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DLN: 93493134033634

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

2012

OMB No 1545-0047

Open to Public Inspection

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

		pplicable	C Name of organization	ing 07-01-2012 , 2012, and ending 00	0-30-201		D Employer	identificatio	n number
	dress ch		MILTON ACADEMY				04-2103		
_	me cha	_	Doing Business As				04-2103	003	
Init	tıal retu	rn	Number and street (or P.O. hov.)	f mail is not delivered to street address) Room	/suite				
Г Tei	rmınate	d	170 CENTRE STREET	Than is not delivered to street addressy Room	i/ Saite		E Telephone		
┌ Am	ended i	return	City or town, state or country, ar	nd ZIP + 4			(617)89	8-1/98	
Гарі	plication	pending	MILTON, MA 02186				<b>G</b> Gross recei	pts \$ 93,441,1	73
			F Name and address of p	rıncıpal officer	H(a	a) Is this	a group ret		
			THEODORICK BLAND 170 CENTRE STREET			affiliat	es?	Г	Yes 🔽 No
			MILTON, MA 02186		H(b	<b>b)</b> Are all	affiliates ir	ncluded? [	Yes
<b>T</b> Ta	y-eyem	npt status	<b>▼</b> 501/c)/2) <b>▼</b> 501/c)/ ) •	¶ (insert no )		If"No,	" attach a I	ıst (see ıns	tructions)
		·	/W MILTON EDU	(mscreno)   4547(a)(1) 01   527	Н(с	c) Group	exemption	number ►	
			Corporation Trust Associa	Coh b	<u> </u>	V	t 1700	M Charles and I	
	m or org rt I		mary	ition   Other -		Year or form	nation 1798	M State of I	egal domicile MA
			<del>-</del>	sion or most significant activities					
				DENT COLLEGE PREPARATORY K-12	2 SCHO	OL, BOAF	RDING AND	DAYING	RADES 9-12
ဗ	-								
Ē	-								
Ē.	2 (	Check th	nis box 🕶 if the organization	discontinued its operations or dispose	ed of mor	re than 25	% of its ne	t assets	
Activities & Governance			, -	· · · · · ·					
<b>2</b> 6	3 1	Number	of voting members of the gove	rning body (Part VI, line 1a)			. <u> </u>	3	30
<u>କ</u>	4 [	Number	of independent voting member	rs of the governing body (Part VI, line 1	1b) .		· <u> </u>	4	30
돌	5 1	Total nu	mber of individuals employed	n calendar year 2012 (Part V, line 2a)	)		· • <u>  '</u>	5	616
্ব	1			fnecessary)			· <u> </u>	6	500
				Part VIII, column (C), line 12			<b>⊢</b>	'a	-47,893
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34	<u> </u>			'b	-220,722
					_	Prior		+	ent Year
₽	8						9,532,326	+	9,493,881
i La	9			, line 2g)			12,342,488	<u> </u>	43,809,076
Reveni	10		tment income (Part VIII, colu	·  _	-	12,592,832	1	5,762,790	
	11		revenue (Part VIII, column (A			C	)	0	
	12			I1 (must equal Part VIII, column (A),		(	54,467,646	5	59,065,747
	13			art IX, column (A), lines 1-3)			8,646,562	2	9,020,970
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)			C	)	0
g)	15	Saları 5–10		oyee benefits (Part IX, column (A), line	es	-	28,144,167	,	28,493,572
Expenses	16a			X, column (A), line 11e)	. 🗕		C	+	0
Ř	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) <b>▶</b> 2,894,063					
ш	17			), lines 11a-11d, 11f-24e)	⁻. ├─		24,348,97 <i>6</i>	5	25,317,128
	18			nust equal Part IX, column (A), line 25		(	51,139,705	5	62,831,670
	19	Reven	ue less expenses Subtract lir	ne 18 from line 12	🗀		3,327,941		-3,765,923
× 6 €					В	Beginning Ye	of Current ar	End	of Year
Net Assets or Fand Balances	20	Total	assets (Part X, line 16)		.		72,239,145	5	293,266,405
A PE	21						50,073,758	+	58,696,948
žĒ	22	Net as	sets or fund balances Subtra	ct line 21 from line 20	. [	2 1	12,165,387	7	234,569,457
Pai	rt II	Sign	ature Block						
my k	nowled	dge and		examined this return, including accomp omplete Declaration of preparer (othe					
		****	** ature of officer			201 Date	4-05-06		
Sigr Her						vati	C		
1161	C		EN MOORE CFO or print name and title						
		F	rınt/Type preparer's name	Preparer's signature	Date	Check	k f PT		
Paid	d	C	CRAIG KLEIN			self-e	mployed P0	0734640	
	<sub>u</sub> pare		rim's name 🕨 CBIZ TOFIAS			Firm's	s EIN ► 26-37	753134	
	Onl		rım's address ► 500 BOYLSTON STRI	EET		Phone	e no (617) 76	51-0600	
<u> </u>	. 0111	٠,	BOSTON, MA 02116	;					

