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DLN: 93493134021753

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

Open to Public

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

Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable MIDDLESEX SCHOOL Address change 04-2103821 E Telephone number Doing Business As Name change (978) 369-2550 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 48,246,072 Terminated City or town, state or country, and ZIP + 4 CONCORD, MA 01742 Amended return Application pending Name and address of principal officer Is this a group return for AUSTIN POLNEY affiliates? 1400 LOWELL ROAD CONCORD, MA 01742 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW MXSCHOOL EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ L Year of formation 1901 M State of legal domicile MA Summary Part I Briefly describe the organization's mission or most significant activities MIDDLESEX SCHOOL IS A COLLEGE-PREPARATORY SCHOOL FOR GRADES 9 THROUGH 12 Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 33 30 Number of independent voting members of the governing body (Part VI. line 1b) 4 259 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 85 7a Total unrelated business revenue from Part VIII, column (C), line 12 -13,053 **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 -13,053 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 10,146,938 10,724,508 Program service revenue (Part VIII, line 2g) . 16,842,844 17,295,443 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,678,406 622,930 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,109,127 939,783 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 30,777,315 29,582,664 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,504,100 4,110,435 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 13,503,317 18,993,161 16a Professional fundraising fees (Part IX, column (A), line 11e) . 2,734 4,600 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 2,699,592 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,894,902 12,247,373 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 29,905,053 35,355,569 872,262 -5,772,905 19 Revenue less expenses Subtract line 18 from line 12 . (Assets or delatables) **Beginning of Current End of Year** Year 216,843,999 20 Total assets (Part X, line 16) . . . 214,420,576 Met./ 21 Total liabilities (Part X, line 26) . . 34,423,338 40,653,708 22 Net assets or fund balances Subtract line 21 from line 20 179,997,238 176,190,291 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-05-14 Signature of officer Sign Here MCGLADREY LLP CFO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's LYNNE JOHNSON (see instructions) P00757336 Paid employed 🕨 🦵

MCGLADREY LLP

80 CITY SQUARE

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

BOSTON, MA 02129

Firm's name (or yours

address, and ZIP + 4

if self-employed).

Preparer's

Use Only

EIN • 42-0714325

Phone no (617) 912-9000

Par	t III	Statement of Program S Check if Schedule O contains a				
1	Brief	ly describe the organization's mi	ssion			
OVE	RONE	X SCHOOL IS AN INDEPENDE HUNDRED YEARS, HAS BEEN DEVELOPMENT OF YOUNG PE	COMMITTED TO EXCI	ELLENCE IN THE II		
2	the p	ne organization undertake any si rior Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
		s," describe these new services				
3	servi	ne organization cease conducting ces?			ducts, any program	「Yes ▼ No
4	Desc expe	s," describe these changes on S ribe the organization's program s nses Section 501(c)(3) and 501 s and allocations to others, the t	ervice accomplishment (c)(4) organizations an	d section 4947(a)(:	1) trusts are required to rep	
4a	(Cod	e) (Expenses \$	25,049,601 ind	cluding grants of \$	4,110,435) (Revenue \$	18,161,278)
	PRID ENRO THE	DLESEX SCHOOL IS A NON-SECTARIAN C ED ITSELF IN ATTRACTING A DIVERSE, DLIMENT IS ABOUT 375 STUDENTS FROI MOST SELECTIVE COLLEGES MIDDLESE DF ITS CAMPUS FACILITIES FOR SUMME	HIGHLY MOTIVATED GROUP (M MANY STATES AND COUNT (OFFERS A CHALLENGING AC	OF STUDENTS FROM ACI RIES FOUNDED IN 1901 CADEMIC PROGRAM IN	ROSS THE COUNTRY AND MORE F L, THE SCHOOL HAS A LONG TRAD ADDITION TO ITS SCHOOL YEAR F	RECENTLY THE WORLD CURRENT DITION OF PLACING STUDENTS IN
4b	(Cod	e) (Expenses \$	ınc	luding grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses \$	inc	luding grants of \$) (Revenue \$)
4d		er program services (Describe i	· ·			
		enses \$	ıncludıng grants of \$) (Revenue \$)
4e	Tota	ıl program service expenses►\$	25,049,601			

Part IV	Checklist	of Red	uired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	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		Νο
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		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		Νο
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	Yes	
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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, 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	
Ь	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		Νο
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	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. 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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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		N o
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 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 M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 147			
b	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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 or securities account)?	4a		No
ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
6a	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
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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	7a	Yes	
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	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	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/ 1		NO
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
-	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand			
1/-	Did the organization receive any payments for indoor tanning services during the tax year?	1/1-		N ~
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14b		N o

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

Se	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			
ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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	7b		No	
8	or persons other than the governing body?			
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	163	No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?		100	
9	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)	130	163	
	Ti Tes, to fine 13a of 13b, 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►MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- 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
 - ☐ O wn website ☐ A nother's website ☐ Upon request
- 19 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.
- 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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (describe hours	(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- MISC)	(F) Estimated amount of other compensation from the organization and related
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additional Data Table										

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

	(A) Name and Title A verage hours per week (describe hours			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) ortable ensation m the zation (W-	(E) Reportable compensatior from related organizations (W- 2/1099-	:	(F) Estimated amount of othe compensation from the organization an related		
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reia organiz		
See A	Additional Data Table														
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1b c	Sub-Total				<u>.</u>	•		<u>-</u>							
d	Total (add lines 1b and 1c) .							P		763,156		0		244,383	
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	o receive	ed more tha	ın				
													Yes	No	
3	Did the organization list any for on line 1a? If "Yes," complete Sci											3		N.a	
4	For any individual listed on line												'	No	
	organization and related organiz	ations greater th	nan \$15	0,00	0?	f "Y	es," co	mple	ete Sched	ule J for su	ch	_			
5	Did any person listed on line 1a	receive or accru	ie comi	• oensa	- ition	• fror	n any	- unre	lated ord	anization o	or individual for	4	Yes	_	
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	n per	son .		•	5		Νο	
	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 n the organizatio													
		(A) me and business add	tracc							Descr	(B)			C) Insation	
FLIK	OX 417632	ne and business add	11C33							DINING SER	•			1,466,126	
BOST	ON, MA 022417632 ANET SOLUTIONS									DINING SER	VICES			1,400,120	
2 BAT	TERYMARCH PARK SUITE 203 CY, MA 02169									TECHNOLOG	Y CONSULTANT			449,298	
GLOB	AL MONTELLO GROUP CORP									HEATING OIL				446,959	
BOST	ON, MA 022417632 OS BERTMAN TSECKARES INC										-			0,555	
110 (CANAL STREET									ARCHITECTS	;			278,316	
BOSTON, MA 02114 WESTON & SAMPSON SERVICES 5 CENTENNIAL DR PEABODY, MA 01960 WASTE WATER PROFESSIONAL SERVICES										128,807					

