on Schedule O			
3	servi	ne organization cease conductin ces?		-	nducts, any program	√ Yes  No
4	Desc expe	ribe the organization's program nses Section 501(c)(3) and 50 s and allocations to others, the	service accomplishments 1(c)(4) organizations and	l section 4947(a)(	(1) trusts are required to rep	
4a	(Cod	e ) (Expenses \$ ATE SECONDARY SCHOOL WHICH SERV	· ·		2,661,701 ) (Revenue \$ HING SUBJECTS SIMILAR TO THOS	11,593,969 ) E TAUGHT IN PUBLIC SCHOOLS
4b	(Cod	e ) (Expenses s	5 ınclu	ıdıng grants of \$	) (Revenue \$	)
4c	(Cod	e ) (Expenses s	s ınclu	ıdıng grants of \$	) (Revenue \$	)
	O+b	er program services (Describe	un Schadula O \			
-ru		penses \$	in Schedule O ) including grants of \$		) (Revenue \$	)
4e		Il program service expenses►\$	9,613,881		, , , ,	•

	•		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 instructions)? 😼	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		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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, Part 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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		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	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
!a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	a-		NI -
<b>L</b>	year?	3a 3b		No
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	טכ		
м	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	,			
	If "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			
а	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Form 1098-C?	<b>/</b> "		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year  Section F01(c)(20) qualified nonprefit health incurance iccuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
đ	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
A	Did the experience and new payments for indeer tenning confused during the tay year?	1.0-		KI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	in res, has it hied a form 720 to report these payments? It iso, provide an explanation in Schedule O	14b		1

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

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

Se	ection 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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)	$\overline{}$	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		140
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
С	rise to conflicts?	12b	Yes	
	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take 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▶NH			
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 made these available Check all that apply

Own website Another's website Vpon request

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

TILTON SCHOOL 30 SCHOOL STREET

TILTON, NH 03276 (603) 286-1722

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) STEPHEN ANDERSON TRUSTEE	1 00	х						0	0	0
(2) JAMES R CLEMENTS HEAD OF SCHOOL	40 00	х		Х				225,339	0	39,688
(3) THOMAS CALLAHAN TRUSTEE	3 00	х						0	0	0
(4) BRIDGET PLISKIN TRUSTEE & PARENT'S ASSOCIATION	1 00	х						0	0	0
(5) TIMOTHY CLOUDMAN TRUSTEE	2 00	Х						0	0	0
(6) DONNA WELCH TRUSTEE	1 00	Х						0	0	0
(7) ROBERT GRAHAM TRUSTEE	2 00	Х						0	0	0
(8) PHILIP HAMBLET TRUSTEE	3 00	Х						0	0	0
(9) MARK MCAULIFFE SECRETARY	10 00	Х		Х				0	0	0
(10) SARAH BIRD FIRST VICE CHAIR	10 00	х		Х				0	0	0
(11) ROBERT RORISTON TRUSTEE	3 00	х						0	0	0
(12) DR ROBERT WILSON TRUSTEE	2 00	Х						0	0	0
(13) ELLEN H FINN TRUSTEE	1 00	х						0	0	0
(14) LARRY BARTELL TRUSTEE	1 00	х						0	0	0
(15) J TERRILL JUDD SECOND VICE CHAIR	10 00	Х		Х				0	0	0
(16) JAMIE ROME TREASURER	10 00	х		х				0	0	0
(17) SHARON SPANOS TRUSTEE	1 00	Х						0	0	0

