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DLN: 93493133025434

# 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

\ Fo	r the 2	2012 cal	endar year, or tax year beginni	ing 07-01-2012 , 2012, and en	ding 06-30-	2013				
Che	eck if ap	plicable	C Name of organization MIDDLESEX SCHOOL				D Employer	identification number		
Add	Iress cha	ange					04-2103	821		
– Nar	me chan	nge	Doing Business As							
– Inıt	ıal returı	n		mail is not delivered to street address;	Room/suite		E Telephone r	number		
– Ter	mınated	i	1400 LOWELL ROAD`	•			·			
– Am	ended re	eturn	City or town, state or country, and	d ZIP + 4			(978) 369	9-2550		
– App	lication	pending	CONCORD, MA 01742				<b>G</b> Gross receir	pts \$ 46,386,306		
			<b>F</b> Name and address of p	rıncıpal officer		H(a) Is th	ıs a group ret	<u> </u>		
			AUSTIN P OLNEY	'			ites?	☐ Yes  No		
			1400 LOWELL ROAD CONCORD, MA 01742			1171-3				
								cluded? \(\times Yes \)\(\times \		
Ta	x-exem <sub>l</sub>	pt status	▼ 501(c)(3)	(insert no )	527	II IN	0, анаспан	st (see instructions)		
w	ebsite:	: <b>⊨</b> WW	/W MXSCHOOL EDU			H(c) Grou	ıp exemption	number ►		
						1.		T		
			Corporation Trust Associate	tion   Other 🕨		<b>L</b> Year of fo	rmation 1901	M State of legal domicile MA		
Ра	rt I		mary							
				sion or most significant activitie -PREPARATORY SCHOOL FOF		9 THPOILG	:H 12			
ע	<del>"</del>	TIDDLL	SEX SCHOOL IS A COLLEGE	TREPARATORY SCHOOL FOR	CORADES	<u> </u>	111 12			
aonallanos.										
<u> </u>	-									
) -	<b>2</b> C	heck th	nis box 🔭 if the organization	discontinued its operations or d	isposed of	more than 2	15% of its net	assets		
	] <sub>2 N</sub>	Lumbar	of voting mambars of the gove	rning hody (Dort VI June 15)			١,	3   35		
5 9				rning body (Part VI, line 1a) . s of the governing body (Part VI			-	35 4 32		
Homminge				n calendar year 2012 (Part V , lı			_	5 289		
Ę				n calendar year 2012 (Part V, II <sup>-</sup> necessary)			_	85		
ť				Part VIII, column (C), line 12			7			
				from Form 990-T, line 34 .			<b>—</b>	<del>'</del>		
		vec unite	Tatea basiness taxable income	. Hom Form 550 1, Ime 54 .	· · ·		r Year	Current Year		
	8	Contri	butions and grants (Part VIII,		10,724,508					
ā	9			line 2g)			17,295,443	<u> </u>		
Revenue		_	·	nn (A), lines 3, 4, and 7d).			622,930			
Ž.	10 11			), lines 5, 6d, 8c, 9c, 10c, and 1			939,783			
	12		, , ,	.1 (must equal Part VIII, colum	•					
	12					29,582,664 30,618,59				
	13	Grants	s and similar amounts paid (Pa	rt IX, column (A ), lines 1–3)			4,110,435	4,018,735		
	14	Benefi	ts paid to or for members (Part	t IX, column (A), line 4)			0	0		
ø	15			yee benefits (Part IX, column (A	( ), lines		18 003 161	13,869,989		
φ O	16-	5-10)		V						
Expenses	16a			X, column (A), line 11e)			4,600	24,104		
Д	b		ndraising expenses (Part IX, column (				42247272	12200470		
	17			), lines 11a-11d, 11f-24e) .		12,247,373 12,308,47				
	18 19			nust equal Part IX, column (A), le 18 from line 12			35,355,569 30,221,29			
. 47 m 47	129	Neven	ac iess expelises subtract IIII	C TO HOIM HINC IZ	<u> </u>		-5,772,905 g of Current			
ner Assers or Fund Balances							ear	End of Year		
· 编	20	Total	assets (Part X, line 16)				216,843,999	230,220,512		
Z	21	Total	iabilities (Part X, line 26) .				40,653,708	31,644,233		
Ž 🖺	22	Net as	sets or fund balances Subtrac	ct line 21 from line 20	<u>.</u>		176,190,291	198,576,279		
Par	t II	Sign	ature Block							
ny kr	nowled	ge and		xamined this return, including a omplete Declaration of preparer						
		k				20	014-05-13			
Sign	1	Signa	ture of officer				ate			
lere		⊾ мсб	LADREY LLP CFO							
			or print name and title							
	-		rint/Type preparer's name	Preparer's signature	Date	I CITE	eck If PTI			
Paid    LYNNE JOHNSON							-employed   POC n's EIN ► 42-07	0757336 		
re	pare	$r \mid \ \mid$	IIII 3 IIIIIIC F PICOLADKET LLP				пэ∟ш <b>\ F</b> 42-U/			
	Onl		irm's address ► 80 CITY SQUARE			Pho	ne no (617) 91	2-9000		
	<b>-</b> ,	,	BOSTON, MA 02129							

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

✓ Yes 厂No

0111	1 9 9 0 (	(2012)			Page Z
Par	t III	_	ervice Accomplishments response to any question in this	Part III	
1	Brief	fly describe the organization's mis	<u> </u>		
VE	RONE		OMMITTED TO EXCELLENCE I	ESIDENTIAL, COLLEGE-PREPAR N THE INTELLECTUAL, ETHICA	
2	Dıd t	he organization undertake any sig	nıfıcant program services during	the year which were not listed on	
	the p	orior Form 990 or 990-EZ?			
		es," describe these new services (			
3	servi	the organization cease conducting ices?		ow it conducts, any program	
4	Desc expe		ervice accomplishments for each (c)(4) organizations are required t	of its three largest program servic to report the amount of grants and ed	
4a	(Cod	de ) (Expenses \$	20,915,738 including grants	of \$ 4,018,735 ) (Revenue \$	19,046,628 )
	PRIC ENRO THE	DED ITSELF IN ATTRACTING A DIVERSE, H OLLMENT IS ABOUT 375 STUDENTS FROM	IGHLY MOTIVATED GROUP OF STUDENTS MANY STATES AND COUNTRIES FOUND OFFERS A CHALLENGING ACADEMIC PRO	AY SCHOOL FOR BOYS AND GIRLS IN GRAD FROM ACROSS THE COUNTRY AND MORE ED IN 1901, THE SCHOOL HAS A LONG TR DGRAM IN ADDITION TO ITS SCHOOL YEAR ITH ITS PRIMARY MISSION	RECENTLY THE WORLD CURRENT ADITION OF PLACING STUDENTS IN
4b	(Cod	de ) (Expenses \$	ıncludıng grants	of \$ ) (Revenue \$	)
<b>4</b> c	(Cod	de ) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4d		ner program services (Describe in penses \$	Schedule O ) Including grants of \$	) (Revenue \$	)
4e	Tota	al program service expenses 🕒	20,915,738		