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 8$

Form 99	•	,	6 B					Page 9
Part v	/	Statement of	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
nts Lits	1a	Federated camp	paigns 1a					
gra	Ь	Membership du	es 1b					
£ #	C	-	ents 1c	5,000				
<u>_</u>	d	Government grants	rations 1d s (contributions) 1e					
ons sin	e f	_	ons, gifts, grants, and 1f	10,719,508				
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above Noncash contributions included in lines 1a-1f \$						
္မ မ	h	Total. Add lines	s 1a-1f	▶	10,724,508			
				Business Code				
nu y	2a	TUITION REVENUE		611600	17,076,368	17,076,368		
ve Rev	b	INSTRUCTIONAL		611710	219,075	219,075		
AC 6	С							
Program Service Revenue	d							
	e							
į,	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		17,295,443			
	3		ome (including dividen	. F	2,585,073		-13,053	2,598,126
	4		ar amounts) stment of tax-exempt bond	⊢	2,303,073		13,033	2,330,120
	5			· · · · · · · · · · · · · · · · · · ·				
		·	(ı) Real	(II) Personal				
	6a	Gross rents	229,944					
	Ь	Less rental expenses	156,072					
	c	Rental income or (loss)	73,872					
	d	• •	me or (loss)		73,872			73,872
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	16,170,563					
	ь	Less cost or other basis and sales expenses	17,992,829	139,877				
	c d	Gain or (loss) Net gain or (los	-1,822,266	-139,877 	-1,962,143			-1,962,143
<u>ə</u>	8a	Gross income fi	rom fundraising		1,502,113			1,302,113
Other Revenue		T	,000 reported on line 1c)					
<u>-</u>			a	19,565				
둦	р С		penses b (loss) from fundraising	23,400 events ►	-3,835			-3,835
J	9a		rom gaming activities le 19		,			,
	b c	Less direct ex	apenses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	unventory, less owances .	-				
	Ь	less costofa	a oods sold b	355,141 351,230				
	c		(loss) from sales of inve		3,911			3,911
		Miscellaneous		Business Code				
	11a	PROGRAM TRI	PINCOME	611710	188,242	188,242		
	ь	OUTSIDE MUS	SIC LESSONS	611600	124,400	124,400		
	С	COMMUNICAT		900099	111,450	111,450		
	d	All other revenu			441,743	441,743		
	e	Total. Add lines	s 11a-11d		865,835			
	12	Total revenue.	See Instructions .	▶[29,582,664	18,161,278	-13,053	709,931

3

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25

All other expenses

Total functional expenses. Add lines 1 through 24f

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

Joint costs. Check here ► 🗆 If following

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundra ising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 4,360 4,360 Grants and other assistance to individuals in the United States See Part IV, line 22 4,106,075 4,106,075 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 566,736 389,705 124,780 52,251 kev employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 8,363,424 5,689,115 1,994,205 680,104 Pension plan contributions (include section 401(k) and section 7,910,689 403(b) employer contributions) 5,439,625 1,741,721 729,343 1,487,984 921,673 295,112 Other employee benefits 271,199 664,328 456,812 146,267 61,249 Fees for services (non-employees) Management 62,959 62,959 Legal Accounting 92,188 92,188 450 450 Lobbying Professional fundraising See Part IV, line 17 . . 4,600 4,600 Investment management fees 892,424 892,424 Other 879,411 190,338 g 611,070 78,003 115,558 42,413 22 73,123 Advertising and promotion . . . 153,754 Office expenses 530,435 287,206 89,475 337,023 Information technology 624,712 275,166 12,523 4,585 Royalties . . 4,585 2,213,771 1,655,643 452,230 105,898 815,351 554,003 122,297 139,051 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 73,917 52,323 20,582 1,012 434,952 452,449 13,940 3,557 Payments to affiliates . Depreciation, depletion, and amortization 2,982,960 2,237,220 596,592 149,148 195,348 93,745 101,603 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 1,713,030 67,981 157,445 FOOD 1,487,604 46,644 EQUIPMENT 110,620 60,612 3,364 FACILITY RENTAL 46,797 13,678 33,119 46,647 BOOKS 44,362 1,517 768

393,761

35,355,569

187,654

25,049,601

54,360

2,699,592

151,747

7,606,376

Form 990 (2011) Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 3,186,968 2,661,868 1 2 6.047.427 2 6.119.403 Savings and temporary cash investments 22,081,346 23,893,472 3 4 153.548 298.528 Accounts receivable, net . 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 61,558 7 43,900 59.827 8 38.206 8 9 719.054 695.302 9 105.330.629 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 44,906,661 62,692,299 **10c** 60,423,968 b Less accumulated depreciation 12,729,121 28,019,952 11 11 83,270,621 94,219,280 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 12,470,148 15 15 11,378,779 214,420,576 16 16 216,843,999 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 9,987,316 16,252,234 17 17 Accounts payable and accrued expenses . 18 18 19 5,886,766 19 6,727,432 20 9.206.353 20 8.981.517 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 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 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 9,342,903 25 8,692,525 D 26 34,423,338 26 40,653,708 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 55,769,899 27 27 Unrestricted net assets 60,134,063 51,402,383 28 37,660,235 28 Temporarily restricted net assets Fund 72,824,956 29 78,395,993 29 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 ¥ 179.997.238 33 176.190.291 33 Total net assets or fund balances 34 214.420.576 Total liabilities and net assets/fund balances 216.843.999

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29.5	582,66
2	Total expenses (must equal Part IX, column (A), line 25)	2			355,569
3	Revenue less expenses Subtract line 2 from line 1	3			772,90!
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		179,9	997,238
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,9	965,95
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		176,1	190,29
Pai	rt XIII 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 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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 its schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	_	

Employer identification number

Public Charity Status and Public Support

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

SCHEDULE A

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. F See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization MIDDLESEX SCHOOL

04-2103821 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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). 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 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 d 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) 11g(ii) (ii) a family member of a person described in (i) above?

(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 notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
-									
-									
-									
Total									

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

Provide the following information about the supported organization(s)

11g(iii)

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(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							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
7	A mounts from line 4							
8	Gross income from interest,							
	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 (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See ins	tructions)		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first, second	. third. fourth. or	fifth tax vear as a	501(c)(3) organi	zation.
	check this box and stop here	.	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	▶ ┌
_ <u>s</u>	ection C. Computation of Pub							
14	Public Support Percentage for 2011	. (line 6 column	(f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2010) Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	6 or more	, check '	
_	and stop here. The organization qua		, ,,					▶ ┌
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% (or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	-2010. If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			► □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

▶□

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 **b** 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 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, 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 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	Section D. Computation of Investment Income Percentage				
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17			
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18			

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

b 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

DLN: 93493134021753

OMB No 1545-0047

Open to Public

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.

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

- 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

in opposition to candidates for public office in Part IV

Part T-A	Complete if t	he organization	is exempt under	section 5
Name of t MIDDLESEX	he organization SCHOOL			

Employer identification number

04-2103821

art I-A	Complete if the organizat	on is exempt under	section 501(c	c) or is a section	n 527 organization.

- Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
 - Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? □ No
- If "Yes," describe in Part IV

4

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	Ī				
d	Other exempt purpose expenditures	Γ				
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

		•	~ 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	1)	(b)
		Yes	No	A mount
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)?		Νο	
c	Media advertisements?		Νο	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
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?		Νo	
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)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Dar	t III-A. Complete if the organization is exempt under section $501(c)(4)$ section	501/c	1/51 0	r section

501(c)(6).