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

✓ Yes 厂No

Par	Check if Schedule O					
1	Briefly describe the organiza	ation's mission				
DIVE CON PASS A CO ENVI	ON ACADEMY CULTIVATES RSITY AND THE PURSUIT OF FIDENCE AND CHARACTER SION FOR LEARNING AND A MMUNITY IN WHICH INDIV RONMENT, IN AND OUT OF R IDEAS, PREPARED TO SE	OF EXCELLENCE, SEE SCHEDULE RESPECT FOR C IDUALS DEVELCE THE CLASSROC	WE CREATE O FOR FULL THERS EMB OP COMPETE M, DEVELOP	A COMMUNITY IN DESCRIPTION MI RACING DIVERSI NCE, CONFIDENC S CREATIVE AND	WHICH INDIVIDUALS ( LTON ACADEMY CULTIV IY AND THE PURSUIT O E AND CHARACTER OU CRITICAL THINKERS, U	DEVELOP COMPETENCE, /ATES IN ITS STUDENTS A F EXCELLENCE, WE CREATE R ACTIVE LEARNING NAFRAID TO EXPRESS
2	Did the organization underta the prior Form 990 or 990-E				which were not listed on	
	If "Yes," describe these new	services on Sche	dule O			
3	Did the organization cease c services?				nducts, any program	
	If "Yes," describe these char	nges on Schedule	0			
4	Describe the organization's pexpenses Section 501(c)(3 the total expenses, and reve	) and 501(c)(4) o	rganızatıons aı	re required to repor		
4a	(Code ) (I	Expenses \$	39,681,023 ır	ncluding grants of \$	8,450,305 ) (Revenue	\$ 39,507,152)
	COMMUNITY SERVICE AND VOLUME FULL AND PARTIAL SCHOLARSHIPS OUR STUDENTS SEE SCHEDULE OF K-12 STUDENTS ARE ENCOURAGE PASSION FOR GIVING BACK TOOMLITON ACADEMY AWARDED FIND RESPECT FOR OTHERS EMBRACIST CONFIDENCE AND CHARACTER OF COMMUNITY OF THE MILTON COMMUNITY WITH IT OVER 30 DIFFERENT ORGANIZATION	NTEER OPPORTUNITIES S ARE AWARDED TO S D FOR FULL DESCRIPT GED TO PARTICIPATE I THERS FOR MANY YEA ANCIAL AID TO 27% C ING DIVERSITY AND TO DUR ACTIVE LEARNING EAS, PREPARED TO SE STILL AND SUPPORT A FROM TUTORING IN LEA INTERESTING AND ME IONS IN THE GREATER (MPICS TOURNAMENT ET AND THE BI-ANNUA	IS DURING THE YISTUDENTS BASED ION MILTON ACAL IN COMMUNITY SI ARS FULL AND PART OF EACH OF THE PURSUIT OF EGENVIRONMENT, EEK MEANINGFUL PASSION FOR SE OCAL SCHOOLS, TANINGFUL SERVICE BOSTON AREA FOR THE BLOOD DE L COMMUNITY SE	EAR IN AN EFFORT TO IT ON FINANCIAL NEED IT DEMY PROMOTES AN ENERVICE AND VOLUNTES AN ENERVICE AND VOLUNTES AND THE COLUMN AND OUT OF THE COLUMN AND OUT OF THE COLUMN AND AND BLOOD, TO EDONATING BLOOD, TO EDONATING BLOOD, TO ANOTHER 200 STUDENT AND HOLIDAY GIVER A	NSTILL A PASSION FOR GIVING N 2013, MILTON ACADEMY AWA VIRONMENT OF LIFELONG LEAR R OPPORTUNITIES DURING THE ARE AWARDED TO STUDENTS A PAE A COMMUNITY IN WHICH IND ASSROOM, DEVELOPS CREATIVD TO LIVE BY THE MOTTO, "DAR DEMY'S STUDENTS, FACULTY AN O ASSISTING THE ELDERLY, THE AVERAGE, ABOUT 200 STUDENTS PARTICIPATE IN MULTI-ANNUNG EVENTS THE ENTIRE MILTOR, THE PROGRAM ALSO SUPPOR	NING TO 1004 STUDENTS IN GRADES YEAR IN AN EFFORT TO INSTILL A USED ON FINANCIAL NEED IN 2013, ASSION FOR LEARNING AND A INTUDUALS DEVELOP COMPETENCE, E AND CRITICAL THINKERS, HE TO BE TRUE " THE COMMUNITY D STAFF THROUGH PROVIDING A E PROGRAM STRIVES TO PROVIDE TS PERFORM WEEKLY SERVICE AT LAL EVENTS SUCH AS THE GREATER N COMMUNITY PARTICIPATES IN THE
4b	(Code ) (I	Expenses \$	3,036,465 ır	cluding grants of \$	570,665 ) (Revenue	\$ 3,259,328 )
	WORK ON AN ORGANIC FARM IN COUNTRY COURSES PROVIDE A CAMPUS STUDENTS COME FROM	RURAL VERMONT EA DEMANDING, INTEGRA I DIFFERENT BACKGR PLORE THE INTERSECT	CH SEMESTER TH ATED LEARNING E OUNDS AND SCH TION OF THE SCH	E MOUNTAIN SCHOOL I EXPERIENCE THAT TAKE DOLS AROUND THE COL OOL'S FARM, ACADEMI	DRAWS 45 HIGH-ACHIEVING STI S FULL ADVANTAGE OF THE SCH INTRY, AND ARE CHALLENGED T C PROGRAM, AND RESIDENTIAL	HOOL'S SMALL SIZE AND MOUNTAIN TO WORK TOGETHER AND LEARN LIFE THE GOAL IS FOR STUDENTS
	(Code ) (I	Expenses \$	1,573,945 ır	ncluding grants of \$	) (Revenue s	<u> </u>
	THROUGH INTERSCHOLASTIC ANI PHYSICALLY ACTIVE AND CHALLEN EXPRESSION OF ONE FORM OF IN	D INTRAMURAL SPORT	ΓS, AS WELL AS PI T HELP FORM AN	HYSICAL EDUCATION CO	DURSES, ALL MILTON ACADEMY ONAL EXPERIENCE ATHLETIC A	STUDENTS ARE INVOLVED IN CTIVITY IS CERTAINLY AN
	(Code ) (I	Expenses \$	368,858 ır	ncluding grants of \$	) (Revenue s	· \
	COLLEGE COUNSELING THE COLL	EGE COUNSELING OFF	FICE AT MILTON E	BUILDS ITS PROGRAM A	ROUND INDIVIDUALISM WE BEL	•
	(Code ) (I MILTON ACADEMY PROVIDES A SA ACTIVITIES, AND YEARBOOK PRO			ocluding grants of \$ TS, SUMMER DAY CAMP	) (Revenue \$ S, ADULT WORKSHOPS, AN OUT	, ,
4d	Other program services (De	escribe in Schedu 894,327 includ			) (Revenue \$	866,354 )
	Total program service expe		5 185 760		, , +	, ,

# Form 990 (2012) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🖼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥦	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
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, Parts I and IV	14b	Yes	
<b>L</b> 5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
<b>L6</b>	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
<b>18</b>	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		No
L <b>9</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1^2$ 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19?	38	Yes	

3 11	Statements Regarding Other 1R5 Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	-	Yes	. l No
ì	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   159			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than $$100,\!000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	   7a		N
	services provided to the payor?	7a 7b		IN
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	$\vdash$		
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	$\vdash \vdash \vdash$		
	in which the organization is licensed to issue qualified health plans	.		
		   <sub>  1</sub> 45	 	N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14h		N
	it vas nas it tilda a Form 7711 to report these navments 2.11 "No." provide an evplanation in Schedule ()	. 17h		

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			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	,			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο			
6	Did the organization have members or stockholders?	6		Νο			
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	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
	<b>b</b> Each committee with authority to act on behalf of the governing body?						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Yes				
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection P. Policios (This Section P. requests information about policies not required by the Internal B	01/01/	io Cod	<u> </u>			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu					
			Yes	e.) <b>No</b>			
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a					
10a b	Did the organization have local chapters, branches, or affiliates?		Yes				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No			
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	<b>Yes</b> Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No			

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►EDWARD DONAHUE 170 CENTRE STREET MILTON, MA (617)898-2280

Form	990	(2012)	
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#### 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 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
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