art TV	Check	list 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	-110
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νo
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 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 $\sqrt{2}$	10	Yes	
L1	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
е	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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	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
L6	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	
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	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		No
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnote{M}$	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GII	Statements Regarding Other 1R5 Fillings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   143			110
	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	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	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	
	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	
	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	Yes	
	If "Yes," enter the name of the foreign country ▶CJ, NL, EI, OC			
	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	6a		No
•	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		1110
	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 services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
		1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		
	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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 )			
ı	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?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		140

Section A. Governing Body and Management

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. 

			Yes	No
1a	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		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### **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 ►THERESE A CUNNINGHAM CFO 1400 LOWELL ROAD CONCORD, MA (978) 371-6589

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									
(A) Name and Title	(B) Average hours per week (list any hours for related	ge Position (do not check per more than one box, unless list person is both an officer urs and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 MISC)	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 Title	(B) A verage hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee)  and a director/trustee)  compensation compensation from the organization (W-organizations)				Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation compensation from the organization (W-organizations)						Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organization (W-organizations (V-organizations (V-organizati							Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation compensation from the organization (W-organizations									(F) Estima mount of compens	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d																	
											+																			
											_																			
1b	Sub-Total			<u> </u>	<u> </u>			<u></u>			+																			
c	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ																						
d	Total (add lines 1b and 1c) .				•	•		<b>,</b>	944,483		0		335,706																	
2	Total number of individuals (in \$100,000 of reportable compe	•					a abov	e) w	no received more th	an																				
										F-		Yes	No																	
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No																	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	Yes																				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person									5		No																		
Se	ection B. Independent Co	ntractors	_																											
1																														

(A) Name and business address	(B)	(C)
Name and pusiness address	Description of services	Compensation
FLIK PO BOX 417632 BOSTON MA 022417632	DINING SERVICES	1,400,235
BW KENNEDY & CO 77 MYSTIC ST ARLINGTON MA 02474	GENERAL CONTRACTOR	626,317
CHILDS BERTMAN TSECKARES INC 110 CANAL STREET BOSTON MA 02114	ARCHITECTS	551,903
INFRANET SOLUTIONS 2 BATTERYMARCH PARK SUITE 203 QUINCY MA 02169	TECHNOLOGY CONSULTANT	475,240
EXCEL HOMES 10642 S SUSQUEHANNA TRAIL LIVERPOOL PA 17045	PRE-FAB HOMES	468,199
3 Total number of independent contractors (including but not limited to these	is listed above) who resouved more than	

Form 99			_					Page <b>9</b>
Part V	/##1	Statement o	o <b>f Revenue</b> ule O contains a respor	nse to any question i	n this Part VIII			
				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
<u> 2</u> 2	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es <b>1b</b>					
ي ق	c	Fundraising eve	ents <b>1c</b>	57,429				
E, A	d	Related organiz	zations 1d					
છં ≅		Government grants						
ns,	e	_						
atio er :	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	8,648,699				
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines	588,935				İ
nd n	h	1a-1f \$  Total. Add lines	s 1 a - 1 f		8,706,128			
<u> </u>				Business Code				
Program Service Revenue	   2a	TUITION REVENUE		611600	17,688,663	17,688,663		
ia,	b	INSTRUCTIONAL	·	611710	311,034	311,034		
<u>7</u> 25	°	INSTRUCTIONAL		611/10	311,034	311,034		
Š	d			-				
Ř		-						
Ē	e	0 II - + h						
Ş	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a – 2f		17,999,697			
	3		ome (including dividen		2,149,225		18,267	2,130,958
	4		ar amounts)	<u> </u>	, ,		,	, ,
	5		<u> </u>	· · · · ·				
		Koyannes I	(ı) Real	(II) Personal				
	6a	Gross rents	227,720	(,				
	ь	Less rental	186,332					
	<sub>c</sub>	expenses Rental income	41,388					
	d	or (loss)	me or (loss)		41,388			41,388
	u	Net rental incol	(i) Securities	(II) O ther	11,300			11,500
	   7a	Gross amount	(i) Securities	(II) O tilel				
		from sales of assets other than inventory	15,998,850					
	ь	Less cost or						
		other basis and sales expenses	15,382,782					
	С	Gain or (loss)	616,068					
	d	Net gain or (los	ss)		616,068			616,068
ds	8a	Gross income f events (not inc						
ž			,429					
⊕ >-		of contributions See Part IV, lin	reported on line 1c)					
Ģ.		See Fait IV, IIII	a .	146,171				
Other Revenue	ь	Less direct ex	penses <b>b</b>	100,145				
ŏ	С		(loss) from fundraising		46,026			46,026
	9a		rom gaming activities					
		See Part IV, lin	ne 19 <b>a</b>					
	Ь	less direct av	penses b					
	c		(loss) from gaming acti	vities				
		Gross sales of	i					
		returns and allo	owances .					
	.		a	111,584				
	b		oods sold <b>b</b>	98,448	13,136			13,136
	<b>⊢</b> °	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	13,130			13,130
	11a	PRO GRAM TRI		611710	134,480	134,480		
	b	OUTSIDE MUS	-	611600	131,140	131,140		
	c	COMMUNICAT	_	900099	109,800	109,800		
	d		ue	200033	671,511	671,511		
	e e	Total. Add lines		🕨				
	12		See Instructions .	.  -	1,046,931			
	]	iocai revenue.	oce monuchons .	🟲	30,618,599	19,046,628	18,267	2,847,576