			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". Dues, assessments and similar amounts from members

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	
c	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	
_		_	1

Part IV **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

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

1

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DLN: 93493134021753

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

пеша	F Attach to FC	orm 990. F See separate instructions.		Inspection
	me of the organization DDLESEX SCHOOL		Employer ide	ntification number
			04-2103821	I
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		ınds or Acco	cunts. Complete if the
	organization answered Tes to Form 39	(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	-	or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	ny other purpos	Yes No
Pa	rt II Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, P	Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreative Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified historio	structure
	easement on the last day of the tax year	Γ	Held	at the End of the Year
а	Total number of conservation easements		2a	1
b	Total acreage restricted by conservation easements		2b	160 00
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ad	quired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organi	zatıon durıng
	the taxable year 🛌			
4	Number of states where property subject to conserva	ition easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— Iling of violatior	rs, and Yes V No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the	year ▶ 3 00
7	A mount of expenses incurred in monitoring, inspectings 5,165	ng, and enforcing conservation easements	during the yea	r
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	┌ Yes
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial		
Par	Complete if the organization answered "		or Other Sin	nilar Assets.
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 researc	h in furtherance	
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		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	·		
а	Revenues included in Form 990, Part VIII, line 1		- \$	

b Assets included in Form 990, Part X

Pari	411 Organizations Maintaining Co	llections of Art	, His	torical T	reası	ures, or C	<u> the</u>	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following	that a	re a signific	ant u	se of its collection	1	
а	Public exhibition		d	┌ Loan	orexc	hange prog	rams			
ь	Scholarly research		e	┌ Othe	r					
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they furth	er the	organızatıor	ı's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					Yes	√ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 990	١,	
	Part IV, line 9, or reported an an			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions	or other ass	ets		Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		Г				
_						-		A mou	nt	
C	Beginning balance						1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance						1f			_
2a	Did the organization include an amount on Fo		e 21?					ı	Yes	No
	If "Yes," explain the arrangement in Part XIV			warad IIVa	II	Farm 000	Day	t IV line 10		
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Ye</u> Prior Year		wo Years Back		TIV, IINE IU.)Three Years Back (e)Four Y	ears Bacl
1a	Beginning of year balance	94,468,439	χ- /	78,448,35		73,301,74	-	97,381,480	,	
b	Contributions	4,394,338		1,841,14	1	937,03	38	2,522,431		
c	Investment earnings or losses	1,778,609		17,451,65	4	7,574,53	32	-21,796,722		
d	Grants or scholarships									
e	Other expenditures for facilities and programs	4,630,040		3,272,71	7	3,364,9	58	4,805,443		
f	Administrative expenses									
g	End of year balance	96,011,346		94,468,43	9	78,448,3	58	73,301,746		
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	11 600 %								
ь	Permanent endowment 🕨 54 500 %									
c	Term endowment ► 33 900 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat are hel	dand	admınıstere	d for	the		
	organization by (i) unrelated organizations							3a(i)	Yes Yes	No
	(ii) related organizations				•		•	3a(ii)	163	Νο
ь	If "Yes" to 3a(II), are the related organization					 	٠.	3b	<u> </u>	
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, lıne	10.					
	Description of property			(a) Cost or basis (invest		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) Boo	ok value
1a	Land					424	1,021			424,02
b	Buildings					97,472	2,641	39,691,644	57	7,780,99
c	Leasehold improvements									
d	Equipment					3,679	,323	2,593,594		1,085,729
e	Other					3,754	1,644	2,621,423		1,133,221

60,423,968

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(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)O ther (A) DOMESTIC EQUITY	21,613,993		F
(B) INTERNATIONAL EQUITY	5,817,576		F
(C) PRIVATE EQUITY	19,950,202		F
(D) ABSOLUTE RETURN	10,081,816		F
(E) DIRECTIONAL HEDGE	272,038		F
(F) REAL ASSETS	6,654,752		F
(G) OTHER	18,880,244		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	83,270,621		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		od of valuation 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, line	e 15.		
(1) BENEFICIAL INTEREST IN CHARITABLE REMAINDE			(b) Book value 11,378,779
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			11,378,779
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Federal Income Taxes	(b) A mount		
CHARITABLE REMAINDER TRUSTS LIABILITY	7,745,525		
TAX-EXEMPT COMMERCIAL PAPER REVENUE NOTES	947,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	8,692,525		