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

(A) Name and Title		per unless person is both week an officer and a or director/trustee) 2,							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of othe compensation from the organization an related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza		
(18) : TRUS	JOHN MORTON TEE	1 00	х						0	0		0	
(19) TRUS	RICHARD AMMONS TEE	1 00	х						0	0		0	
(20) TRUS	LAWRENCE O'ROURKE TEE	1 00	х						0	0		0	
(21) TRUS	CHARLES PATTEN TEE	3 00	х						0	0		0	
	KIRK WHEALE D CHAIR	25 00	х		х				0	0		0	
	MELANIE I MARKEN TEE & ALUMNI ASSOC	21 00	х						0	0		0	
	TYSON L CONRAD LTY TRUSTEE	40 00	х						35,946	0		7,098	
(25) <i>i</i> TRUS	ATTY MARK S RUDD TEE	1 00	х						0	0		0	
(26) : TRUS	JAMES M SALTER TEE	1 00	х						0	0		0	
1b	Sub-Total			•	•	•		<b>▶</b>					
	Total from continuation sheets to Total (add lines 1b and 1c).			· ·			_	<u>-</u>	261,285	0		46,786	
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lım	nited to			ted	above	) who	received more tha	ın		·	
											Yes	No	
3	Did the organization list any <b>forr</b> on line 1a? If "Yes," complete Sch					eye •	mploy •	ee,o •	or highest compens	ı	3	No	
4	For any individual listed on line 1 organization and related organization individual									n from the	4 Yes	1	
5	Did any person listed on line 1a services rendered to the organiz						-		_	or individual for	5	No	
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
	Nan	<b>(A)</b> ne and business add	dress						Desc	(B) ription of services	(C Comper		
	Total number of independent conti \$100,000 of compensation from t			ot lın	nited	l to	those I	ıste	d above) who recei	ved more than			

Form 99						Page <b>9</b>
Part \	<u>/1111</u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e				
Contribution and other s	f g h	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$ 14,991  Total. Add lines 1a-1f	1,325,537			
- Revenue	2a b	TUITION AND FEES 900099 ANCILLARY SERVICES 900099	359,902	11,028,867 359,902		
Program Service Revenue	d e f	All other program service revenue	205,200	205,200		
<u>&amp;</u>	g 3	Total. Add lines 2a-2f	11,593,969			193,922
	4 5	Income from investment of tax-exempt bond proceeds  Royalties	,			
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7,238				
	c d	Less cost or other basis and sales expenses  Gain or (loss) 7,238  Net gain or (loss)	7,238			7,238
Other Revenue	8a	s of contributions reported on line 1c) See Part IV, line 18				
Oth	c 9a	Net income or (loss) from fundraising events				
	ь с 10а	Less direct expenses <b>b</b> Net income or (loss) from gaming activities •  Gross sales of inventory, less returns and allowances .				
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventory •  Miscellaneous Revenue Business Code				
	11a b c					
	d e 12	Total revenue				
	J	- Other revenues occurred to the control of the control occurred to the contro	13,120,666	11,593,969	0	201,160

## 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) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>			/B)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,661,701	2,661,701		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	335,756	117,514	100,727	117,515
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,657,856	2,209,569	1,218,297	229,990
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	189,824	115,119	63,282	11,423
9	Other employee benefits	466,841	274,182	154,470	38,189
10	Payroll taxes	318,943	186,305	105,401	27,237
11	Fees for services (non-employees)				
а	Management				
b	Legal	57,203		57,203	_
С	Accounting	58,530		58,530	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				-
f	Investment management fees	107,325		107,325	
g	Other	. 5		, 5	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest	718,130		718,130	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	972,040	972,040		
23	Insurance	60,889		60,889	
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	OPRTN & MAINT OF PLANT	1,010,252	1,010,252		
b	ANCILLARY SERVICES	881,848	881,848		_
c	ADMINISTRATIVE & OTHER	817,754		817,754	_
d	INSTRUCTIONAL	567,761	567,761		_
e		,			_
f	All other expenses	1,054,343	617,590	233,283	203,470
25	Total functional expenses. Add lines 1 through 24f	13,937,001	9,613,881	3,695,296	627,824
26	Joint costs. Check here ► ☐ If following	15,557,601	3,313,001	3,33,230	027,027
	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				
		·	·	г.	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 945,587 1,171,969 1 1 2.854.392 2.261.659 2 2 Savings and temporary cash investments . . . . . . . 3 85,651 38,347 3 27.378 4 58.698 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 337,793 7 316,975 31.657 8 28.297 9 305,955 9 271.967 Prepaid expenses and deferred charges . . . . . . 10a 30,406,164 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 9,312,922 21,137,452 10c 21,093,242 4,268,782 3,918,397 11 11 7,698,365 7,498,805 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 595,009 15 15 553,603 38,288,021 37,211,959 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 861,389 777,171 17 17 Accounts payable and accrued expenses . 18 18 19 1,469,850 19 1,808,644 20 16.085.000 20 15.750.000 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 114,464 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,662,746 25 4,611,929 D . . . . 26 21,078,985 26 23,062,208 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 8,301,622 27 5,606,885 Unrestricted net assets . . . . 4,550,389 28 4,149,189 28 Temporarily restricted net assets . . . . . Fund 29 4,357,025 29 4,393,677 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 17.209.036 33 14,149,751 34 Total liabilities and net assets/fund balances . . . . . 38.288.021 37.211.959 34