Form	990 (2012)				Page <b>10</b>
Part					
Section	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	16,279	16,279		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,002,456	4,002,456		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	591,931	407,030	130,327	54,574
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	8,698,480	5,542,012	2,292,775	863,693
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,268,333	1,559,773	499,426	209,134
9	Other employee benefits	1,663,946	1,009,503	323,234	331,209
10	Payroll taxes	647,299	445,102	142,518	59,679
11	Fees for services (non-employees)				
а	Management				
b	Legal	73,330		73,330	
c	Accounting	87,095		87,095	
d	Lobbying	4,864		4,864	
e	Professional fundraising services See Part IV, line 17	24,104			24,104
f	Investment management fees	903,197		896,000	7,197
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	834,555	589,119	181,257	64,179
12	Schedule O)	91,140	41,875	101,237	
	Advertising and promotion	-		120.705	49,265
13	Office expenses	541,912	285,863	130,785	125,264
14	Information technology	615,833	286,948	307,862	21,023
15	Royalties	3,387	3,387		
16	Occupancy	1,846,117	1,382,957	375,030	88,130
17 18	Payments of travel or entertainment expenses for any federal,	722,091	471,915	116,585	133,591
19	state, or local public officials	83,589	55,593	18,953	9,043
20	Interest	446,693	428,377	14,978	3,338
21	Payments to affiliates	740,093	720,3//	14,978	
21	Depreciation, depletion, and amortization	2,914,494	2,185,870	582,899	145,725
23	Insurance	194,926	66,487	128,439	143,723
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)	194,920	00,407	120,439	
а	FOOD	1,754,590	1,526,439	90,366	137,785
b	EQUIPMENT	231,010	184,770	41,106	5,134
c	FACILITY RENTAL	79,721			79,721
d	BOOKS	48,779	41,828	6,561	390
e	All other expenses	831,147	382,155	273,291	175,701
25	Total functional expenses. Add lines 1 through 24e	30,221,298	20,915,738	6,717,681	2,587,879
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)				<u> </u>

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response to any question in thi	ıs Pa	rt X			
					(A)		(B)
	I .				Beginning of year		End of year
	1	Cash—non-interest-bearing			2,661,868		3,871,474
	2	Savings and temporary cash investments			6,119,403		4,594,264
	3	Pledges and grants receivable, net			23,893,472		24,135,063
	4	Accounts receivable, net			298,528	4	123,245
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Poschedule L	art II	of		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	conti mplo	ibuting employers		6	
××	7	Notes and loans receivable, net			43,900		26,093
₹	8	Inventories for sale or use			38,206		64,868
	9	Prepaid expenses and deferred charges			695,302		721,800
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	109,241,430	·		<u> </u>
	Ь	<del>-</del>	10b	47,622,575	60,423,968	10c	61,618,855
	11	Investments—publicly traded securities			28,019,952	11	37,875,327
	12	Investments—other securities See Part IV, line 11			83,270,621	12	92,204,659
	13	Investments—program-related See Part IV, line 11			· · · ·	13	· · ·
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			11,378,779	15	4,984,864
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			216,843,999	16	230,220,512
	17	Accounts payable and accrued expenses			16,252,234	17	13,144,177
	18	Grants payable				18	
	19	Deferred revenue			6,727,432	19	6,020,863
	20	Tax-exempt bond liabilities			8,981,517	20	8,746,681
	21	Escrow or custodial account liability Complete Part IV of Sch				21	. ,
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors,				
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .			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	rt X	of Schedule			
		D			8,692,525		3,732,512
	26	Total liabilities. Add lines 17 through 25			40,653,708	26	31,644,233
Se.		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	, ar	nd complete			
a D	27	Unrestricted net assets			60,134,063	27	72,555,319
<u> </u>	28	Temporarily restricted net assets			37,660,235	28	44,971,949
귤	29	Permanently restricted net assets			78,395,993	29	81,049,011
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere 🖡	- ┌─ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS:	32	Retained earnings, endowment, accumulated income, or other				32	
Set	33	Total net assets or fund balances			176,190,291	33	198,576,279
Z	34	Total liabilities and net assets/fund balances			216,843,999	34	230,220,512
		,			11		Form 000 (2012)

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		30,6	518,599
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,2	221,298
3	Revenue less expenses Subtract line 2 from line 1	3		3	397,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			190,291
5	Net unrealized gains (losses) on investments	5			, 195,886
6	Donated services and use of facilities	6		•	<u>, , , , , , , , , , , , , , , , , , , </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		11.4	192,801
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			576,279
Par	t XII Financial Statements and Reporting	<u> </u>		•	•
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				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 revie a separate basis, consolidated basis, or both	wed on			
	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 separate 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 oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	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	required	3b		

Software ID: Software Version:

**EIN:** 04-2103821

Name: MIDDLESEX SCHOOL

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

Form 990, Part VII - Compensation of Compensated Employees, and Indepen	Officers, Dir ndent Contra	ectors actors	,Tru	uste	ees,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an o dire	than	o not one on i er an trus	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 and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
CHARLES C ALEXANDER TRUSTEE	5 00	х						0	0	0
ALEXANDER C BANKER TRUSTEE	5 00	х						0	0	0
HUGH BARIT TRUSTEE	5 00	х						0	0	0
ANNE T BASS VICE PRESIDENT	5 00	х		х				0	0	0
ROBERT M BASS VICE PRESIDENT	5 00	х		х				0	0	0
ANSON H BEARD TRUSTEE	5 00	х						0	0	0
MARY LOU BOUTWELL TRUSTEE	5 00	×						0	0	0
JOHN BROOKE TRUSTEE	5 00	х						0	0	0
JOY CONNOLLY TRUSTEE	5 00	×						0	0	0
JAMES F CURTIS III TRUSTEE	5 00	×						0	0	0
ABIGAIL MARR DOFT TRUSTEE	5 00	x						0	0	0
JOHN H DYETT TRUSTEE	5 00	х						0	0	0
KATHLEEN C GILES HEAD OF SCHOOL	80 00	х		х				319,746	0	97,578
ARCHIBALD L GWATHMEY TRUSTEE	5 00	х						0	0	0
KIMBERLY GWINNLANDRY TRUSTEE	5 00	х						0	0	0
COREY HAJIM TRUSTEE	5 00	х						0	0	0
KATHLEEN HALEY TRUSTEE	5 00	х						0	0	0
EDWIN D HETZ TRUSTEE	5 00	х						0	0	0
COLEMAN HOYT TRUSTEE	5 00	х						0	0	0
JOSEPH F KAHN TRUSTEE	5 00	х						0	0	0
THOMAS S KREITLER TRUSTEE	5 00	х						0	0	0
STEPHEN D LARI TREASURER	5 00	х		х				0	0	0
ROBERT SM LAWRENCE TRUSTEE	5 00	х						0	0	0
SARAH C LEARY VICE PRESIDENT	5 00	х		х				0	0	0
MARK J MASIELLO TRUSTEE	5 00	x						0	0	0