	1	T								
(A) Name and Title	(B) (C) A verage hours per week (list any hours for related (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any volurs	(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) Estima amount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		organizati relati organiza	ed
												1		
												+		
												+		
												+		
												_		
												+		
												+		
												+		
												_		
1b	Sub-Total				•		•	-				_		
C	Total from continuation shee	•			•	•	•			1,764,687		0		367,762
d 	Total (add lines 1b and 1c) .  Total number of individuals (ii					licto	d abov	(A) W	ho receive			<u> </u>		307,702
2	\$100,000 of reportable comp						u abov	e) w	no receive	d more th	iaii			
													Yes	No
3	Did the organization list any <b>f</b>	<b>ormer</b> officer, dii	ector o	r trus	stee,	, key	emplo	yee,	, or highes	t compen	sated employee		1 63	140
	on line 1a? If "Yes," complete	Schedule I for suc	ch indivi	dual	•	•		•				3		No
4	For any individual listed on lir organization and related organ												is:	
_	individual		•	• •	•	•		•		• • •		4	Yes	
5	Did any person listed on line : services rendered to the orga									anization • • •	or individual for	5		No
	ection B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi	ıve hıghest comp											tax year	
		(A) Name and business	address							Des	(B) cription of services		(C Comper	
	3 INTERNATIONAL DRIVE RYE BROOK	NY 10573								DINING SE	•			,714,475
	IRBAN CONTRACT CLEANING 65 BAYST									CLEANING OF	COMPANY ONSERVATION &	$\dashv$		611,549
	STONE ENERGY SERVICES 75 REMITTA		5062 CHIC	CAGO :	IL 606	575				ENGINEERI	NG			470,791
$\overline{}$	UGHES 46 WALNUT ST SHARON MA 02 LEANING CO 32 WASHINGTON ST STO									CONSTRUC	COMPANY	$\dashv$		417,686 402,558

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 \$25

Part V		Statement o	o <b>f Revenue</b> ule O contains a respoi	ase to any question	in this Part VIII			
		oncert in Berneut	ure o comunis a respo	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	es <b>1b</b>					
Gra mot	С		ents <b>1c</b>					
ts.	_		zations 1d					
Gil ila	d							
ns, Sim	е	Government grants	s (contributions) <b>1e</b>		ļ	ļ		
ıtio er (	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	9,493,881				
Contributions, and Other Sim	g		ons included in lines	1,585,664	i	i		
Conti and (		1a-1f \$	- 4 - 4 &		9,493,881			
<u>ة</u> ت	h	Total. Add lines	S 1 a - 1 f	· · · •	9,493,661			
e .	_			Business Code				
Program Serwoe Revenue	2a	TUITION		900099	42,295,065	42,295,065		
윤	Ь	AUXILIARY INCOME		900099	924,672	924,672		
МСе	С .	SPECIAL AND SUM		900099	371,019	194,777	176,242	
Ser	d	OTHER EDUCATION	N REVENUE	900099	218,320	218,320		
an	e							
ıßo,	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a – 2f		43,809,076			
	3		ome (including dividen ar amounts)		2,767,989		-224,135	2,992,124
	4		stment of tax-exempt bond	F				
	5			▶				
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	37,370,227					
	b	Less cost or other basis and sales expenses	33,998,225	377,201				
	С	Gain or (loss)	3,372,002	-377,201				
	d	Net gain or (los	ss)	<b>.</b>	2,994,801			2,994,801
Other Revenue	8a	Gross income f events (not inc  \$ of contributions See Part IV, lin	luding s reported on line 1c)					
<u>.</u>	L	السالا حمما	a					
₹	b c		penses <b>b</b> (loss) from fundraising	Levents ⊾				
		Gross income f	rom gaming activities ne 19	, , , , , , , , , , , , , , , , , , ,				
	b	Lace direction	penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .					
	L		a					
	b		oods sold <b>b</b> (loss) from sales of inv	entory 🌬				
		Miscellaneous		Business Code				
	11a	z z z naneou.						
	b							
	c		_					
	d	All other reven	ue		<del>-</del>			
	e	Total. Add lines		🕨				
	12		See Instructions .	_	+			
		. Jean Tevellue.	Sectionactions :	🟲	59,065,747	43,632,834	-47,893	5,986,925

	750 (2012)				Page 10
	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			lete column (A )	
	Check if Schedule O contains a response to any question in this Pa		(B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,020,970	9,020,970		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,023,010	2,022,213		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,491,647	880,709	284,892	326,046
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	20,430,539	15,123,109	4,148,552	1,158,878
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,316,856	816,003	478,343	22,510
9	Other employee benefits	3,844,425	2,190,569	1,575,031	78,825
10	Payroll taxes	1,410,105	841,831	525,013	43,261
11	Fees for services (non-employees)				
а	Management	103,795		103,795	
b	Legal	38,742		38,742	
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,444,389		2,444,389	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,940,967	942,397	743,717	254,853
12	Advertising and promotion	226,965	28,233	· · ·	231,633
13	Office expenses	7,595,402	6,334,960	t	390,696
14	Information technology	1,491,030	3,00.,,000	1,491,030	
15	Royalties	1,131,030		1,131,030	
16	Occupancy				
17	Travel	722,603	484,425	129,354	108,824
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	722,003	10 1, 123	125,531	100,021
19	Conferences, conventions, and meetings	119,330	11,402	7,305	100,623
20	Interest	2,191,911	1,643,933	438,382	109,596
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,999,026	4,499,270	1,199,805	299,951
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DINING SERVICES	2,367,949	2,367,949		
b	TAXES - REAL ESTATE	97,045		97,045	
C	BAD DEBTS	-22,026		-22,026	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	62,831,670	45,185,760	14,751,847	2,894,063
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in thi	ıs Part I	<			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,788,504	1	819,431
	2	Savings and temporary cash investments			6,399,347	2	8,398,823
	3	Pledges and grants receivable, net			8,701,462	3	7,778,693
	4	Accounts receivable, net			152,368	4	240,686
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Poschedule L	art II o	•		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrib mploye	uting employers		6	
88	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis	, and equipment cost or other basis				
	Ь	<del>-</del>	10b	81,543,082	57,872,374	10c	54,057,394
	11	Investments—publicly traded securities			92,575,237	11	106,494,673
	12	Investments—other securities See Part IV, line 11		99,775,652	12	111,455,629	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,974,201	15	4,021,076
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			272,239,145	-	293,266,405
	17	Accounts payable and accrued expenses			5,012,230		4,590,080
	18	Grants payable			5,512,255	18	.,,,,,,,,
	19	Deferred revenue			2,379,963		2,426,239
	20	Tax-exempt bond liabilities			50,061,244	20	49,606,697
	21	Escrow or custodial account liability Complete Part IV of Sch		55,551,211	21	10,000,001	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tru			21	
逗		persons Complete Part II of Schedule L				22	
Liabiliti	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ted thir	d parties,		24	
		D			2,620,321	25	2,073,932
	26	Total liabilities. Add lines 17 through 25			60,073,758	26	58,696,948
s e s		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	<b>▽ and</b>	complete			
G G	27	Unrestricted net assets			32,889,073	27	34,915,127
8 8	28	Temporarily restricted net assets			92,605,727	28	109,126,546
₽	29	Permanently restricted net assets			86,670,587	29	90,527,784
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	and			
S Of	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			212,165,387	33	234,569,457
Z	34	Total liabilities and net assets/fund balances			272,239,145	34	293,266,405
			-	=	=:=,===,		===,===, .00