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		13,1	120,666
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,001
3	Revenue less expenses Subtract line 2 from line 1	3		-8	316,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,2	209,036
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,2	242,950
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		14,1	149,751
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

## OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

TILTON SCHOOL Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test-					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493317000082

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

nema	al Revenue Service	orm 990. F See separate instructions.	Inspection			
	me of the organization TON SCHOOL	Employer identification number				
<b>.</b>	art I Organizations Maintaining Donor Ac	duised Eunds on Other Similar Fr	Inde or Accounts Complete if the			
76	ort I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds of Accounts. Complete if the			
	organization and to to remine	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	<u> </u>	or advised <b>Yes No</b>			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit					
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part IV, line 7.			
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c				
		-	Held at the End of the Year			
а	Total number of conservation easements	-	2a			
b	· ,		2b			
С	Number of conservation easements on a certified his	` ′	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	d by the organization during			
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🗕			
7	Amount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easements	s during the year			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion			
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financial nents	statements that describes			
Par	Organizations Maintaining Collectio		or Other Similar Assets.			
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	uk and balance abask weeks of			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$			
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the			

a Revenues included in Form 990, Part VIII, line 1

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

Par	Organizations Maintaining Colle	Ctions of Art, H	ISTO	rica	<u>i ireasi</u>	ures, or Ot	nei	Similar A	sse	t <b>s</b> (co	<u>ntinuea)</u>
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of	the fo	ollow	ing that a	re a sıgnıfıcar	nt us	se of its collec	tior	1	
а	Public exhibition	d	Г	L	oan or exc	change progra	ms				
b	Scholarly research	e	Г	- 0	ther						
c	Preservation for future generations										
4	Provide a description of the organization's colle Part XIV	ctions and explain h	ow th	ney fu	ırther the	organızatıon's	ex	empt purpose	ın		
5	During the year, did the organization solicit or r assets to be sold to raise funds rather than to b							ılar	г	Yes	□ No
Pai	rt IV Escrow and Custodial Arrangen Part IV, line 9, or reported an amou	nents. Complete	ıf the	e org	z ganızatıo			es" to Form			,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedia	ry for	cont	ributions	or other asse	ts n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	wing	tabl	е			Δ.	mou	ınt	
_	Danisana kalanaa					<u> </u>		A	mou	ınt	
c d	Beginning balance						.d				
	Additions during the year					<u> </u>	-				
e f	Distributions during the year					<u> </u>	.e lf				
2-	Ending balance	. 0.00 Dawt V June 31	,				. 1		_	V	
2a	Did the organization include an amount on Form	1990, Part X, line 21	. ′						,	Yes	│ No
b	If "Yes," explain the arrangement in Part XIV  If to Endowment Funds. Complete if the state of t	he organization ai	25.040	rod	"Vec" to	Form 990 I	Dar	t IV line 10			
			<b>b)</b> Prio			wo Years Back		Three Years Back		e)Four Y	ears Back
1a	Beginning of year balance	14,575,170	1	14,570	),289	13,892,434		15,164,83	32		
b	Contributions	238,205		197	7,011	1,205,511		977,57	78		
C	Investment earnings or losses	-8,614		632	2,188	272,471		-1,447,07	75		
d	Grants or scholarships	214,672		219	9,683	216,217		250,45	55		
е	Other expenditures for facilities and programs	528,047		526	5,655	561,713		531,83	31		
f	Administrative expenses	107,325		77	7,980	22,197		20,61	.5		
g	End of year balance	13,954,717		14,575	5,170	14,570,289		13,892,43	34		
2	Provide the estimated percentage of the year e	nd balance held as									
а	Board designated or quasi-endowment 🕨 46	5 510 %									
b	Permanent endowment ► 23 970 %										
c	Term endowment ► 29 520 %										
За	Are there endowment funds not in the possession	on of the organizatio	n tha	t are	held and	admınıstered	for	the			
	organization by  (i) unrelated organizations							22	(i)	Yes	No No
	(ii) related organizations		•		• •		•		(ii)		No
ь	If "Yes" to 3a(II), are the related organizations							· · · -	sb		
4	Describe in Part XIV the intended uses of the o	•									
Pai	rt VI Land, Buildings, and Equipment	. See Form 990, F	Part	X, lıı	ne 10.						
	Description of property				st or other nvestment)	(b)Cost or oth basis (other)		(c) Accumulated depreciation	d	( <b>d</b> ) Boo	ok value
1a	Land		$\top$			3,774,3	30		十	:	3,774,330
ь	Buildings					23,006,3	352	7,822,8	54	1	5,183,498
c	Leasehold improvements										
d	Equipment					3,497,8	302	1,490,0	68	:	2,007,734
e	Other					127,6	80	<u> </u>	十		127,680
	II. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (	B), Iır	ne 10	(c).)			▶	十	2:	1,093,242