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

Compensated Employees, and Indeper	ndent Contra	ctors						1	<b>!</b>	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		than pers office ctor/l	onet one son is er and trust	box s bot d a tee)	,	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVID MCKENNA TRUSTEE	5 00	Х				Pa		0	0	0
ALLEN J MODEL VICE PRESIDENT	5 00	х		х				0	0	0
LISA MOLVAR TRUSTEE	5 00	х						0	0	0
AUSTIN P OLNEY PRESIDENT	5 00	х		х				0	0	0
MARGARET H PIERCE TRUSTEE	5 00	х						0	0	0
ANDREW PITTS TRUSTEE	5 00	х						0	0	0
SCOTT F POWERS TRUSTEE	5 00	х						0	0	0
KATHERINE STEARNS SYMONDS TRUSTEE	5 00	Х						0	0	0
MARY ANN TYNAN TRUSTEE	5 00	Х						0	0	0
WANJI BARRINGTON WALCOTT SECRETARY	5 00	Х		х				0	0	0
THERESE A CUNNINGHAM CFO	70 00			х				116,285	0	55,616
MATTHEW E CROZIER COO	70 00					х		138,886	0	33,459
HEATHER J PARKER DIRECTOR OF DEVELOPMENT	60 00					х		134,168	0	34,929
GEORGE NOBLE DIRECTOR OF ADVANCEMENT	60 00					х		131,232	0	30,905
DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	60 00					х		104,166	0	83,219

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As Filed Data -

DLN: 93493133025434

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MIDDLESEX SCHOOL

# **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

									04-2103		
Pai				blic Charity Sta						instruction	ns.
	rganı: —			e foundation becaus			= -				
1	<u> </u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	_ 고			in <b>section 170(b)(1</b>							
3	<u>_</u>	•		perative hospital se	=						
4	J			n organization operat ty, and state	ted in conjun	ction with a	ı hospıtal des	scribed in <b>s</b>	ection 170(b)	)(1)(A)(iii).	. Enter the
5	$\Gamma$	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	a governme	ntal unit de:	scribed in
		sect ior	170(b)(1)(	A)(iv). (Complete P	art II )						
6	$\sqcap$	A feder	al, state, or	local government or	government	al unit des	cribed in <b>sec</b> t	tion 170(b)	(1)(A)(v).		
7	Г -	describ	ed in <b>sectio</b>	at normally receives on 170(b)(1)(A)(vi).	(Complete F	art II)		neral public			
8	<u> </u>		-	described in <b>section</b>			-	-			
9	ı	_		at normally receives					•	•	· -
				ities related to its ex							
				oss investment inco						1 tax) from I	businesses
	_	•		janization after June	•			· ·			
10		_		ganized and operated							
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated									
e	Γ	other t		ox, I certify that the on managers and ot							
f		If the c		received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppo	rting organization,
g				2006, has the organi	zation accep	ted any gif	t or contribut	on from an	y of the		•
			ng persons?								
				irectly or indirectly o	•		_	n persons d	escribed in (i	_	Yes No
				governing body of th		_	n?				Lg(i)
		(ii) A f	amıly memb	er of a person descr	ibed in (i) ab	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)				
s	) Nam uppor ganiza	ted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	on in ted in rning	(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organiza col (i) or in the	ation in rganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
 Total											

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	iplete Pa	rt III.)	
	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	
					. , ,		
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

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

DLN: 93493133025434

OMB No 1545-1668

#### **SCHEDULE 0** (Form 8865)

Department of the Treasury

Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

▶ Attach to Form 8865.

▶ Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865

Name of transferor MIDDLESEX SCHOOL

Filer's identifying number

04-2103821

Name of foreign partnership	
DAK HILL CAPITAL PARTNERS III LP	

EIN (if any)

Reference ID number (see instructions)

98-0553247

Part I	Transfers	Reportable	e Under s	Section 603	38B	•		
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Number Items transferr	V	(c) Fair market alue on date of transfer	<b>(d)</b> Cost or other basıs	(e) Section 704(c) allocation method	<b>(f)</b> Gaın recognized on transfer	<b>(g)</b> Percentage interest in partnership after transfer
Cash								
Stock, notes								
receivable and								
payable, and other								
securities								
Inventory								
Tangıble property								
used in trade								
or business								
Intangıble								
property								
Other								
property								
Supple	mental Infor	mation Red	uired To	Be Report	ed (see instruction	ns):		
Part II	Dispositio	ns Reporta	ble Unde	r Section 6	5038B			
<b>(a</b> Type prope	Date of original orig		<b>(c)</b> Date of Isposition	<b>(d)</b> Manner of disposition	<b>(e)</b> Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gaın allocated to partner	(h) Depreciation recapture allocated to partner
Part II	I Is any tran	sfer reporte	d on this s	chedule sub	ject to gain recog	nition under se	ction	_

DLN: 93493133025434

### OMB No 1545-0047

# Political Campaign and Lobbying Activities

(Form 990 or 990-EZ)

**SCHEDULE C** 

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MIDDLESEX SCHOOL 04-2103821 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa		organization is exempt und (election under section 50	ler section 501(c)(3) and has	NOT		
For e		rough 1: below, provide in Part IV a det			a)	(b)
activ	-	ough in below, provide in rule is a dec	turied description of the lobbying	Yes	No	Amount
1	legislation, including any atter through the use of	organization attempt to influence for npt to influence public opinion on a l				
a	Volunteers?				No	
b	•	ude compensation in expenses repo	orted on lines 1c through 1i)?		No	
С.	Media advertisements?				No	
d	Mailings to members, legislato		•		No	
e	Publications, or published or b				No	
f	Grants to other organizations f				No	
g		, their staffs, government officials, c	-		No	
h		nars, conventions, speeches, lecture	es, or any similar means?		No	
i	Other activities?			Yes		
j	Total Add lines 1c through 1i					
2a		se the organization to be not descril	· · · · · ·			
Ь		ny tax incurred under section 4912				
C	•	ny tax incurred by organization mar	- I		,	
d		ed a section 4912 tax, did it file For	m 4720 for this year?  ler section 501(c)(4), section			_
1	<b>501(c)(6).</b> Were substantially all (90% or	r more) dues received nondeductible	e by members?			Yes N
2		/ in-house lobbying expenditures of			<b></b>	2
3	- · · · · · · · · · · · · · · · · · · ·	carry over lobbying and political exp			<b>—</b>	3
Pai	501(c)(6) and if line 3, is answe	f either (a) BOTH Part III-A, red "Yes."	ler section 501(c)(4), section in the section in th			
1	Dues, assessments and simila			1		
2	Section 162(e) nondeductible expenses for which the section		(do not include amounts of political			
a	Current year			2a	<u> </u>	
ь	Carryover from last year			2b		
C	Total			2c		
3		section 6033(e)(1)(A) notices of no	• •	3		
4		carryover to the reasonable estima	nt on line 3, what portion of the excess ite of nondeductible lobbying and	4		
5		d political expenditures (see instruc	ctions)	5		
	art IV Supplemental I		,		<u> </u>	
Со	mplete this part to provide the d		ne 1, Part I-B, line 4, Part I-C, line 5, Pa additional information	art II-A	(affiliat	ed group list)
	Identifier	Return Reference	Explana	ition		
	LANATION OF LOBBYING IVITIES	PART II-B, LINE 1	MIDDLESEX SCHOOL IS A MEM ASSOCIATION OF NONPROFIT GROUP THAT MAY ENGAGE IN I THEREFORE, A PORTION OF TH	SCHO LOBBY	OLS & C	OLLEGES, A TIVITIES