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59,0	065,747
2	Total expenses (must equal Part IX, column (A), line 25)	2		62.8	331,670
3	Revenue less expenses Subtract line 2 from line 1	3			765,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			076,785
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			93,208
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		234,5	569,457
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
b	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	require	d <b>3b</b>		

Software ID: **Software Version:** 

**EIN:** 04-2103603

Name: MILTON ACADEMY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o	than	o not one son is er and	box, s bot d a tee)	th		(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
GEORGE ALEX TRUSTEE	1 00	х						0	0	0	
ROB AZEKE TRUSTEE	1 00	х						0	0	0	
ROBERT CUNHA TRUSTEE	1 00	х						0	0	0	
MARK DENNEEN TRUSTEE	1 00	х						0	0	0	
ELISABETH DONOHUE TRUSTEE	1 00	х						0	0	0	
JOHN FITZGIBBONS TRUSTEE	1 00	х						0	0	0	
CATHERINE KITTY GORDAN TRUSTEE	1 00	х						0	0	0	
CAROLINE HYMAN TRUSTEE	1 00	х						0	0	0	
CLAIRE HUGHES JOHNSON TRUSTEE	1 00	х						0	0	0	
STEPHEN LEBOVITZ TRUSTEE	1 00	х						0	0	0	
STUART MATHEWS TRUSTEE	1 00	х						0	0	0	
CHRIS MCKOWN TRUSTEE	1 00	х						0	0	0	
ERIKA MOBLEY TRUSTEE	1 00	х						0	0	0	
WENDY NICHOLSON TRUSTEE	1 00	х						0	0	0	
JOHN P REARDON JR TRUSTEE	1 00	х						0	0	0	
KIMBERLY STEIMLE TRUSTEE	1 00	х						0	0	0	
DUNE THORNE TRUSTEE	1 00	х						0	0	0	
ERICK TSENG TRUSTEE	1 00	х						0	0	0	
V-NEE YEH TRUSTEE	1 00	х						0	0	0	
JAMES M FITZGIBBONS TRUSTEE EMERITUS	1 00	х						0	0	0	
MARGARET JEWETT GREER TRUSTEE EMERITUS	1 00	х						0	0	0	
FRANKLIN W HOBBS IV TRUSTEE EMERITUS	1 00	х						0	0	0	
HAROLD W JANEWAY TRUSTEE EMERITUS	1 00	х						0	0	0	
H MARSHALL SCHWARZ TRUSTEE EMERITUS	1 00	х						0	0	0	
BRADLEY BLOOM TRUSTEE - PRESIDENT	3 00	x		x				0	0	0	

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

Compensated Employees, and Independent			,		,	,				
<b>(A)</b> Name and Title	(B) Average hours per week (list	(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
	any hours for related organizations below dotted line)	Individual trustee or director	eetsunT lenotuutsenl	Officei	Key employee	Highest compensated employee	Former			related organizations
VICTORIA HALL GRAHAM TRUSTEE - VICE PRESIDENT	3 00	Х		X				0	0	0
OGDEN M HUNNEWELL TRUSTEE - VICE PRESIDENT	3 00	X		X				0	0	0
F WARREN MCFARLNAN TRUSTEE - VICE PRESIDENT	3 00	х		х				0	0	0
JIDE J ZEITLAN TRUSTEE - TREASURER	3 00	X		х				0	0	0
FREDERICK G SYKES TRUSTEE - SECCRETARY	3 00	x		х				0	0	0
THEODORICK BLAND HEAD OF SCHOOL	50 00			х				573,845	0	85,134
STEVEN MOORE CFO	50 00			х				206,407	0	33,959
ALDEN SMITH DIR OF THE MTN SCHOOL	50 00			х				99,675	0	27,731
GORDON SEWALL ASST HEAD OF SCHOOL FOR ALUM	50 00				х			189,897	0	83,633
CATHLEEN EVERETT CHIEF COMMUNCATIONS OFFICER	50 00					x		151,791	0	12,896
PAUL REBUCK DEAN OF ADMISSION	50 00					x		139,241	0	47,099
MARSHALL CARTER PRINCIPAL, K-8	50 00					х		128,381	0	11,174
STEPHANIE TRUESDELL DIRECTOR OF DEVELOPMENT	50 00					х		145,176	0	33,038
DAVID BALL PRINCIPAL, UPPER SCHOOL	50 00					х		130,274	0	33,098

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As Filed Data -

DLN: 93493134033634

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MILTON ACADEMY

### **Public Charity Status and Public Support**

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

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

2012

Open to Public Inspection

									04-21036						
	rt I			blic Charity Sta					<u> </u>	nstructi	ons.				
The	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	lines 1 throu	ıgh 11, check	only one b	oox)						
1	Г	A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	escribed in <b>s</b> e	ection 170(	b)(1)(A)(i).						
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ule E)								
3	$\sqcap$	A hosp	ital or a coo	perative hospital se	rvice organiz	zation descri	ıbed ın <b>sectio</b>	n 170(b)(1	.)(A)(iii).						
4	$\sqcap$	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(i	ii). Enter the				
	_			ty, and state							<del> </del>				
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit (	described in				
	_			(A)(iv). (Complete P	•										
6		A feder	ral, state, or	local government o	government	tal unit desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).						
7	Г	_		at normally receives		•	support from	a governm	ental unit or f	rom the	general public				
	_			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			onlata Dart II	٠ ١							
8 9	<u>'</u>		-	at normally receives			-	-	hutians mam	harchin	food and groce				
9	ı	_		•			* *		•	-					
		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													
		•						•		tax) II OI	II Dusillesses				
10	_	-	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 See section 509(a)(4).												
11	<u>'</u>	_		ganized and operated ganized and operated							out the nurneses of				
11	,														
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h													
		a  ☐ Type I b  ☐ Type II c  ☐ Type III - Functionally integrated d  ☐ Type III - Non-functionally integrated													
е	Г			ox, I certify that the											
				on managers and ot	her than one	or more pub	licly support	ed organiza	itions describ	ed in se	ction 509(a)(1) or				
f			1509(a)(2)	received a written d	etermination	from the IP	S that it is a	Type I Ty	ae II or Type	III cun	porting organization,				
•			this box	received a written d	ecerminacion	nom the 1K	5 that it is a	i ype i, i y	be II, or Type	III Sup					
g		Since A	August 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		,				
			ng persons?												
				rectly or indirectly o	· ·		_	persons de	escribed in (ii)	,	Yes No				
			•	governing body of th		-	1'				11g(i)				
				er of a person descr							11g(ii)				
		` '		lled entity of a perso		., .,				L	11g(iii)				
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)								
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of				
-	suppo		(11)	organization	organizati		the organiz	•	organizat		monetary				
O	rga niz	ation		(described on	col (i) lis	ted ın	ın col (i) d	fyour	col (i) org	anızed	support				
				lınes 1- 9 above	your gove	_	suppor	t?	ın the U	S?					
				or IRC section	docume	nt?									
				(see instructions))		1						1			
				motractions,)	Yes	No	Yes	No	Yes	No					
			I	I	I	I	1	I	I	1	I				