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other (A)CHARITABLE TRUST	270,727	F
(B) CHARITABLE GIFT ANNUITIES	825,786	F
(C) HSBC - PARTNERS CAPITAL	2,182,652	F
(D) TIFF INVESTMENTS	1,109,435	F
(E) HIGH VISTA INVESTMENTS	3,110,205	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,498,805	
Part VIII Investments—Program Related. See	Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes PRESENT VALUE OBLIGATION OF CHARITABLE GIFT ANNUITIES	254.491	
INTEREST RATE SWAP CONTRACT	354,481 4,257,448	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	4,611,929	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,120,666
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,937,001
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-816,335
4	Net unrealized gains (losses) on investments	4	-178,272
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,064,678
9	Total adjustments (net) Add lines 4 - 8	9	-2,242,950
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,059,285
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	10,198,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-153,295
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,351,640
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 107,325		
b	Other (Describe in Part XIV) 4b 2,661,701		
c	Add lines <b>4a</b> and <b>4b</b>	4c	2,769,026
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	13,120,666
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	11,192,952
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	24,977
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,167,975
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 107,325		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,769,026
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13 937 001

## Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FOR GENERATIONS, TILTON SCHOOL HAS MAINTAINED A STABLE ENDOWMENT THROUGH THE GENEROSITY OF GRATEFUL ALUMNI AND ALUMNAE, FRIENDS AND BENEFACTORS THAT HAVE BELIEVED IN THE MISSION OF THE SCHOOL TO ADVANCE THE PASSIONATE PURSUIT OF LIFELONG LEARNING THE ENDOWMENT HELPS SUSTAIN THE SCHOOL ANNUALLY WITH A DRAW BASED ON A SPENDING POLICY IN LINE WITH UPMIFA TO LEND SUPPORT TO THE OPERATING BUDGET IN ORDER FOR THE ENDOWMENT FUNDS TO BE AVAILABLE FOR PERPETUITY, THE FUNDS ARE INVESTED WITH APPROPRIATE ASSET ALLOCATIONS THAT ARE REVIEWED THROUGHOUT THE YEAR BASED ON CLEAR GUIDELINES AND OBJECTIVES FOR PRESERVATION OF CAPITAL AND GROWTH FOR LONG TERM VIABILITY, BALANCING ITS POSITIVE IMPACT ON TILTON SCHOOL STUDENTS TODAY AND IN THE FUTURE WITH CAREFUL STEWARDSHIP, THE ENDOWMENT FUNDS ARE SPENT IN ACCORDANCE WITH DONOR INTENTS AND HAVE ENABLED THE SCHOOL WITH ASSISTANCE FOR A BROAD ARRAY OF ACTIVITIES SUCH AS FINANCIAL AID, MERIT SCHOLARSHIPS, ENRICHMENT PROGRAMS FOR FACULTY, CONTINUED EDUCATION FOR FACULTY, THEATRE, ARTS, ATHLETICS AND ENHANCEMENTS TO BUILDINGS EACH YEAR