ATTRIBUTABLE TO LOBBYING ACTIVITIES AND AS SUCH

NO DETERMINATIVE AMOUNT IS LISTED IN THE

SCHEDULE

DLN: 93493133025434

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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

**Supplemental Financial Statements** 

Open to Public

emai R	evenue Service F Attach to For	m 990. ► See separate instructions.			Tushec	don
	e of the organization ESEX SCHOOL		Emp	loyer identificat	ion numbe	er
וטטוויו	LISEN SCHOOL		04-	2103821		
Part					Comple	te if the
	organization answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	_	(h) Funds and a	thorogon	unto
т	otal number at end of year	(a) Donor advised lunds		<b>(b)</b> Funds and o	ther accou	unts
	aggregate contributions to (during year)		+			
	Aggregate contributions to (during year)		+			
	Aggregate value at end of year		+			
	Old the organization inform all donors and donor advisory	ere in writing that the accepts hold in don	oradu	ısad		
	funds are the organization in officer and donor advisor to the organization of the org	5	or auv	isea	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and d	onor advisors in writing that grant funds	can be	9		
	used only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for a	ny othe	er purpose	┌ Yes	□ No
Part	conferring impermissible private benefit?  Conservation Easements. Complete if	the organization answered "Ves" t	o Forn	n 000 Dart IV		1 110
	Purpose(s) of conservation easements held by the org		0 1011	ii 990, Paic IV	, iiie 7.	
ľ	Preservation of land for public use (e.g., recreation	<u> </u>	histor	ically important	land area	
j	▼ Protection of natural habitat	Preservation of a				
ſ	Preservation of open space					
. (	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in t	he forn	n of a conservat	ion	
	easement on the last day of the tax year	·				
				Held at the	End of the	Year
_	Total number of conservation easements		2a			2
	Total acreage restricted by conservation easements		2b			160 00
_	Number of conservation easements on a certified histo	, ,	2c			
	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	guired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization d	luring	
t	he tax year ▶					
	Number of states where property subject to conservat	ion easement is located 🕨 1				
	Does the organization have a written policy regarding t			f violations, and		
	enforcement of the conservation easements it holds?	<i>y</i> ,,	,	,	☐ Yes	V No
;	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents o	during the year		
I	3 00					
, ,	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year		
I	►\$5,000					
	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports cor			•		
	palance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme		stater	ments that descr	ribes	
art			or Ot	her Similar <i>A</i>	\ssets.	
	Complete if the organization answered "Y					
١.	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherai		
<b>ь</b> 1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	nent and balance		lıc
(	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		or finan	icial gain, provid	e the	
a i	Davianus a maludad in Farm COO Dart VIII line 1			<b>.</b> .		

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

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	storical li	reasures, or C	<u>itne</u>	r Similar Ass	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any of	the following that	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange prog	rams			
b	Scholarly research		e	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and expla	ain ho	w they furth	er the organization	ı's ex	kempt purpose ii	n	
5	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than t		-					Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					a "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			•		ets	not [	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing table	_				
							Am	ount	
С	Beginning balance					<b>1</b> c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•			Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been provided in F	art :	×III		Γ
Pa	rt V Endowment Funds. Complete								
	·	(a)Current year		<b>)</b> Prior year	<b>b (c)</b> Two years back	(d)	Three years back		ears back
1a	Beginning of year balance	96,011,346		94,468,439	78,448,35	8	73,301,746	9	97,381,480
b	Contributions	11,012,015		4,394,338	1,841,14	4	937,038		2,522,431
c	Net investment earnings, gains, and losses	11,794,122		1,778,609	17,451,654	4	7,574,532	-2	21,796,722
d	Grants or scholarships					+			
е	Other expenditures for facilities and programs	4,449,810		4,630,040	3,272,71	7	3,364,958		4,805,443
f	Administrative expenses								
g	End of year balance	114,367,673		96,011,346	94,468,439	9	78,448,358	-	73,301,746
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g, colum	nn (a)) held as	•			
а		17 210 %	•		,				
b	Permanent endowment ► 49 160 %								
		530 %							
С	The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation	that are hel	d and administere	d for	the		
	organization by				a aa a a			Yes	No
	(i) unrelated organizations						3a(	i) Yes	
	(ii) related organizations					•	3a(i		No
	If "Yes" to 3a(II), are the related organizatio					٠	3b	)	
4	Describe in Part XIII the intended uses of the				1.0				
Par	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa	(a) Cost or		ther	(c) Accumulated	(d) Bo	ok value
	Description of property			basis (inves			depreciation	(4) 50	
1a	Land				424	,021			424,021
b	Buildings		•		97,730	,839	42,184,880	5	5,545,959
С	Leasehold improvements		•						
d	Equipment		•		6,875	5,798	5,437,695	5	1,438,103
					4,210		l	+	4,210,772
Tota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	ımn (B), lıne	10(c).)		🕨 🗆	6	1,618,855