_	dule D (Form 990) 2011				Page 4
Par 1			1 Form 990 to Financial Stateme	nts 1	29,582,664
2	Total revenue (Form 990, Part Total expenses (Form 990, Pa			2	35,355,569
3	Excess or (deficit) for the year			3	-5,772,905
4	Net unrealized gains (losses) o	on investments		4	1,705,435
5 6	Donated services and use of fa	cilities		6	
7	Investment expenses Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	260,523
9	Total adjustments (net) Add I	nes 4 - 8		9	1,965,958
10 Date		per financial statements Combi	ne lines 3 and 9 ncial Statements With Revenue p	10 Der R	-3,806,947
1		er support per audited financial s		1	31,195,324
2		ut not on Form 990, Part VIII, lii . .	1 1		
a b	-	tments	2a 1,705,435 2b		
c	Recoveries of prior year grant		2c		
d	Other (Describe in Part XIV)		2d -623,477		
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .			2e 3	1,081,958
4	A mounts included on Form 99	00, Part VIII, line 12, but not on	line 1		
a	·	luded on Form 990, Part VIII, lır			
b c	Other (Describe in Part XIV) Add lines 4a and 4b		4b -530,702	4c	-530,702
5		nd 4c. (This should equal Form 99	90, Part I, line 12)	5	29,582,664
			ancial Statements With Expenses	per	
1	Total expenses and losses pe statements	· · · · · · · ·		1	35,002,271
2		it not on Form 990, Part IX, line			
a b	Prior year adjustments	acılıtıes	2a 2b		
c	Other losses		2c		
d	Other (Describe in Part XIV)		2d 530,702		
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .			2e 3	530,702 34,471,569
4		O, Part IX, line 25, but not on lin	e 1 :		31,172,303
а	·	uded on Form 990, Part VIII, lın			
b c	Other (Describe in Part XIV) Add lines 4a and 4b		4b 884,000	4c	884,000
5			90, Part I, line 18)	5	35,355,569
	t XIV Supplemental In				
			nes 3, 5, and 9, Part III, lines 1a and 4, P Part XIII, lines 2d and 4b Also complete (
addı	tional information	1			
EVDI	Ident if ier ANATION OF EASEMENTS	Return Reference PART II, LINE 5	THE SCHOOL MEETS ANNUALLY		THE TRUSTEES OF
	RCEMENT POLICIES	PART II, LINE 5	RESERVATIONS WHO ADMINIST TOUR THE SITE		
ORGA	RIPTION OF HOW ANIZATION REPORTS SERVATION EASEMENTS	PART II, LINE 9	CONSERVATION EASEMENTS ON ARE RELATED TO THE PROTECTION WETLANDS AND THE PROTECTION A PORTION OF THE MIDDLES MIDDLESEX USES AN ENVIRONM ANNUALLY TO TEST THE WATER WETLANDS ON THE MIDDLESEX AMPHIPODS (SALAMANDERS) RECORDED AS AN ASSET ON THE	ON/PON OF SEX PRIENTA QUALCAMPESIDE	RESERVATION OF RESIDENT WILDLIFE ROPERTY L CONSULTING FIRM LITY OF THE US WHERE THE LAND IS ANCE SHEET AND
		PART III, LINE 4	THE EXPENSES RELATED TO THE CONSULTING SERVICES ARE CH AND OPERATIONS THE SCHOOL MAINTAINS AND P	ARGE	D TO FACILITIES
			FOLLOWING ITEMS THAT WERE IT FOR DISPLAY AT THE SCHOOL'S FLAG -SWORD FROM THE CIVIL NRARE COLLECTION OF BOOKS	LIBRA	ARY -CIVIL WAR
	RIPTION OF INTENDED USE NDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL HAS ADOPTED INV POLICIES FOR ENDOWMENT ASS PROVIDE A PREDICTABLE STREAT PROGRAMS SUPPORTED BY ITS A SEEKING TO MAINTAIN THE PUR ENDOWMENT ASSETS ENDOWMENT THOSE ASSETS OF DONOR-REST SCHOOL MUST HOLD IN PERPET SPECIFIED PURPOSES AS WELLA	SETS TAM OF SENDO SE	THAT ATTEMPT TO FFUNDING TO WMENT WHILE SING POWER OF THE SSETS INCLUDE ED FUNDS THAT THE OR FOR DONOR-
			FUNDS THE SCHOOL EXPECTS I OVER TIME, TO PROVIDE AN AV OF APPROXIMATELY 7% ANNUA ANY GIVEN YEAR MAY VARY FRO	TS EN ERAG LLY A	IDOWMENT FUNDS, E RATE OF RETURN CTUAL RETURNS IN
			SATISFY ITS LONG-TERM RATE-ITHE SCHOOL RELIES ON A TOTA WHICH INVESTMENT RETURNS A BOTH CAPITAL APPRECIATION	L RET	TURN STRATEGY IN CHIEVED THROUGH
			UNREALIZED) AND CURRENT YIE DIVIDENDS) THE SCHOOL TARGE ASSET ALLOCATION THAT PLACE ON EQUITY-BASED INVESTMENT	LD (I ETS A ES A	NTEREST AND A DIVERSIFIED GREATER EMPHASIS
			TERM RETURN OBJECTIVES WITH CONSTRAINTS UNDER THIS POL THE BOARD OF TRUSTEES, THE E INVESTED IN A MANNER THAT I:	HIN P LICY, ENDO	RUDENT RISK AS APPROVED BY WMENT ASSETS ARE
	RIPTION OF UNCERTAIN	PART X	RESULTS THAT EXCEED A POLICE THE SCHOOL FOLLOWS THE FAS TAXES, WHICH CLARIFIES THE A	Y IND B ASC CCOU	DEX C 740, INCOME JNTING FOR
			UNCERTAINTY IN INCOME TAXE RECOGNITION THRESHOLD A TA TO MEET BEFORE BEING RECOG STATEMENTS IT ALSO PROVIDE	X PO NIZEC	SITION IS REQUIRED O IN THE FINANCIAL
			DERECOGNITION, CLASSIFICAT PENALTIES, ACCOUNTING IN IN DISCLOSURE, AND TRANSITION THAT THE SCHOOL HAS NO MAT POSITIONS THE SCHOOL IS NO INCOME TAX EXAMINATIONS BY STATE, OR LOCAL AUTHORITIES BEFORE 2009 THE SCHOOL WILL AND PENALTIES RELATED TO UN POSITIONS, IF ANY, AS PART OF	TERIN MAN ERIA LONG THE FOR LACC	M PERIODS, AGEMENT BELIEVES L UNCERTAIN TAX GER SUBJECT TO U S FEDERAL, FISCAL YEARS COUNT FOR INTEREST
A D J U P A R T	XI, LINE 8 - OTHER STMENTS XII, LINE 2D - OTHER STMENTS		CHANGE IN VALUE OF CHARITA 260,523 CHANGE IN VALUE OF CHARITA 260,523 INVESTMENT MANAGE	BLE R	EMAINDER TRUSTS
PART	XII, LINE 4B - OTHER STMENTS		REVENUE ON AUDITED FS -884,0 COSTS OF GOODS SOLD REPORT VIII LINE 10B -351,230 FUNDRA REPORTED ON FORM 990, PART RENTAL EXPENSES REPORTED O	DOO ED O NISIN	N FORM 990, PART G EXPENSES LINE 8B -23,400
	XIII, LINE 2D - OTHER STMENTS		LINE 6B -156,072 COSTS OF GOODS SOLD REPORT 10B 351,230 FUNDRAISING EXP FORM 990, PART VIII, LINE 8B 2	ENSE 3,400	S REPORTED ON RENTAL EXPENSES
	XIII, LINE 4B - OTHER STMENTS		REPORTED ON FORM 990, PART Y INVESTMENT MANAGEMENT FEE ON AUDITED FS 884,000		· · · · · · · · · · · · · · · · · · ·

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

On 1 1

2011

Inspection

IDDL	ESEX SCHOOL	2103821		
Pai	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its clother governing instrument, or in a resolution of its governing body?	narter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describ please explain If you need more space use Part II	media during n, in a way	Yes	
	Does the organization maintain the following? 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 noncbasis?	liscriminatory 4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
а	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies?			No No
	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d	igsqcup	No
e	Educational policies?	5е		No
	Use of facilities?	5f	+-	No
_	Athletic programs?	<u>5g</u>	+	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	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 6b	_	No No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 t			NO

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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) 2011

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As Filed Data -

DLN: 93493134021753

OMB No 1545-0047

Statement of Activities Outside the United States

SCHEDULE F (Form 990)

Internal Revenue Service

Department of the Treasury

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization				Employer ident	ification number
MID	DLESEX SCHOOL				04-2103821	
Pa	General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization r	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	ırd
	the grants or assistance?					│ Yes │ No
2	For grant makers. Describe in Pa United States	rt V the organiz	zatıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed :)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND) -			PARTNERSHIP INVESTMENT		8,433,000
	CENTRAL AMERICA AND THE CARIBBEAN -			PARTNERSHIP INVESTMENT		3,858,000
3	a Sub-total	C	0			12,291,000
ı	b Total from continuation sheets	C				C

c Totals (add lines 3a and 3b)

12,291,000

Pa	Part IV, I	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are e 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	organizations or en	tities				. ▶			
			·	·	·			Schodulo E	(Form 990) 2011		

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)
-							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	<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	দ	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	্ব	Νο
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	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

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

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DLN: 93493134021753

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

110	DLESEX SCHOOL					04-210382:	L
Pa	rt I Fundraising Act	t ivities. Complete	e if the c	organiza	tion answered "Yes"	to Form 990, Part I\	/, line 17.
	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at lease	licitations s a written or oral agre Form 990, Part VII st paid individuals or	ement wi or entity entities (e f g th any ind v in conne (fundraise	Solicitation of no Solicitation of go Solicitation of go Special fundraisii Iividual (including office ction with professional	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fu	
(i) Name and address of ındıvıdual or entity (fundraiser)	fundraiser have custody or control of contributions?		ser have ody or crol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes				
Гotа	ı 			>			