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE THE SCHOOL IS ALSO EXEMPT FROM STATE INCOME TAXES BY VIRTUE OF ITS ONGOING EXEMPTION FROM FEDERAL INCOME TAXES ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SCHOOL HAS ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740) ACCORDINGLY, MANAGEMENT HAS EVALUATED THE SCHOOLS TAX POSITIONS AND CONCLUDED THE SCHOOL HAD MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL OR STATE TAX AUTHORITIES FOR TAX YEARS BEFORE 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		CURRENT YEAR INCREASE IN CSV OF LIFE INSURANCE 1,701 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 383 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT -2,066,762 TOTAL TO SCHEDULE D, PART XI, LINE 8 -2,064,678
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID TO STUDENTS (TUITION IS SHOWN NET ON FINANCIAL REPORT) 2,661,701
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID (NET WITH TUITION ON FINANCIAL REPORT) 2,661,701
		PART VI, LINE 1B THE COSTS BASIS AND ACCUMULATED DEPRECIATION FOR BUILDINGS INCLUDES BOTH BUILDINGS AND BUILDING IMPROVEMENTS

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As Filed Data -

DLN: 93493317000082

OMB No 1545-0047

#### **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** 

**Employer identification number** 

TILTON SCHOOL 02-0222239 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

## Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL'S NON-DISCRIMINATION POLICY IS CLEARLY STATED IN ITS PROMOTIONAL CATALOG AND IS AVAILABLE ON THE WEBSITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GOVERNMENTAL FINANCIAL ASSISTANCE HAS NOT BEEN PREVIOUSLY REVOKED OR SUSPENDED THE SCHOOL RECEIVES FEDERAL FUNDS FOR THE BREAKFAST PROGRAM THE SCHOOL RECEIVED \$22,688 FROM THE STATE OF NEW HAMPSHIRE

Schedule E (Form 990 or 990-EZ) 2011

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Schedule I

(Form 990)

Name of the organization

DLN: 93493317000082 OMB No 1545-0047

Open to Public **Inspection** 

## **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. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Employer identification number

TILION SCHOOL						02-0222239	
Part I General Informati	on on Grants and	d Assistance				<b>1</b>	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organi</li> </ul>	award the grants or as	sistance?					√Yes
Form 990, Part IV, lı	ne 21 for any recip	nent that received r	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of gran
2 Enter total number of section ! 3 Enter total number of other org	ganizations listed in th	ne line 1 table					
For Privacy Act and Paperwork Reduction	on Act Notice, see the I	Instructions for Form 99	U.	Cat No 50055P		Schedu	le I (Form 990) 2011

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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) 142 STUDENTS WERE AWARDED FINANCIAL AID AND SCHOLARSHIPS FOR THE YEAR	142		2,661,701	FMV	TUITION REDUCTION

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	,	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS AND FINANCIAL AID PROVIDE ASSISTANCE TO STUDENTS WHO COULD NOT OTHERWISE AFFORD TO ATTEND THE SCHOOL FINANCIAL AID IS BASED ON FINANCIAL NEED SCHOLARSHIPS AND FINANCIAL AID ALSO INCLUDES 20 STUDENTS WHO RECEIVED MERIT BASED SCHOLARSHIPS AND 23 STUDENTS WHO RECEIVED BOTH MERIT BASED SCHOLARSHIPS AND NEED BASED AID SCHOLARSHIPS AND FINANCIAL AID ARE OFFERED AS A TUITION REDUCTION ONLY AND ARE NON-REFUNDABLE