<b>Part VIII</b> Investments—Other Securities. See	<u>-orm 990, Part X, line 12.</u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)  L)Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
3 )O ther		
A) DOMESTIC EQUITY	27,271,489	F
B) INTERNATIONAL EQUITY	6,843,551	F
C)PRIVATE EQUITY	12,363,838	F
C)FRIVATE EQUITI	12,303,030	<u>'</u>
D) ABSOLUTE RETURN	19,271,166	F
E) DIRECTIONAL HEDGE	88,604	F
ENDEAL ACCETC	6 045 255	F
F) REAL ASSETS	6,945,255	<del>-</del>
G)OTHER	19,420,756	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	92,204,659	
Part VIII Investments—Program Related. See		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Intal (Column (h) must equal Form 990, Part X col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. See Form 990, Part X, lin	0.15	
(a) Descrip		(b) Book value
(4) 2 3 3 4 1		(2) 20011 02112
F <b>otal.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.	)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of liability	(b) Book value	
ederal income taxes	3 705 333	
CHARITABLE REMAINDER TRUSTS LIABILITY	2,785,200	
TAX-EXEMPT COMMERCIAL PAPER REVENUE NOTES	947,312	
*otal. (Column (b) must equal Form 990. Part X. col (B) line 25 )	2 722 512	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,732,512	zation's financial statements that reports the

	lule D (Form 990) 2012						Page <b>4</b>
Par 1		Revenue per Audited Finand er support per audited financial stat				per R	47,451,298
2	· - ·	ut not on Form 990, Part VIII, line				-	47,431,230
a	Net unrealized gains on inves	tments		2a	10,495,886	<u>,                                    </u>	
b		facilities		2b		-	
c d		ts		2c 2d	5,951,888		
u e						2e	16,447,774
3	3					3	31,003,524
4		90, Part VIII, line 12, but not on lin			1		
a		luded on Form 990, Part VIII, line '		4a	204.025	_ 	
b c	•	)		4b	-384,925	4c	-384,925
5		d <b>4c.</b> (This must equal Form 990, P				5	30,618,599
		xpenses per Audited Finan					
1 2		er audited financial statements . ut not on Form 990, Part IX, line 25		•		1	25,065,310
∠ a		facilities		2a			
b	Prior year adjustments			2b		7	
c	Otherlosses			2c		]	
d	•	)		2d	384,92	┥	
е 3				•		2e 3	384,925 24,680,385
4		00, Part IX, line 25, but not on line					24,000,303
a		luded on Form 990, Part VIII, line		4a			
b		)		4b	5,540,91	3	
C -						4c	5,540,913
5 Pari	Supplemental In	nd <b>4c.</b> (This must equal Form 990, <b>formation</b>	Part I, lin	e 18 )		5	30,221,298
Com	plete this part to provide the de	escriptions required for Part II, lines					
	V, line 4, Part X, line 2, Part X mation	I, lines 2d and 4b, and Part XII, line	es 2d and	4b A	lso complete this part t	o provid	de any additional
	Identifier	Return Reference			Explana	tion	
	ANATION OF EASEMENTS	PART II, LINE 5			OL MEETS ANNUALLY		
ENFO	RCEMENT POLICIES		1	RVAT R THE	IONS WHO ADMINIST	ER THI	E EASEMENTS AND
	RIPTION OF HOW	PART II, LINE 9					MIDDLESEX CAMPUS
	ANIZATION REPORTS SERVATION EASEMENTS		WETL	ANDS	ED TO THE PROTECTS AND THE PROTECTION	ONOF	RESIDENT WILDLIFE
					FION OF THE MIDDLE: NVIRONMENTAL CON		ROPERTY MIDDLESEX NG FIRM ANNUALLY
					HE WATER QUALITY O X CAMPUS WHERE AM		
			RESI	DE TI	HE LAND IS RECORDE	DASA	N ASSET ON THE
					SHEET AND THE EXPE 1ENTAL CONSULTING		
		PART III, LINE 4			TIES AND OPERATION OL MAINTAINS AND F		
		PART III, LINE 4	FOLL	O WI N	G ITEMS THAT WERE	DONAT	TED TO THE SCHOOL
					.AY AT THE SCHOOL'S ORD FROM THE CIVIL		ARY -CIVIL WAR WORKS OF ART -RARE
DECC	RIPTION OF INTENDED USE	DARTY LINE 4			ON OF BOOKS		ENT AND CDENDING
	NDOWMENT FUNDS	PARI V, LINE 4	POLI	CIES	OL HAS ADOPTED INV FOR ENDOWMENT AS:	SETS T	HAT ATTEMPT TO
					A PREDICTABLE STRE S SUPPORTED BY ITS		
					O MAINTAIN THE PUINT ASSETS ENDOWM		
			тно	SE AS	SETS OF DONOR-RES	TRICTE	ED FUNDS THAT THE
					IUST HOLD IN PERPET PURPOSES AS WELL		
					E SCHOOL EXPECTS I E, TO PROVIDE AN AV		•
			ТНАТ	WILL	ALLOW THE PURCHA	SINGP	POWER OF THE
			ANY	GIVE	NT TO BE MAINTAINE N YEAR MAY VARY FRO	ом тні	IS AMOUNT TO
					TS LONG-TERM RATE- OL RELIES ON A TOTA		,
					VESTMENT RETURNS A		
			UNRE	ALIZ	ED) AND CURRENT YI	ĖLD (IN	NTEREST AND
			ASSE	TALL	S) THE SCHOOL TARG OCATION THAT PLAG	CESAC	GREATER EMPHASIS
					Y-BASED INVESTMEN JRN OBJECTIVES WIT		
					INTS UNDER THIS PO D OF TRUSTEES, THE		
			INVE	STED	IN A MANNER THAT I	SINTE	ENDED TO PRODUCE
DESC	RIPTION OF UNCERTAIN	PART X, LINE 2			THAT EXCEED A POLIC OL FOLLOWS THE FAS		
TAXF	POSITIONS UNDER FIN 48		1	,	IICH CLARIFIES THE A NTY IN INCOME TAXE		
			RECO	GNIT	ION THRESHOLD A T	AXPOS	SITION IS REQUIRED
			STAT	EMEN	BEFORE BEING RECOG NTS IT ALSO PROVID	ES GUI	DANCEON
					NITION, CLASSIFICAT S, ACCOUNTING IN IN		
					RE, AND TRANSITION SCHOOL HAS NO MA		
			POSI	TION	S THE SCHOOL IS NO	LONG	SER SUBJECT TO
					AX EXAMINATIONS B AUTHORITIES FOR FI		U S FEDERAL, STATE, YEARS BEFORE 2010
					OL WILL ACCOUNT FO S RELATED TO UNCER		
			ANY,	ASP	ART OF TAX EXPENSE		·
	XI, LINE 2D - OTHER STMENTS		7,882	2,201		GEMEN.	T FEES NETTED WITH
					ON AUDITED FS -896, ITH REVENUE ON AUI		
			STAT	EMEN	NTS -4,086,420 OTHE ON 3,427,244 CAPITA	RCHA	NGES IN PENSION
			375,:		ON 3,727,244 CAPITA	CAI	TI ATON ENTENSES -
	XI, LINE 4B - OTHER STMENTS				GOODS SOLD REPOR 10B -98,448 FUNDRA		•
	=		REPC	RTED	ON FORM 990, PART	VIII, L	INE 8B -100,145
			LINE	6B-1	(PENSES REPORTED C 86,332		
	XII, LINE 2D - OTHER STMENTS				GOODS SOLD REPOR B FUNDRAISING EXPE		
	<del></del>		990,	PÁRT	VIII, LINE 8B 100,14	5 RENT	TALEXPENSES
PART	XII, LINE 4B - OTHER	1	_		ON FORM 990, PART NT MANAGEMENT FEE		
	STMENTS		ON A	UDIT	ED FS 896,000 FINAN ON AUDITED FINANC	ICIAL	AID NETTED WITH
			4,086	5,420	OTHER CHANGES IN	PENSI	ON OBLIGATION
		1	<u> </u> 1183,	סכנ C	APITAL CAMPAIGN E	APENS	LO 3/3,13/