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form						
			(a) Event #1 ALUMNI GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))		
Φ	1	Gross receipts	24,565	;		24,565		
Revenue	2	Less Charitable contributions	5,000			5,000		
	3	Gross income (line 1 minus line 2)	19,565	:		19,565		
	4	Cash prizes						
မာ	5	Non-cash prizes	139			139		
Expenses	6	Rent/facility costs	23,261			23,261		
ă	7	Food and beverages						
Drea	8	Entertainment						
ā	9	Other direct expenses .						
	10 Direct expense summary Add lines 4 through 9 in column (d)							
	11	-3,835						
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
Revenue		, L. C.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
See.	2	Cash prizes						
þen	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
ᅙ	5	Other direct expenses						
	6	Volunteer labor	Γ Yes Γ Zo	┌ Yes ┌ No	Г Yes Г No			
		Direct expense summary Add lines Net gaming income summary Com				()		
9 a b	Ente Is ti	er the state(s) in which the organiza he organization licensed to operate No," Explain	tion operates gaming ac gaming activities in eac	tivities		· · Fyes Fno		
10a b		e any of the organization's gaming l Yes," Explain				· · Fyes FNo		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493134021753 OMB No 1545-0047

Employer identification number

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

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

Inspection

MIDDLESEX SCHOOL						04-2103821	
Part I General Informa	ation on Grants and	d Assistance					
 Does the organization maint the selection criteria used t Describe in Part IV the organization 	o award the grants or as	sıstance?					✓ Yes ┌
Form 990, Part IV,	, line 21 for any recip	pient that received r	rganizations in the more than \$5,000. Ch needed	eck this box if no one	e recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(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	(h) Purpose of gra or assistance
							<u> </u>
2 Enter total number of sectio	n 501(c)(3) and dovern	ment organizations lis	ted in the line 1 table .			.	
3 Enter total number of other						_	

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV , appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	113		4,106,075		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.

Ident if ier	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
		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

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

DLN: 93493134021753

OMB No 1545-0047

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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

	04-2103	521		
Pa	art I Questions Regarding Compensation		T	
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Housing allowance or residence for personal u	ıse		
	Travel for companions Payments for business use of personal reside	nce		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
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	
		-	res	├──
_				
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			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comm	nittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or or a related organization	ganization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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		Νo
	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		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regul section 53 4958-6(c)?	ations		

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)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) KATHLEEN C GILES	(ı) (ıı)	297,264 0	0 0	2,595 0	50,750 0	45,770 0	396,379 0	0 0
(2) THERESE A CUNNINGHAM	(ı) (ıı)	105,849 0	0 0	30 0	11,752 0	45,495 0	163,126 0	o 0
(3) MATTHEW E CRO ZIER	(ı) (ıı)	110,598 0	0	20,045 0	11,752 0	20,580 0	162,975 0	0 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

Ident if ier	Return Reference	Explanat ion
	1A	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 FAND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN DOF SCHEDULE JOURNE THE HEAD OF SCHOOL'S RESIDENCE HAS A COMBINATION OF PUBLIC AND PRIVATE SPACE THE ESTIMATED VALUE REFLECTS THE PRIVATE PORTION OF THE RESIDENCE 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 FAND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN DOF SCHEDULE J
	18	THE SCHOOL HAS A WRITTEN POLICY IN REGARDS TO THE ALLOCATION OF FACULTY MEMBERS TO AVAILABLE ON CAMPUS HOUSING AS PART OF THE FACULTY HANDBOOK 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 2011, KATHLEEN C GILES, HEAD OF SCHOOL, RECEIVED NON-TAXABLE ON-CAMPUS HOUSING, VALUED AT \$20,000 IN ADDITION, SHE RECEIVED EMPLOYER PROVIDED HEALTH INSURANCE OF \$13,709 AND NON-TAXABLE EMPLOYER PROVIDED LIFE AND LONG TERM CARE INSURANCE TOTALING \$217 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 \$9,659 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 \$2,185

DLN: 93493134021753

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OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

Employer identification number

MID	DLESEX SCHOOL								0.	 4-2103	821			
Pa	rt I Bond Issues													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued					rice (f) Description of Purpose		(g) De	feased	Beh	On alf of suer		Pool	
									Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-2608195	CONSTRUCTION AND REDEMPTION OF TAX- EXEMPT COMMERCIAL PAPER				x		Х		×			
Pa	rt III Proceeds				_									
					Α.		 	3		С			D	
1_	A mount of bonds retired				-	1,585,000								
_2	A mount of bonds defeased													
3	Total proceeds of issue				10	0,570,000								
4	Gross proceeds in reserve fund					688,025								
5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrow				7	7,700,000								
7	Issuance costs from proceeds					145,648								
8	Credit enhancement from proce	eeds												
9	Working capital expenditures fi	rom proceeds												
10	Capital expenditures from proc	eeds				2,056,999								
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	l			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?			Χ								
16	Has the final allocation of proc	eeds been made?			Х									
17	Does the organization maintair allocation of proceeds?		nd records to supp	ort the final	×									
Par	t IIII Private Business Us	se					<u> </u>					_		
					A Var	NI -	-	3	V	C	NI-		D	
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

	Part III	Private	Business	Use	(Continued
--	----------	---------	----------	-----	------------

·	Private Business use (Continued)								
			A		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х						
ь	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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						

Part IV Arbitrage

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
	Is the bond issue a variable rate issue?		X						
			^						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			Х						
ь	Name of provider								
С .	Term of hedge								
d	Was the hedge superintegrated?								
	Was a hedge terminated?								
е	was a neuge terminateur								
4a	Were gross proceeds invested in a GIC?		Х						
ь	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?		x						
6	Did the bond issue qualify for an exception to rebate?		×						

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134021753

OMB No. 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public Inspection

	of the organization SEX SCHOOL							E	mployer i	dentifica	tion numbe	r
								o	4-21038	21		
Part 1												
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F T	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I		
1	(a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action			rrected?
											Yes	No
												-
												+
2 E	nter the amount of tax impos	ed on t	he organ	nization man	agers or	disqualified pers	ons du	ring the	year unde	r		
se	ection 4958								•	• \$		
3 E	nter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			•	· \$		
Part	Loans to and/or I	From	Intere	sted Pers	sons.							
	Complete if the organiz), Part IV, line 26	, or For	m 990-	EZ, Part V	, line 38	а	
		(b) L	oan to					_	(f)			
(a) Na	me of interested person and	1	m the	(c)0 rig	jinal	(d)Balance due	(e) defa		A pprov		(g)Writte agreemen	
	purpose	organı	zation?	principal a	amount	(d)Balance due	l dela	410.	commit		agreemen	
		То	From				Yes	No	Yes	No	Yes	No
								_				
								-		-		
					b 4							
Total Part I					► \$	Dorsons						
Paill	Complete if the orga						/. line	27.				
	·					en interested per						
	(a) Name of interested pers	on	`			ganızatıon .		(c) A r	nount of g	rant or ty	pe of assist	tance ———