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493134033634

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public

	ne of the organization		Employer identification number					
				2103603				
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 99	0, Part IV, line 6.		·				
_		(a) Donor advised funds		(b) Funds and other accounts				
L	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
ŀ	Aggregate value at end of year							
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	Yes No				
5	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?							
Pai	t II Conservation Easements. Complete	f the organization answered "Yes" f	to Forr	n 990, Part IV, line 7.				
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education)  Preservation of a	certifie	ed historic structure				
	easement on the last day of the tax year							
_	Total number of conservation easements		<u> </u>	Held at the End of the Year				
a b	Total acreage restricted by conservation easements		2a 2b					
C	Number of conservation easements on a certified hist	toric structure included in (a)	2c					
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	• •	2d					
3	Number of conservation easements modified, transfer	rred released extinguished or terminat.	ed by th	he organization during				
	the tax year ►		,	gag				
_	·							
1	Number of states where property subject to conserva							
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ıdlıng of	f violations, and Yes No				
5	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation ease	ments o	during the year				
7	A mount of expenses incurred in monitoring, inspecting	ig, and enforcing conservation easement	s durın	g the year				
	<b>▶</b> \$							
3	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)				
•	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia						
ar	Complete if the organization answered "		or Ot	her Similar Assets.				
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	orrese	earch in furtherance of public				
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$				
	(ii) Assets included in Form 990, Part X			<b>▶</b> -\$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS							
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$				
ь								
_	Assets included in Form 990, Part X			<b>▶</b> \$				

Part	<b>111</b> Organizations Maintaining Co	ollections of Ar	t, His	toric	<u>al T</u>	reasures, or (	<u> </u>	<u>r Similar A</u>	ssets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck ar	ny of	the following that	are a	significant us	se of its	
а	Public exhibition		d	Γ	Loan	or exchange prog	rams			
b	Scholarly research		e	Γ	Othe	r				
c	Preservation for future generations									
4	Provide a description of the organization's control Part XIII	ollections and expl	aın hov	w they	furth	er the organizatio	n's ex	empt purpose	e in	
5	During the year, did the organization solicit							ıılar		_,
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		•					es" to Form	☐ Yes	☐ No
- C	Part IV, line 9, or reported an ar						-u i			
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	nediary	forco	ntrıbı	utions or other as	sets i	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete th	e follov	wing ta	ble	,		_		
_								Α	Mount	
C	Beginning balance						1c			
d	The state of the s									
e	Distributions during the year						1e			
f	Ending balance	222 5	242				1f			
2a	Did the organization include an amount on F								☐ Yes	Г No
b	If "Yes," explain the arrangement in Part XII					•				<u> </u>
Рa	rt V Endowment Funds. Complete	(a)Current year		Prior yea		<b>b (c)</b> Two years back				years back
1a	Beginning of year balance	188,587,517	(-)	195,07				145,661,03		76,905,465
b	Contributions	4,308,597		6,33	7,849	3,923,67	4	1,993,48	9	4,263,381
С	Net investment earnings, gains, and losses	29,429,890		-4,99	9,960	33,417,96	0	18,570,10	7 -	-27,179,976
d	Grants or scholarships									
е	Other expenditures for facilities and programs	8,018,628		7,72	9,000	8,230,99	5	8,562,00	o	8,335,718
f	Administrative expenses	136,365		9	7,190	110,54	5	-8,413,09	2	-7,884
g	End of year balance	214,171,011		188,58	7,517	195,075,81	8	166,075,72	4 1	45,661,036
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, d	olun	nn (a)) held as				
a	Board designated or quasi-endowment 🕨	11 900 %								
b	Permanent endowment ► 39 470 %									
С	Temporarily restricted endowment ► 48	630 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organi	zatıon	that ar	e hel	d and administere	d for	the		
	organization by							Гэ	Yes	
	(i) unrelated organizations		•	• •	• •		•	<b>—</b>	a(i) Yes a(ii)	No
b	If "Yes" to 3a(II), are the related organization							· · · · ·	3b	1
4	Describe in Part XIII the intended uses of the								·	
Par	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 9	90, Pa					1	ı	
	Description of property					other (b)Cost or basis (oth		(c) Accumulat depreciation		book value
1a	Land					36	7,817			367,817
b	Buildings					122,56	2,173	73,902,	495	48,659,678
C	Leasehold improvements									
d	Equipment					6,75	1,286	4,069,	000	2,682,286
	Other						9,200	<u> </u>		2,347,613
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	ımn (B)	), line	10(c).)		🛌	1	54,057,394

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) REAL ESTATE PARTNERSHIPS	14,830,764	F
(B) PRIVATE EQUITY AND VENTURE CAPITAL	25,632,449	F
(C) REAL ESTATE PARTNERSHIPS	5,000,000	С
(D) EVENT ABSOLUTE HEDGE	1,965,634	F
(E) RELATIVE VALUE	64,026,782	F
(L) NELATIVE VALUE	04,020,702	<u> </u>
	<b>h</b> 111.455.630	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. 9	\$60 Form 990 Part V June 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X		
<b>(a)</b> Des		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	: 15.)	
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
PAYABLE TO ANNUITANTS	875,414	
ASSET RETIREMENT OBLIGATION OBLIGATIONS UNDER INTEREST RATE SWAP	241,182	
CONTRACTS	957,336	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 2,073,932	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er R</u>	<u>eturn</u>
1	Total revenue, gains, and other support per audited financial statements	1	73,889,852
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 26,076,785		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	16,753,793
3	Subtract line <b>2e</b> from line <b>1</b>	3	57,136,059
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,306,889		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,929,688
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	59,065,747
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	51,485,782
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-111,518
3	Subtract line <b>2e</b> from line <b>1</b>	3	51,597,300
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,306,889		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	11,234,370
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	62,831,670

#### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT IS USED TO INVEST FUNDS FOR THE SCHOOL A SPENDING RATE OF 4 75 PERCENT OF A ROLLING 12 QUARTER AVERAGE FAIR VALUE OF THE INVESTMENTS IS USED TO FUND PROGRAMS AND PROVIDE SCHOLARSHIPS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ACADEMY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE ACADEMY HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS WELL AS ITS DECISIONS TO CLASSIFY INCOME AS RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT POSITIONS, HOWEVER, THE ACADEMY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE ACADEMY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE ACADEMY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENTS -395,511 STUDENT FINANCIAL AID -8,927,481
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON RETIREMENT OF PP&E -46,994 WRITTEN OFF CONSTRUCTION IN PROGRESS -330,207
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON INTEREST RATE SWAP CONTRACT -488,719 LOSS ON RETIREMENT OF PP&E 46,994 WRITTEN OFF CONSTRUCTION IN PROGRESS 330,207
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 8,927,481

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#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

**Employer identification number** 

MILTO	TON ACADEMY				
		04-2103603		TVEC	NO.
Pa	rtI		$\overline{}$	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	3	Yes	
			-		
4	Does the organization maintain the following?		1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially r basis?	nondiscriminatory	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes	
d	f d Copies of all material used by the organization or on its behalf to solicit contributions?				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		- - 5a		No
	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		No
d	Scholarships or other financial assistance?		5d		No
	Educational policies?		5e		No
	Use of facilities?		5f		No
	Athletic programs?		5g		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.
					ļ
	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	$\vdash$	No
0	If you answered "Yes" to either line 6a or line 6b, explain on Part II		6b	$\vdash$	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 (of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pai		7	Yes	]

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	MILTON ACADEMY'S NONDISCRIMINATORY POLICY IS PUBLISHED IN THE SCHOOL'S BROCHURES AND APPLICATIONS IT IS ALSO INCLUDED IN THE BOSTON GLOBE

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134033634

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

	e of the organization ON ACADEMY				Employer ident	ification number					
'IILI	ON ACADEMI				04-2103603						
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	zation answered					
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
2	<b>For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.										
3	Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )										
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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						
	EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		8,578,00					
	SUB-SAHARAN AFRICA	0	0	INVESTMENTS		2,150,00					
	NORTH AMERICA	0	0	INVESTMENTS		6,032,00					
	Sub-total	0	0			16,760,00					
	Total from continuation sheets to Part I	0	0								
C	Totals (add lines 3a and 3b)	I ol	l n	l		16 760 00					

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	<b>(f)</b> Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del>                                     </del>	+
			<del></del>		<u> </u>		
			<b></b>		<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	<del>                                     </del>	+			+		+
	<del>                                     </del>		1		-		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>
			<del> </del>		<u> </u>	<del> </del>	
						1	

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>▽</b>	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)	굣	Yes	Г	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)	굣	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	<b>▽</b>	Yes	Г	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	✓	No

Schedule F (Form 990) 2012

Part V	Sup	plementa	al Info	rmation
--------	-----	----------	---------	---------

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493134033634

**Employer identification number** 

OMB No 1545-0047

**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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

MIL	TON ACADEMY							04-2103603	
Pa	rt I Fundraising Ac	<b>tivities.</b> Complete	e if the oi	rganızatı	ion a	answered "Yes" t	o Form	າ 990, Part IV,	line 17.
1	Indicate whether the organ	· · · · · · · · · · · · · · · · · · ·						•	
- а	Mail solicitations	mzación raisca ranas	tinough u			Solicitation of non			
b	Internet and email sol	ıcıtatıons		f	,	Solicitation of gov	-	-	
c	Phone solicitations	Tereactoris		a a	, 	Special fundraising			
d	In-person solicitations	s		9	•	Special fandraising	g cvent.	5	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes									Γ <sub>Yes</sub> Γ <sub>N</sub>
b	If "Yes," list the ten highes to be compensated at leas			undraiser	rs)p	ursuant to agreeme	nts und	ler which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv	() Gross receipts from activity	(or	mount paid to retained by) aiser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
			Yes	No					
	MARTS AND LUNDY PART IV	CONSULTING		No		0		106,935	0
	LYNDHURST, NJ 07071								
	KRISTEN REHDER & ASSOCIATES PART IV	CONSULTING		No		0		87,489	O
	LANCASTER, PA 17602								
Tota	al			<b>&gt;</b>				194,424	
3	List all states in which the licensing	organization is regis	tered or li	censed to	sol	ıcıt funds or has be	en notif	ied it is exempt	from registration or
МΑ									

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col <b>(a)</b> through col <b>(c)</b> )
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming   Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Dues	the organization operate gaining	activities with nonlineliners,	· · · · · · · · · · · · · · · · · · ·							
12	Is the organization a grantor, ber	neficiary or trustee of a trust or	r a member of a partnership or other entity							
	formed to administer charitable ç	gaming?								
13	Indicate the percentage of gamir									
а	The organization's facility		13a							
b	An outside facility		13b							
14	Enter the name and address of th	ne person who prepares the org	anization's gaming/special events books and records							
	Name 🟲									
	Address ►									
15a			hom the organization receives gaming							
b		ning revenue received by the o	rganization 🟲 \$ and the							
С	If "Yes," enter name and address	s of the third party								
	Name 🟲									
	Address ▶									
16	Gaming manager information	Gaming manager information								
	Name 🟲									
	Gaming manager compensation	<b>*</b> \$	<del></del>							
	Description of services provided	<b>&gt;</b>								
	Director/officer	F Employee	Independent contractor							
17	Mandatory distributions									
а	Is the organization required unde	er state law to make charitable	distributions from the gaming proceeds to							
	retain the state gaming license?		·····							
b		'	ıbuted to other exempt organızatıons or spent							
	in the organization's own exempt									
	columns (III) and (v), a		t to provide the explanations required by Part I, line 2b, b, 15b, 15c, 16, and 17b, as applicable. Also complete this istructions).							
	Identifier	Return Reference	Explanation							
LIS	HEDULE G, PART I, LINE 2B, T OF TEN HIGHEST PAID IDRAISERS		(I) ADDRESS OF FUNDRAISERS MARTS AND LUNDY 120 WALL ST , WEST LYNDHURST, NJ 07071 KRISTEN REHDE ASSOCIATES 336 N CHRISTIAN ST , UNIT E LANCASTE PA 17602							

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

DLN: 93493134033634

Open to Public Inspection

Name of the organization **Employer identification number** MILTON ACADEMY

TET ON MONDETT						04-2103603	
Part I General Informati	on on Grants and	Assistance				<b>'</b>	
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or ass	ıstance?			the grants or assist	ance, and	∨ Yes
Form 990, Part IV, li	Assistance to Gov ne 21, for any recip	ernments and O lent that received i	r <b>ganizations in the</b> more than \$5,000. Pa	United States. Con ort II can be duplicate	nplete if the orgai d if additional spa	nization answered "Y ace is needed.	es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Enter total number of other organizations listed in the line 1 table . . . . .