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DLN: 93493133025434

# OMB No 1545-0047

2012

**ZU I Z** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

**Schools** 

Employer identification number

MIDDLESEX SCHOOL 04-2103821 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	NOTICE OF NONDISCRIMINATION POLICY IS IN THE NEWSPAPER AS A LISTED MEMBER OF THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND (AISNE)

Schedule E (Form 990 or 990-EZ) 2012

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For grantmakers. Does the organization maintain records to substantiate the amount of the grants or

DLN: 93493133025434

OMB No 1545-0047

**Employer identification number** 

2012

Open to Public Inspection

# 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.

Name of the organization MIDDLESEX SCHOOL

			04-2103821	
Part I	General Information on Activities Outside the United States.	Complete	e if the organization answe	ered
	"Yes" to Form 990, Part IV, line 14b.	•	-	

	assistance, the grantees' eliging the grants or assistance?	•	_	•		rd <b>Yes No</b>
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fui	nds outside
3	Activites per Region (The follow	/ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed )	
	(a) Region	(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	<b>(f)</b> Total expenditures for and investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		314,000
	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		4,044,000
3-	Sub-total	0	C			4,358,000
	Total from continuation sheets to Part I	0	-			1,550,000
(	Totals (add lines 3a and 3b)	0	C			4.358.000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations 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>(b)</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)
							appraisal, other)

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	দ	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>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	<b>▽</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	⊽	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	<u>~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

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

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DLN: 93493133025434

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Part I

**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

Internal Revenue Service Name of the organization **Employer identification number** MIDDLESEX SCHOOL 04-2103821

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Indicate whether the organization raised funds through any of the following activities Check all that apply

a	— Mail Solicitations			e		n-government grants						
b	Internet and email sol	ıcıtatıons		f	Solicitation of gov	vernment grants						
c	Phone solicitations			g	✓ Special fundraisir	ng events						
d	▼ In-person solicitation	S		_	•	-						
2a	Did the organization have or key employees listed in If "Yes," list the ten highes	the organization have a written or oral agreement with any individual (including officers, directors, trustees by employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  The services of the										
	(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization					
			Yes	No								
	BOARDMAN CONSULTING 521 HAMMOND STREET CHESTNUT HILL, MA 02467	PROFESSIONAL FUNDRAISING STRATEGIES WITH CAPITAL CAMPAIGN		No	0	23,700	-23,700					
		+										
	-											
T-4		1	I .	<u> </u>		22.700	22.700					
Tota	ai		• • •	<u> </u>		23,700	-23,700					
<b>3</b> MA	List all states in which the licensing	organization is regis	tered or lı	censed to	o solicit funds or has be	een notified it is exempt	from registration or					
				<b></b>								

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2					
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut								
		<u> </u>	(a) Event #1  ALUMNI AUCTION	(b) Event #2  GOLF	(c) O ther events	(d) Total events (add col (a) through col (c))					
			(event type)	(event type)	(total number)						
₽	1	Gross receipts	189,440	14,160		203,600					
Revenue	2	Less Contributions	49,130	8,299		57,429					
<u>~</u>	3	Gross income (line 1 minus line 2)	140,310	5,861		146,171					
	4	Cash prizes									
မှ	5	Noncash prizes									
Expenses	6	Rent/facility costs	53,931	. 22,255		76,186					
	7	Food and beverages .									
Direct	8	Entertainment									
ā	9	Other direct expenses .	21,427	2,532		23,959					
	10	(100,145)									
	11	Direct expense summary Add lir Net income summary Combine li			•	46,026					
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep						
Reveitue		\$15,000 on Form 990-EZ, li	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
Rey	1	Gross revenue				(-)/					
9	2	Cash prizes									
sesued	3	Non-cash prizes									
ம	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteerlabor	☐ Yes	┌ Yes	┌ Yes						
	7	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	8 Net gaming income summary Combine lines 1 and 7 in column (d)									
9 a b	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?										
10a b											

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493133025434 OMB No 1545-0047

Schedule I

(Form 990)

Governments and Individuals in the United States

**Grants and Other Assistance to Organizations,** 

Department of the Treasury Internal Revenue Service	C.	omplete ir the organizati	Attach to Form 9		e 21 01 22.		Open to Public Inspection
Name of the organization						Employer identif	ication number
MIDDLESEX SCHOOL						04-2103821	
	mation on Grants						
1 Does the organization mathematical the selection criteria use							ר Yes □
2 Describe in Part IV the o							
		o Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TOWN OF CONCORD - CONCORD CARES 133 KEYES ROAD CONCORD, MA 01742	04-6001121	115	11,340				DONATION TO SUPPORT THE NEEDS FOR FUEL ASSISTANCE IN THE COMMUNITY
2 Enter total number of sec	ction 501(c)(3) and go	overnment organizations	listed in the line 1 tabl	e		▶	1

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 2
	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	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) FINANCIAL AID	124		4,002,456		FINANCIAL ASSISTANCE OFFSETS AGAINST THE STUDENTS' ACCOUNTS
Do at TV	41			·	