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of vation's nues?
	organization			Yes	No
(1) OAK HILL CAPITAL PARTNERS II LP	SEE PART V	957,980	SEE PART V		Νο
(2) OAK HILL CAPITAL PARTNERS III LP	SEE PART V	579,565	SEE PART V		Νο

Part V **Supplemental Information**

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

Ident if ier	Return Reference	Explanation
		(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL
		PARTNERS II, 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 \$957,980
		(D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND
		DISTRIBUTIONS(E) SHARING OF ORGANIZATION'S
		REVENUES NO(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 \$579,565(D) DESCRIPTION OF
		TRANSACTION CAPITAL CALLS(E) SHARING OF
		ORGANIZATION'S REVENUES NO

Schedule L (Form 990 or 990-EZ) 2011

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization MIDDLESEX SCHOOL

Employer identification number

(a) Check Ch		T. T				04-2103821			
Check applicable or items contributed form 990, Part VIII, line 1900 and of determining contribution amounts reported on Form 990, Part VIII, line 1900 and other views of art and the view of a second of the view of a second of a secon	art	Types of Property			<u> </u>	T			
Art—Fractional interests . Art—Fractional interests . Books and publications . Clothing and household goods . Cars and other vehicles . Boats and planes . Intellectual property . Securities—Publicly traded . Securities—Publicly traded . Securities—Prathership, LLC, or trust interests . Qualified conservation contribution—Historic structures . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . Collectibles . Drugs and medical supplies . Taxidemity . Taxidemit			Check	Number of Contributions or items contributed	Contribution amounts reported on Form 990, Part VIII, line	Method of d	letermi	_	
Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded X 6 145,038 FMV Securities—Publicly traded Securities—S									
Books and publications									
Clothing and household goods									
goods		'							
Boats and planes	g	oods							
Intellectual property									
Securities—Publicly traded . X	В	oats and planes							
Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures Qualified conservation contribution—Other Real estate—Residential	Ιı	itellectual property							
Securities—Partnership, LLC, or trust interests		•		6	145,038	FMV			
Or trust interests		•							
Qualified conservation contribution—Historic structures									
Contribution—Historic structures	S	ecurities—Miscellaneous							
contribution—Other	c	ontribution—Historic							
Real estate—Commercial Real estate—Other Collectibles Food inventory Drugs and medical supplies . Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ► (FURNITURE) SOCCER Other ► (APPAREL) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?									
Real estate—Other	R	eal estate—Residential .							
Collectibles	R	eal estate—Commercial							
Food inventory	R	ealestate—Other							
Drugs and medical supplies . Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ► (FURNITURE) X 10 6,200 FMV SOCCER Other ► (APPAREL) X 20 2,150 FMV Other ► (С	ollectibles							
Taxidermy	F	ood inventory							
Historical artifacts	D	rugs and medical supplies .							
Scientific specimens	Т	axıdermy							
Archeological artifacts	Н	ıstorıcal artıfacts							
Other ► (FURNITURE) SOCCER Other ► (APPAREL) Other ► (APPAREL) Other ► (Other ► (O	S	cientific specimens							
SOCCER Other ► (APPAREL) X 20 2,150 FMV Other ► (Α	rcheological artifacts							
Other ► (APPAREL) X 20 2,150 FMV Other ► (0	ther►(<u>FURNITURE</u>)	X	10	6,200	FMV			
Other ► () Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	0		Х	20	2,150	FMV			
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	0	ther ► ()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	0	ther ► ()							
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						29			
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	a [Ouring the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		Yes	No
If "Yes," describe the arrangement in Part II	r	nust hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			ĺ
If "Yes," describe the arrangement in Part II							30a		No
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes									
ııı	[oes the organization have a gif	tacceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		N
If "Yes," describe in Part II	ь і	f "Yes," describe in Part II							
If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	I	f the organization did not report	: revenues i	ın 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.

Ident if ier	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 (Form 990) 2011

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As Filed Data -

DLN: 93493134021753

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

2011

Open to Public Inspection

Name	of the	orgar	nızatıor
MIDDLE	SEX SC	HOOL	

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

ldentifier	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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT OF THE BOARD APPOINTS FOUR INDIVIDUALS TO SERVE ON THE COMPENSATION COMMITTEE THE PRACTICE HAS BEEN TO APPOINT THE PRESIDENT OF THE BOARD, THE CHAIR OF THE FINANCE & BUDGET COMMITTEE, THE CHAIR OF THE TRUSTEES AND GOVERNANCE COMMITTEE AND THE VICE-CHAIR OF THE TRUSTEES AND GOVERNANCE COMMITTEE IS ADVISED BY OUTSIDE COUNSEL WHO ATTENDS THE MEETINGS, TAKES MINUTES, AND ADVISES THE COMMITTEE MEMBERS OF ANY LEGAL ISSUES OR QUESTIONS THAT ARISE IN THE PROCESS THE PRESIDENT OF THE BOARD ASKS ALL TRUSTEES TO COMPLETE EVALUATION FORMS AT THE SPRING BOARD MEETING THE PRESIDENT OF THE BOARD ALSO SOLICITED ORAL COMMENTS FROM THE TRUSTEES DURING AN EXECUTIVE SESSION AT THE SPRING BOARD MEETING IN PREPARATION FOR THE INTERVIEW WITH THE HEAD OF SCHOOL IN JUNE, THE COMPLETED TRUSTEE EVALUATION FORMS ARE SUMMARIZED FOR THE MEMBERS OF THE COMPENSATION COMMITTEE THE HEAD OF SCHOOL ALSO PREPARES A SUMMARY OF ACCOMPLISHMENT OF THE PRIOR SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND ESTABLISHED FOR THE COMING SCHOOL YEAR AFTER THE INTERVIEW WITH THE HEAD, THE HEAD IS EXCUSED, AND THE COMMITTEE DELIBERATES IN EXECUTIVE SESSION TO DISCUSS THE PERFORMANCE REVIEW AND TO REVIEW A COMPILATION OF COMPENSATION AND BENEFIT DATA ASSEMBLED ON A BLIND BASIS BY ABOPS IN ORDER TO ESTABLISH A BASIS FOR ADJUSTING THE HEAD IS INVITED TO HEAR THE RESULTS AND TO COMMENT THE DECISIONS ARE RECORDED IN THE MINUTES OF THE COMMITTEE, AND THE CHANGES IN COMPENSATION AND BENEFIT ARRANGEMENTS FOR THE COMING YEAR, THE HEAD IS INVITED TO HEAR THE RESULTS AND TO COMMENT THE DECISIONS ARE RECORDED IN THE MINUTES OF THE COMMITTEE, AND THE CHANGES IN COMPENSATION (IF ANY) ARE MEMORIALIZED IN A LETTER AND WHERE NECESSARY IN AMENDMENTS TO THE EMPLOYMENT CONTRACT THE RESULTS ARE REPORTED TO THE FULL BOARD IN EXECUTIVE SESSION (WITHOUT THE HEAD PRESENT) AT THE FALL BOARD MEETING