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	272		8,356,816	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE
(2) SCHOLARSHIPS - MOUNTAIN SCHOOL	45		570,665	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE
(3) SUPPLEMENTAL FINANCIAL AID	167		93,489	FAIR MARKET VALUE	FINANCIAL AID ASSISTANCE

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

complete this part to provide the morniation required in rate 1, time 2, rate 111, column (b), and any other additional morniation								
Identifier	Return Reference	Explanation						
PROCEDURE FOR MONITORING GRANTS IN THE U S	1 '	SCHEDULE I, PART I, LINE 2 MOST GRANT EXPENSE CONSISTS OF SCHOLARSHIP AWARDS WHICH ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS AT THE ACADEMY						
		THE 167 STUDENTS THAT RECEIVED SUPPLEMENTAL FINANCIAL AID ARE PART OF THE SAME GROUP AS THE SCHOLARSHIPS WITH THE 272 RECIPIENTS						

Schedule I (Form 990) 2012

DLN: 93493134033634

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

·			
lame of the organization IILTON ACADEMY	Employer identification number		
	04-2103603		
Part I Questions Regarding Compensation			
		Ye	s No
Check the appropriate box(es) if the organization provided any of the following to or for a person	listed in Form		

1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u>  -                                   </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	<b>▽</b>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
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?					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	∇ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u>                                      </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?					No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					No
С	Participate in, or receive payment from, an equity-based compensation arrangement?					No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?					No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?					No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III						
_				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)THEODORICK BLAND HEAD OF SCHOOL	(i) (ii)	<b>44</b> 8,878 0	0	124,967 0	37,000 0	48,134 0	658,979 0	0
(2)STEVEN MOORE CFO	(i) (ii)	206,407 0	0	0	33,546 0	413 0	240,366 0	o 0
(3)GORDON SEWALL ASST HEAD OF SCHOOL FOR ALUM	(i) (ii)	189,897 0	0	0	15,926 0	67,707 0	273,530 0	0
(4)CATHLEEN EVERETT CHIEF COMMUNCATIONS OFFICER	(i) (ii)	151,791 0	0	0	12,199 0	697 0	164,687 0	0 0
(5)PAUL REBUCK DEAN OF ADMISSION	(i) (ii)	137,241	2,000	0	10,950	36,149 0	186,340	0
(6)STEPHANIE TRUESDELL DIRECTOR OF DEVELOPMENT	(i) (ii)	125,176	20,000	0	27,460 0	5,578 0	178,214 0	0
(7)DAVID BALL PRINCIPAL, UPPER SCHOOL	(i) (ii)	130,274 0	0 0	0	10,455 0	22,643 0	163,372 0	0

Schedule J (Form 990) 2012

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any addition	Also complete this part for any additional information						
Identifier	Return Reference	Explanation					
	,	TRAVEL FOR COMPANIONS IS LIMITED TO THE HEAD OF SCHOOL AND IS DONE SO WITH DISCRETION ON A CASE BY CASE BASIS WHEN DEEMED APPROPRIATE THE TRAVEL FOR COMPANIONS BENEFIT IS TREATED AS NONTAXABLE COMPENSATION HOUSING BENEFITS ARE NORMATIVE FOR HEAD OF SCHOOL AND CERTAIN OTHER KEY EMPLOYEES, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES TO BE AVAILABLE TO STUDENTS 24 HOURS A DAY TO FULLFILL DUTIES HOUSING BENEFITS ARE TREATED AS A NONTAXABLE WORKING CONDITION FRINGE BENEFIT PERSONAL SERVICES ARE PROVIDED IN THE FORM OF HOUSE CLEANING AND IS TREATED AS NONTAXABLE COMPENSATION					
	l '	BONUSES FOR PAUL REBUCK \$2,000 AND STEPHANIE TRUESDELL \$20,000 WERE DETERMINED BY THE HEAD OF SCHOOL					

Schedule J (Form 990) 2012

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DLN: 93493134033634 OMB No 1545-0047

2012

Open to Public

**Inspection** 

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MILTON ACADEMY

Employer identification number

04-2103603

P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue pr	ıce	(f) Description of purpose		<b>(g)</b> De	(g) Defeased				(i) Pool financing	
١									Yes	No	Yes	No	Yes	No	
Α_	MA DEV 2009 SERIES A	04-3431814	SEEBELOWX	12-22-2009	25,555,	,000 T	O FUND CON	NSTRUCTION		×		х		X	
В	MA DEV 2009 SERIES B	04-3431814	57583RR64	12-22-2009	17,265,	,000,T	O FUND CON	NSTRUCTION		Х		х		Х	
С	MA DEV 2009 SERIES C	04-3431814	SEEBELOWX	12-22-2009	9,610,	,000,T	O FUND CON	NSTRUCTION		Х		Х		Х	
D	MA DEV 2003	04-3431814	57583FX71	11-20-2003	27,346,	,967 T	O FUND CON	NSTRUCTION	Х			х		Х	
Pā	art III Proceeds														
1					Α			В		С	-	D			
1_	A mount of bonds retired														
	A mount of bonds legally defe	eased ————————————————————————————————————				2,995,0	,000						2,995,000		
3	Total proceeds of issue				+	8,412,5		17,177,481		10,487,40		5 25,456,320		456,320	
4	Gross proceeds in reserve fu					2,624,8	342	2,029		961,21		217			
5	Capitalized interest from pro														
6	Proceeds in refunding escrov				1.	2,919,8	395	17,025,315		9,469	9,000	0 8,675,74		575,746	
7	Issuance costs from proceed					230,083 150,137		150,137	57,18		7,189	525		525,300	
8	Credit enhancement from pro										$\_\_$ $T$				
9	Working capital expenditures	s from proceeds									T				
10	Capital expenditures from pr	roceeds				9,499,0	179				T		13,	260,274	
11	O ther spent proceeds					3,138,6	558								
12	O ther unspent proceeds														
13	Year of substantial completi	Year of substantial completion			201	2		2009	20	009			2004		
					Yes	No	Yes	No	Yes	N	·	Yes	工	No	
14	Were the bonds issued as part of a current refunding issue?				Х		Х		×	<u> </u>			X		
15	Were the bonds issued as part of an advance refunding issue?			Х		Х			×	·	Х				
16	Has the final allocation of proceeds been made?				Х		Х		Х	İ		Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х		Х		Х			Х			

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-

**Private Business Use** 

property financed by tax-exempt bonds?

financed property?