DLN: 93493317000082

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** 

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Name of the organization TILTON SCHOOL

**Employer identification number** 

02-0222239

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\sqcap$	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to rein					
	officers, directors, trustees, and the CEO/Executive Di	rect	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee	✓	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Re in Part III	egs	section 53 4958-4(a)(3)? If "Yes," describe	_		
				8		No
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	butt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(0)(1)-(0)		
(1) JAMES R CLEMENTS	(I) (II)	212,339 0	0	13,000 0	10,999 0	28,689 0	265,027	270,557 0	

#### Part III Supplemental Information

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

	Identifier	Return Reference	Explanation
		1A	THE HEAD OF SCHOOL AS CHIEF EXECUTIVE OFFICER IS REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF EMPLOYMENT FOR A BOARDING SCHOOL THE SCHOOL PROVIDES A HOME FOR THE HEAD OF SCHOOL AND HIS FAMILY AS PART OF HIS SALARY ARRANGEMENT THE VALUATION OF THE HOUSING BENEFIT IS DETERMINED THROUGH DATA COMPARISON WITH SIMILAR SCHOOLS IN THE INDEPENDENT SCHOOLS ASSOCIATION OF NORTHERN NEW ENGLAND OF WHICH TILTON SCHOOL IS A MEMBER THE SCHOOL DOES PROVIDE PERSONAL MAID SERVICE FOR THE HOME OF THE HEAD OF SCHOOL AS THE HOME IS OFTEN USED FOR MEETINGS AND FUNDRAISING ACTIVITIES, CLEANING SERVICES ARE PROVIDED THROUGH THE SCHOOL'S HOUSEKEEPING DIVISION THE VALUATION OF THIS SERVICE HAS BEEN COMPUTED BY DETERMINING THE NUMBER OF PERSONNEL ASSIGNED TO THIS TASK AND THE HOURS PER WEEK
-		1 '	JAMES R CLEMENTS PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN HOWEVER, DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2011, HE DID NOT RECEIVE ANY PAYMENTS FROM THIS PLAN

Schedule J (Form 990) 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

20

2011

OMB No 1545-0047

DLN: 93493317000082

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

	TON SCHOOL									1	.iiipioyci	identiiii	cation nan	ibci			
IIL	TON SCHOOL									(	02-022	2239					
Pa	art I Bond Issues																
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	<b>(e)</b> Issue P	rıce	(f)	(f) Description of Purpose		f) Description of Purpose (g)		( <b>g)</b> De	(g) Defeased		Renairor ''		Pool ncing
										Yes	No	Yes	No	Yes	No		
Α	NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY - SERIES 2006	02-0279866	644614NX3	02-23-2006	17,000	,000 E	SSUE EXPE	O REFINANCE 1999 BOND SSUE AND FOR CAPITAL XPENSES RELATED TO UILDINGS			x		X		х		
Pa	art III Proceeds				<del>-</del>			_									
	Amount of bonds retired				<u> </u>	<u> </u>		E	3		С		<del> </del>	D			
1 2	Amount of bonds defeased												+				
3	Total proceeds of issue					17.000	000						_				
4	Gross proceeds in reserve fur	nds			<u> </u>	17,000,	0,000						<del>                                     </del>				
5	Capitalized interest from proc												+				
6	Proceeds in refunding escrow				2,499,326								+				
7	Issuance costs from proceed	İs			234,283							1					
8	Credit enhancement from pro	ceeds				,							1				
9	Working capital expenditures	from proceeds															
10	Capital expenditures from pro	oceeds			14,260,522												
11	Other spent proceeds																
12	Other unspent proceeds					5,	,869										
13	Year of substantial completio	n			2007			•				•					
					Yes	No	,	Yes	No	Yes		No	Yes	$\bot$	No		
14	Were the bonds issued as par	rt of a current refund	ding issue?		X												
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х											
16	6 Has the final allocation of proceeds been made?					Х											
17	Does the organization mainta allocation of proceeds?	х															
Pa	rt IIII Private Business l	Use															
								В		c				D			
					Yes	No	<u> </u>	Yes	No	Yes	-	No	Yes	$-\!\!\!\!+$	No		
1	Was the organization a partne		ra member of an L	.LC, which owned		Х											

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

property financed by tax-exempt bonds?

financed property?