Identifier	Return Reference	Explanation	
		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 1,705,435 CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 260,523 TOTAL TO FORM 990, PART XI, LINE 5 1,965,958

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, 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 ITS FACULTY, WILL ENGAGE AND ENCOURAGE EACH STUDENT'S GROWTH, HAPPINESS, AND WELL-BEING WE ASPIRE FOR ALL MIDDLESX STUDENTS TO DEVELOP PERSONAL INTEGRITY, INTELLECTUAL VITALITY AND DISCIPLINE, AND RESPECT FOR THEMSELVES AND FOR THEMSELVES AND THE LARGER WORLD, BOTH NOW AND IN THEIR FUTURES OPERATIVELY IN THE LIFE OF THE SCHOOL, 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 THEMSELVES 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 GATHER

ldentifier	Return Reference	Explanation
ESTIMATE OF VOLUNTEERS	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 BOARD OF TRUSTEES WHO VOLUNTEER THEIR TIME, APPROXIMATELY 32

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Employer identification number

DLN: 93493134021753

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

MIDDLESEX SCHOOL						
Part I Identification of Disregarded Entities (Comple	ete ıf the organızatıoı	n answered "Yes" (on Form 990, F	04-210382 Part IV, line 33.)	21	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizor more related tax-exempt organizations during the	zations (Complete if ne tax year.)	the organization a	answered "Yes	" on Form 990, Pa	art IV, line 34 becaus	e it had one
						(a)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	ection 512(b)(13) controlled organization	
						Yes	No	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 50	0135Y		Schedule R (F	orm 990)	2011	

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	al or	(k) Percentage ownership
						Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) POOLED INCOME FUND (1)	POOLED INCOME FUND	МА		Т			
(2) CHARITABLE REMAINDER TRUSTS (5)	CHARITABLE REMAINDER TRUSTS	МА		Т			

chedule R (Form 990) 2011					Pag	je 3
Part V	Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
Note.	Complete line 1 if any entity is listed in Parts II, III or IV				1	Yes	No
1 During th	e tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?				
a Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	la		No
b Gıft, g	rant, or capital contribution to related organization(s)			1	.b		No
c Gıft, g	rant, or capital contribution from related organization(s)			1	lc		No
d Loans	or loan guarantees to or for related organization(s)			1	ld		No
e Loans	or loan guarantees by related organization(s)			1	le		No
f Sale o	fassets to related organization(s)			1	Lf		No
g Purch	ase of assets from related organization(s)			1	lg		No
h Excha	nge of assets with related organization(s)			1	lh		No
i Lease	of facilities, equipment, or other assets to related organization(s)			1	Li		No
j Lease	of facilities, equipment, or other assets from related organization(s)			1	Lj		No
k Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1	lk		No
I Perform	nance of services or membership or fundraising solicitations by related organization(s)			1	LI		No
m Sharin	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1	lm		No
n Sharır	g of paid employees with related organization(s)			1	ln		No
o Reimb	ursement paid to related organization(s) for expenses			1	lo		No
p Reimb	ursement paid by related organization(s) for expenses			1	Lp		No
q Other	transfer of cash or property to related organization(s)			1	lq		No
r Other	transfer of cash or property from related organization(s)			1	Lr '	Yes	
2 If the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered relat	ionships and transacti	on thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of detern Involv	mının	g amo	unt
1) CHARITABL	E REMAINDER TRUSTS	R	412,224	FAIR MARKET VALU	E		

	type(a 1)		IIIVOIVCU
(1) CHARITABLE REMAINDER TRUSTS	R	412,224	FAIR MARKET VALUE
(2)			
(3)			
(4)			

(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011

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DLN: 93493134021753

OMB No 1545-1668

SCHEDULE 0 (Form 8865)

Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership

(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.

Filer's identifying number

04-2103821

Name of transferor MIDDLESEX SCHOOL

Name of foreign partnership

Part I Tran	sfers Repor		Section 6038B		_		
Type of property	(a) Date of transfer	(b) Number of Items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash			457,276				0 109
1arketable							
ecunties							
nventory –							
,							
angıble			1				
property used in trade							
or business							
_							
ntangıble property							
-							
_							
Other property			+				
Sunnlemental	Information	Peguired To	Be Reported (s	see instructions	.).		
appiementai	IIIOIIIIatioi	rkequired 10	be Reported (see msu ucuons	,,.		
Part II Disp	ositions Rep	ortable Unde	r Section 6038	В			
(a) Type of	(b) Date of	(c) Date of	(d) Manner of	(e) Gaın	(f) Depreciation recapture	(g) Gaın allocated	(h) Depreciation recapture
property	original transfer	disposition	disposition	recognized by partnership	recognized by partnership	to partner	allocated to partner

904(f)(3) or section 904(f)(5)(F)?

DLN: 93493134021753

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: MIDDLESEX SCHOOL

EIN: 04-2103821

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

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

DLN: 93493134021753

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•	See separate instructions	s. 🕨 Attach	to your tax re	turn.		Sequence No 179
Name(s) shown on return		Business	or activity to w	hich this form	relates	Ic	dentifying number
MIDDLESEX SCHOOL		FORM 99	00 PAGE 10			0.	4-2103821
		Certain Property Un sted property, comple			nlata Dart I	ı	
1 Maximum amount (see			te Fait V Deit	ore you com	piete rait i.	1	500,000
2 Total cost of section 1	•	ed in service (see instru	ctions)			2	300,000
3 Threshold cost of sect		·	•	ustions)		3	2,000,000
4 Reduction in limitation			•	actions) :		4	2,000,000
5 Dollar limitation for tax			ŕ		filma	-	
separately, see instruc	•	iiile 4 iloiii iiile 1 112eio	or less, efficer -	J- Il Illallieu	iiiiig	5	
separately, see mistruc	tions			• • •	• • •		
6 (a) [Description of pr	conerty	(b) Cost (b)	usiness use	(c) Elected c	ost	
(4)			on	ly)	(c) Liceted c		
7 Listed property Enter	the amount from	line 20		. 7			
						8	
8 Total elected cost of se 9 Tentative deduction E			inn (c), ines 6	and / .		9	
						<u> </u>	
10 Carryover of disallowed		•				10	
11 Business income limitation						11	
12 Section 179 expense of				. —		12	
13 Carryover of disallowed				.▶ 13			
Note: Do not use Part. Part. Special De		Nelow for listed proper Allowance and Othe			inaliida liatad n	ronort	V 1/Coo instructions
14 Special depreciation al	-					Topert	y) (See instructions)
tax year (see instruction		miled property (other than	mateu property	, pracea iii se	Trice during the	14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc	.,,,					16	2,982,960
		Do not include listed p	property.) (Se	e instruction	ns.)	I.	, ,
		Se	ction A				
17 MACRS deductions for	assets placed ı	n service in tax years be	ginning before 2	011		17	
18 If you are electing t	<i>y</i> , ,	•	e during the t	ax year ınto			
general asset accou	•				▶□	<u> </u>	
Section B—Asse	ets Placed in	Service During 20:	L1 Tax Year	Using the	General Dep	<u>recia</u>	tion System
() () () ((b) Month and	depreciation					() 5
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Conventi	on (f) Metho	od	(g) Depreciation deduction
property	service	use only—see instructions)	porrou				4044011011
19a 3-year property		only—see mstructions)					
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		
h Residential rental			27 5 yrs	MM	S/L		
property			27 5 yrs	MM	S/L		
i Nonresidential real property			39 yrs	M M M M	S/L S/L		
	n C—Assets Plac	ced in Service During 201:	l Tax Year Usin		·	n Syste	em
20a Class life	- 1155CES FIAN	Je. vice Baring 201.	031119	, Antoniat	S/L		
b 12-year	1		12 yrs		S/L		
c 40-year			40 yrs	ММ	S/L		
Part IV Summar	y (see ınstruc	tions)	<u> </u>				
21 Listed property Enter	amount from line	28				21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 urn Partnerships and S c				22	2,982,960
23 For assets shown abov portion of the basis att	•	_	t year, enter the	· . 23			