No

Χ

В

No

Χ

Χ

Yes

Α

Yes

Yes

D

No

Χ

С

No

Χ

Х

Yes

Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? 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? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? 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? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0 00000% other than a section 501(c)(3) organization or a state or local government 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 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0 00000% Does the bond issue meet the private security or payment test? 7 Х Χ Х Χ Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Exception to rebate? b Х Χ Χ No rebate due? Х c Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? NΑ NΑ MA DEV FINANCE Name of provider AGENCY AGENCY Term of hedge C Was the hedge superintegrated? d Χ Χ Χ Χ Was a hedge terminated? Χ Χ Χ

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X	x	
b	Name of provider	NA I		NA		NA		MORGAN STANLEY	
С	Term of GIC	15 700000000000						15 700000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		Х		Х		х		Х
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	x		x		X		x	

## Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

Α		В		С		D		
Yes	No	Yes	No	Yes	No	Yes	No	
x		x		×		×		

art VI	Supplemental Information. Com	plete this part to p	rovide additional information for resp	ponses to questions on Schedule K	(see instructions).
--------	-------------------------------	----------------------	--	-----------------------------------	---------------------

Identifier	Return Reference	Explanation
SCHEDULE K, PART I AND II		FOR BOND A, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF THE APPLICATION OF GIC PRINCIPAL AND CUMULATIVE INVESTMENT EARNINGS FOR BOND B, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS FOR BOND C, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS FOR BOND D, THE DIFFERENCE BETWEEN PART II, LINE 3 AND PART I, COLUMN (E) IS THE RESULT OF CUMULATIVE INVESTMENT EARNINGS
FORM 990, SCHEDULE K, PART I, LINE A, COLUMN C		CUSIP NUMBERS FOR THE MA DEV 2009 SERIES A BONDS ARE 57583RQ40,57583RR72,57583RR57, 57583RR80,57583RQ65,57583RQ73
FORM 990, SCHEDULE K, PART I, LINE C, COLUMN C		CUSIP NUMBERS FOR THE MA DEV 2009 SERIES C BONDS ARE 57583RQ81,57583RQ99,57583RR23, 57583RR64

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OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

2012

Open to Public Inspection

Name of the orga MILTON ACADEMY	nızatıon							Em	ıploye	r identif	fication	number	•
	- D C' - '				F04/-)/2) -				-210				
							501(c)(4) org 5a or 25b, or 1					10b	
	of disqualified		on <b>(b)</b> Rel	atıonshı	p between di	squalified	(c) Descrip					( <b>d)</b> Corre	ected?
_				person a	nd organizati	on						Yes	No
2 Enter the am	ount of tax ır	ncurre	d by organiza	tion mar	nagers or dis	qualified perso	ons during the	yearı	ınders	section			
4958		•							•	<b>P</b> \$.			
3 Enter the am	ount of tax, i	rany,	on line 2, and	ove, reim	ibursed by th	ie organizatior	1		•	<b>F</b> \$			
			rom Inter										
							ine 38a, or Fo	rm 99	0, Par	t IV , lın	e 26, o	rıfthe	
(a) Name of			(c) Purpose			(e)Original	(f)Balance	(a)	) In	(h	)	(i)Wri	tten
interested	with organiz			or from	n the	principal	due	default?		Approved by board or committee?		agreement?	
person				organıza	ation?	amount							
				То	From	7		Yes	No	Yes	No	Yes	No
												_	
												_	
												_	
												_	
												_	
 Гotal				<u> </u>							<u> </u>		
	ts or Assi	stan	ce Benefit			Persons.							
							t IV, line 27.	ı					
(a) Name of inte	,	•	ationship bet		( <b>c)</b> Amount o	fassistance	(d) Type o	fassıs	tance	(e)	Purpos	e of assı	stance
person	l in		ed person an organization	d the									
1)				1	66,359		TUITION AB	ATEM	ENT	ЕМР	LOYEE	BENEFI	T
							-						
							-						
							_						

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 organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
				Yes	No			

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
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493134033634

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

**Noncash Contributions** 

Name of the organization MILTON ACADEMY

**Employer identification number** 

04-2103603

Pa	rt I Types of Property			L	0+ 2103003			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			ts
1	Art—Works of art			- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		37.665	FAIR MARKET VA	LUE		
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	109	1,538,697	FAIR MARKET VA	LUE		
10	Securities—Closely held stock .	•						
L1	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
<b>L6</b>	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	VAR							
25	Other►( <u>SILVER</u> )	X	1	9,302	FAIR MARKET VA	LUE		
	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received				29			0
	for which the organization comple	eteu Foiiii o	203, Part IV, Dollee ACKII	owieugement L			Yes	No
3 <b>በ</b> a	During the year, did the organiza	ation receiv	e by contribution any prope	arty reported in Part I lines	1-28 that it		res	140
<b>J</b> 00	must hold for at least three year							
	for exempt purposes for the enti				a to be asea	20-		No
Į.						30a	$\dashv$	NO
	If "Yes," describe the arrangem						,	
31 	Does the organization have a gif					31   Y	/es   	
∍∠a	Does the organization hire or us contributions?	e third part	ies or related organizations		noncasn	32a		Νo
ь	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	: ın column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II			·	•			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O

As Filed Data -

DLN: 93493134033634

OMB No 1545-0047

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## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization MILTON ACADEMY

Employer identification number

04-2103603

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	JOHN FITZGIBBONS (TRUSTEE) IS THE SON ON JAMES FITZGIBBONS (EMERITUS )

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATION REQUESTED ON THE 990 IS GATHERED BY THE BUSINESS OFFICE STAFF THE 990 FORM IS PREPARED BY OUR INDEPENDENT ACCOUNTING FIRM, CBIZ TOFIAS THE DRAFT FORM IS REVIEWED BY THE CONTROLLER, CFO, AND HEAD OF SCHOOL, PRIOR TO BEING REVIEWED AND APPROVED IN ITS ENTIRETY (INCLUDING THE SCHEDULE B - SCHEDULE OF CONTRIBUTORS) BY THE AUDIT COMMITTEE. THE ENTIRE FORM (EXCLUDING THE SCHEDULE B - SCHEDULE OF CONTRIBUTORS) IS MADE AVAILABLE ON THE TRUSTEE WEBSITE, BEFORE FILING, AND ALL TRUSTEES ARE NOTIFIED BY EMAIL THAT THE FORM 990 IS AVAILABLE FOR REVIEW ON THE TRUSTEE WEBSITE

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

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

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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	·	CHANGE IN SPLIT INTEREST AGREEMENTS -395,511 GAIN ON INTEREST RATE SWAP CONTRACT 488,719