Dar	t IIII Private Business Use (Continued)									
L G L	1111 dec Basilless ose (continued)			<u> </u>		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?	business		×						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property?									
С	Are there any research agreements that may result in private business us financed property?	se of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local governmen			0 %		•				
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anoth 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 e post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х							
Par	t IV Arbitrage	_								
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	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?	Х								
3 <b>a</b>	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	x								
b	Name of provider	SOVEREIGN	BANK				<u> </u>			
С	Term of hedge	30 00000	0000000							
d	Was the hedge superintegrated?		X							
e	Was a hedge terminated?		×							
4a	Were gross proceeds invested in a GIC?	×								
b	Name of provider	CITIGROUP FINANCIAL								
С	Term of GIC	1 83000	0000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х								
5	Were any gross proceeds invested beyond an available temporary period?		х							
6	Did the bond issue qualify for an exception to rebate?		х							

## Part V Procedures To Undertake Corrective Action

#### Part VI Supplemental Information

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

Identifier Return Reference Explanation

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization TILTON SCHOOL

Employer identification number

02-0222239

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	TILTON SCHOOL NO LONGER HOSTS THE GORDON RESEARCH CONFERENCE AS A SUMMER PROGRAM THE GORDON RESEARCH CONFERENCE WILL BE CONDUCTED AT A DIFFERENT LOCATION TILTON SCHOOL RENTED THEIR FACILITIES TO A SUMMER CAMP FOR SEVERAL WEEKS DURING 2011 ADDITIONAL SUMMER PROGRAMS WILL BE CONSIDERED TO MAKE UP FOR THE LOSS OF THE GORDON RESEARCH CONFERENCE
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS SARAH BIRD AND ROBERT RORISTON HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	POLICY TILTON SCHOOL RECOGNIZES THAT THE GOVERNANCE ROLE OF ITS BOARD OF TRUSTEES INCLUDES THE ANNUAL REVIEW OF FORM 990 (RETURN OF ORGANIZATIONS EXEMPT FROM TAXATION) ACCORDINGLY, TILTON SCHOOL REQUIRES REVIEW OF THE FORM 990 BY THE BOARD OF TRUSTEES PRIOR TO ITS FILING ON AN ANNUAL BASIS SCHEDULE B IS RECEIVED BY THE AUDIT COMMITTEE ONLY THIS COMMITTEE RECOMMENDS APPROVAL TO THE FULL BOARD PROCEDURES 1 SENIOR MANAGEMENT OF TILTON SCHOOL IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990 2 THE COMPLETED FROM 990 WILL BE PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO BNABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS OF THE COMMITTEE ALL QUESTIONS, CONCERNS, ETC OF THE AUDIT COMMITTEE WILL BE ADDRESSED BY THE DIRECTOR OF FINANCE & OPERATIONS AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE 3 ALL MEMBERS OF THE BOARD OF TRUSTEES WILL BE INVITED TO REVIEW THE COMPLETED FORM 990 IN ADVANCE OF FILING DEADLINE VIA THE TRUSTEE PORTAL OF THE SCHOOL'S WEBSITE AT WWW TILTONSCHOOL ORG SHOULD A TRUSTEE NOT HAVE WEBSITE ACCESS, THEY MAY REQUEST AN ELECTRONIC COPY VIA EMAIL OR HARD COPY VIA US MAIL TO REVIEW ALL QUESTIONS, CONCERNS, ETC OF THE MEMBERS OF THE BOARD OF TRUSTEES WILL BE ADDRESSED BY THE DIRECTOR OF FINANCE & OPERATIONS AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE 4 AFTER ALL OF THE INPUT FROM THE BOARD OF TRUSTEES AND THE AUDIT COMMITTEE HAS BEEN APPROPRIATE 4 AFTER ALL OF THE INPUT FROM THE BOARD OF TRUSTEES AND THE AUDIT COMMITTEE HAS BEEN APPROPRIATE 4 AFTER ALL OF THE INPUT FROM THE BOARD OF TRUSTEES AND THE FINAL FORM 990 AS REQUIRED