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.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See	the i	nstruc	ction.	s for li	mits i	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/in	vestment u	ise claime	d? ┌Yes	Гпо		2	24b If	"Yes," ı	the ev	ıdence	written?	, Г үе	sГn)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	rother	(busines	s/investr		(f) Recove period	'		n	Depreci	ation/			
			erty placed	ın service	during the	tax year	and u	ised mo	re tha	n 25						
26 Property used mor	e than 50%		business	use												
									+		_			_		
		%														
27 Property used 50%	orless in a		siness us	е	1			1	lc/I							
		%							_		+			\dashv		
		%							S/L					ᆚ		
28 Add amounts in c	olumn (h), lır	nes 25 throu	gh 27 En	ter here	and on lu	ne 21,	page	1 .		28				Ш		
29 Add amounts in c	olumn (ı), lın											29				
Complete this section	forvahiclas										r rolati	nd nor	con			
														se vehic	les	
30 Total business/in	vestment mı	les drıven du	ring the	-	-	_	-				-	-	-	-		-
year (do not ınclu	•					Veili	cie z	- 	emci	e 3	veille	.1e 4	veiii	CIE 5	Veili	CIE 6
31 Total commuting	miles driven	during the ye	ear .													
32 Total other person	nal(noncomn	nuting) miles	drıven													
			es 30													
Type of property (list vehicles first) Date placed in investment use percentage Date placed in service use only) Date placed in service use only in service use on in 179 Date placed in service use only) Date placed in service use only in service use on in 179 Date placed in 179 D		No														
during off-duty ho	urs? .													t		<u> </u>
			han 5%													
36 Is another vehicle	avaılable fo	r personal u	se?.													
															•	
				eption to	comple	tıng Se	ction	B for v	vehic	les use	d by e	mploy	ees wh	o are	not mo	re thar
														<u> </u>	es	No
•	•	•		•				•	•			your				
						ers, dire	ector	s, or 1	% or	more o	wners	•		<u> </u>		
			•			•		•	•		•		•	\vdash		
			•	oyees, o	btaın ınfo	rmatio •	n fror • •	m your	emp •	loyees • •	about •	the us •	e of th •	e		
41 Do you meet the r	equirements	concerning	qualified a	automob	le demor	nstratio	n us	e? (Se	e inst	ruction	ıs)					
Note: If your answ	ver to 37, 38	, 39, 40, or	41 ıs "Ye:	s," do no	t comple	te Sect	ion E	3 for th	e cov	ered v	ehicles	5				
Part VI Amo	rtization										ı					
	osts	Date amortizatio	n	A mort	ızable			Code	ı	A morti: perio	zation d or			rtızatı		
42 A mortization of co	sts that bed		our 2011	tax year	(see ins	truction	าร)				- 1					
	T	3 7		•	<u>· </u>		•									
43 A mortization of co	sts that beg	an before yo	ur 2011 t	ax year							43					
44 Total. Add amoun	ts ın column	(f) See the	nstructio	ns for wh	ere to re	port					44					

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	Independ	lent C	onti	act	tors	5				
(A) Name and Title	(B) Average hours		tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustiee 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
ABIGAIL MARR DOFT TRUSTEE	5 00	×						0	0	0
ALBERT H ELFNER III VICE PRESIDENT	5 00	х		х				0	0	0
ALEXANDER C BANKER TRUSTEE	5 00	Х						0	0	0
ALLEN J MODEL VICE PRESIDENT	5 00	Х		х				0	0	0
ANNE T BASS VICE PRESIDENT	5 00	х		х				0	0	0
ANSON H BEARD TRUSTEE	5 00	Х						0	0	0
ARCHIBALD L GWATHMEY TRUSTEE	5 00	Х						0	0	0
AUSTIN P OLNEY PRESIDENT	5 00	Х		х				0	0	0
CHARLES C ALEXANDER TRUSTEE	5 00	Х						0	0	0
COREY HAJIM TRUSTEE	5 00	Х						0	0	0
DAVID S WEIL JR CLERK	5 00	х		х				0	0	0
HUGH BARIT TRUSTEE	5 00	Х						0	0	0
JAMES F CURTIS III TRUSTEE	5 00	Х						0	0	0
EDWIN D HETZ TRUSTEE	5 00	Х						0	0	0
JOHN BROOKE TRUSTEE	5 00	х						0	0	0
JOHN H DYETT TRUSTEE	5 00	Х						0	0	0
COLEMAN HOYT TRUSTEE	5 00	Х						0	0	0
JOY CONNOLLY TRUSTEE	5 00	Х						0	0	0
KATHLEEN C GILES HEAD OF SCHOOL	80 00	Х		х				299,859	0	96,520
KATHLEEN HALEY TRUSTEE	5 00	Х						0	0	0
JOSEPH FKAHN TRUSTEE	5 00	х						0	0	0
KIMBERLY GWINN LANDRY TRUSTEE	5 00	Х						0	0	0
THOMAS S KREITLER TRUSTEE	5 00	Х						0	0	0
MARY ANN TYNAN VICE PRESIDENT	5 00	Х		Х				0	0	0
MARY LOU BOUTWELL 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) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae 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
STEPHEN D LARI TREASURER	5 00	Х		х				0	0	0
MARK J MASIELLO TRUSTEE	5 00	Х						0	0	0
ROBERT M BASS VICE PRESIDENT	5 00	Х		х				0	0	0
LISA MOLVAR PRO-TEM TRUSTEE	5 00	Х						0	0	0
JOHN E NEWMAN TRUSTEE	5 00	Х						0	0	0
MARGARET H PIERCE TRUSTEE	5 00	Х						0	0	0
SARAH C LEARY VICE PRESIDENT	5 00	Х		х				0	0	0
WANJI BARRINGTON WALCOTT SECRETARY	5 00	Х		х				0	0	0
THERESE A CUNNINGHAM CFO	80 00			х				105,879	0	57,247
DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	50 00					х		103,167	0	43,726
HEATHER J PARKER DIRECTOR OF DEVELOPMENT	50 00					х		123,608	0	14,558
MATTHEW E CROZIER CHIEF OPERATING OFFICER	80 00					х		130,643	0	32,332