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY ANNUALLY THE BOARD CHAIR IS CHARGED WITH ENSURING COMPLIANCE
	FORM 990, PART VI, SECTION B, LINE 15	THE POLICY ON THE PROCESS OF DETERMINING COMPENSATION OF TILTON SCHOOL APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY TILTON SCHOOL 1 TILTON SCHOOL EMPLOYED EXECUTIVE BY TITLE HEAD OF SCHOOL 2 OTHER OFFICERS OR KEY EMPLOYEES OF TILTON SCHOOL BY TITLE (IVA) THE PROCESS OF DETERMINING COMPENSATION INCLUDES THE FOLLOWING ELEMENTS (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS AS RECOMMENDED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, (2) USE OF INDUSTRY DATA AS TO COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, (2) USE OF INDUSTRY DATA AS TO COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, (2) USE OF INDUSTRY DATA AS TO COMPENSATION OF THE PERSON IS REVIEWED AND APPROVAL BY AN INDEPENDENT COMPENSATION SPECIALIST, (4) CONTEMPORANEOUS DOCUMENTATION AND RECORDESENING 1 REVIEW AND APPROVAL THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS RECOMMENDED AND PRESENTED BY THE COMPENSATION ACMINITIES ANY BOARD MEMBER WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT IS NOT INVOLVED IN THIS REVIEW AND APPROVAL 2 USE OF INDUSTRY DATA AS TO COMPARABLE COMPENSATION ANNUALLY THE COMPENSATION COMMITTEE REQUESTS INDUSTRY DATA ON COMPARABLE SALARY THAT IS PROVIDED BY THE DIRECTOR OF FINANCE AND OPERATIONS THE SCHOOL PARTICIPATES IN SALARY SURVEY'S OF ITS NATIONAL AND LOCAL INDEPENDENT SCHOOL ASSOCIATIONS ANNUALLY IN ORDER TO OBTAIN COMPARABLE DATA AND REMAIN CURRENT IN THE INDUSTRY TRENDS 3 REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION SPECIALIST THE BOARD OF DIRECTORS FROM TIME-TO-TIME MAY HIRE AN INDEPENDENT COMPENSATION SPECIALIST TO REVIEW AND APPROVE THE COMPENSATION PACKAGE OF THE CHIEF EMPLOYED EXECUTIVE (HEAD OF SCHOOL) AND OTHER KEY EMPLOYEES WHEN APPROPRIATE AND NOT REQUIRED ANNUALLY THIS REVIEW HELPS TO ENSURE THAT APPROPRIATE COMPENSATION PACKAGE OF THE CHIEF EMPLOYED EXECUTIVE (HEAD OF SCHOOL) AND OTHER KEY EMPLOYEES WHEN APPROPRIATE AND NOT REQUIRED ANNUALLY. THIS REVIEW HELPS TO ENSURE THAT APPROPRIATE COMPENSATION ARR
	FORM 990, PART VI, SECTION C, LINE 19	TILTON SCHOOL'S 990 IS AVAILABLE ON-LINE AT WWW GUIDESTAR ORG GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE FOR INSPECTION AT THE SCHOOL
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -178,272 CURRENT YEAR INCREASE IN CSV OF LIFE INSURANCE 1,701 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 383 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT -2,066,762 TOTAL TO FORM 990, PART XI, LINE 5 -2,242,950
	FORM 990, PART XI, LINE 2C	THE SCHOOL'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND RECOMMENDS THE INDEPENDENT AUDITOR THE FULL BOARD OF TRUSTEES VOTES TO ACCEPT THE AUDIT AND THE INDEPENDENT AUDITOR THERE HAVE BEEN NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR

## **Additional Data**

Software ID: Software Version:

**EIN:** 02-0222239

Name: TILTON SCHOOL

## Form 990, Special Condition Description:

**Special Condition Description**