## 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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FINANCIAL AID WAS PROVIDED FOR TUITION AND FEES TO STUDENTS EXHIBITING FINANCIAL NEED, NO OUTSIDE GRANTS WERE PROVIDED
		THE SCHOOL SCHOLARSHIP SERVICE, AN INDEPENDENT ORGANIZATION, PROCESSES THE APPLICATIONS FOR FINANCIAL AID MIDDLESEX SCHOOL DISTRIBUTES THE FUNDS TO THOSE CANDIDATES WHO DISPLAY NEED BASED ON THESE APPLICATIONS, SUPPORTING TAX DOCUMENTS AND AVAILABLE GRANT FUNDS MIDDLESEX SCHOOL'S TWO MEDIUMS FOR THE SOLICITATION OF APPLICANTS FOR ENROLLMENT TO THE SCHOOL ARE ITS ADMISSIONS BROCHURES AND ITS WEB SITE THE STATEMENT THAT FINANCIAL AID IS AWARDED TO STUDENTS ON THE BASIS OF FINANCIAL NEED, WITHOUT REGARD TO RACE, CREED, SEX OR NATIONAL ORIGIN IS CONTAINED IN ALL SUCH LITERATURE THE SCHOOL ALSO GIVES TUITION REMISSION TO FACULTY CHILDREN WHO ATTEND MIDDLESEX SCHOOL THE AMOUNT OF ANY QUALIFIED TUITION REDUCTION FOR AN EMPLOYEE OF AN EDUCATIONAL INSTITUTION IS EXCLUDABLE FROM GROSS INCOME UNDER CODE SECTION 117 IN ORDER TO QUALIFY FOR THE EXCLUSION, THE TUITION REDUCTION MUST BE PROVIDED TO AN EMPLOYEE OF A QUALIFIED EDUCATIONAL ORGANIZATION ALSO, THE TUITION REDUCTION MUST BE FOR EDUCATION AT THE ELEMENTARY, SECONDARY, OR UNDERGRADUATE LEVELS, EITHER AT THE EMPLOYER EDUCATIONAL INSTITUTION
		Cabadula I (Farma 000) 2012

DLN: 93493133025434

OMB No 1545-0047

**Schedule J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MIDDLESEX SCHOOL

**Employer identification number** 

04-2103821

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directo			2		No
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all to used by a related organization to establish compens	hat appl	·			
	✓ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr		•			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
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 payments not described in lines 5 and 6? If "Yes,"			7		Νo
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $53\ 4958-6(c)$ ?	e rebutt	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

	$\overline{}$							
(A) Name and Title	J	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1	(E) Total of columns	
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)KATHLEEN C GILES HEAD OF SCHOOL	(i) (ii)		0	706 0	52,038 0	45,540	417,324	0
(2)THERESE A CUNNINGHAM CFO	(i) (ii)	116,255 0	0	30 0	12,615	43,001	171,901	0
(3)MATTHEW E CROZIER COO	(i) (ii)	138,841 0	0	45 0	12,615	20,844	172,345	0
(4)HEATHER J PARKER DIRECTOR OF DEVELOPMENT	(i) (ii)	134,123 0	0	4 5 0	12,615	22,314	169,097	0
(5)GEORGE NOBLE DIRECTOR OF ADVANCEMENT	(i) (ii)	131,202	0	30 0	12,615	18,290	162,137	0
(6)DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	(i) (ii)	104,121	0	4 5 0	11,688	71,531	187,385	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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SINCE THE SCHOOL IS A BOARDING SCHOOL, THE MAJORITY OF THE FACULTY ARE REQUIRED TO LIVE ON CAMPUS FOR THE PURPOSE OF SUPERVISING THE STUDENTS THE ESTIMATED VALUE OF THIS BENEFIT WAS \$20,000 DURING THE YEAR WHICH IS INCLUDED IN THE ESTIMATE OF OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J THE HEAD OF SCHOOL'S RESIDENCE HAS A COMBINATION OF PUBLIC AND PRIVATE SPACE THE ESTIMATED VALUE REFLECTS THE PRIVATE PORTION OF THE RESIDENCE THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN THE HEAD OF SCHOOL'S ON-CAMPUS RESIDENCE PURSUANT TO HER CONTRACT THE VALUE OF THIS NONTAXABLE BENEFIT IS INCLUDED IN HER OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J
	PART I, LINE 1B	THE SCHOOL HAS A WRITTEN POLICY IN REGARDS TO THE ALLOCATION OF FACULTY MEMBERS TO AVAILABLE ON CAMPUS HOUSING AS PART OF THE FACULTY HANDBOOK WHILE THE SCHOOL WOULD LIKE TO HOUSE ALL MEMBERS OF THE FACULTY ON CAMPUS, THE NUMBER OF FACULTY MEMBERS EXCEED THE NUMBER OF AVAILABLE HOUSING UNITS UNITS ARE ALLOCATED BASED ON AVAILABILITY AND FIT (FEMALE/MALE FACULTY IN FEMALE/MALE DORMS, DORM RESPONSIBILITIES COMPARED WITH FACULTY RESPONSIBILITIES) THE ESTIMATED NON TAXABLE VALUE FOR THIS ON-CAMPUS HOUSING IS INCLUDED IN PART VII FOR THE HEAD OF SCHOOL, CFO, AND DIRECTOR OF ADMISSIONS IN SOME INSTANCES WHERE ON-CAMPUS HOUSING IN NOT AVAILABLE, TAXABLE STIPENDS ARE ADDED TO FACULTY MEMBER CONTRACTS AND ARE REPORTED IN PART VII, COLUMN (F) UNDER OTHER COMPENSATION AND IN SCHEDULE J, COLUMN (B)(III) THE ONLY INDIVIDUAL PROVIDED WITH PERSONAL SERVICES IS THE HEAD OF SCHOOL AND THAT IS PART OF HER CONTRACT THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN BOTH THE PUBLIC AND PRIVATE PORTION OF HER ON-CAMPUS RESIDENCE
	PART I, LINE 4B	KATHLEEN C GILES - THE ORGANIZATION HAS ENTERED INTO A DEFERRED COMPENSATION ARRANGEMENT WITH ITS HEAD OF SCHOOL UNDER THE TERMS OF THE AGREEMENT, AN AMOUNT DETERMINED BY THE COMPENSATION COMMITTEE WILL BE CREDITED TO THE INDIVIDUAL'S ACCOUNT ON A YEARLY BASIS PURSUANT TO THE AGREEMENT, THE INDIVIDUAL BECOMES VESTED IN THE ACCOUNT UPON THE EARLIER OF THE FOLLOWING (A) THE FIFTH JULY 1ST FOLLOWING THE CREDITING OF THE AMOUNT, AND (B) THE ATTAINMENT OF THE AGE OF 62, PROVIDED IN EACH CASE THAT THE INDIVIDUAL REMAINS EMPLOYED WITH THE ORGANIZATION THE VESTING AND PAYMENT OF CREDITED AMOUNTS IS ACCELERATED IN THE EVENT OF THE INDIVIDUAL'S DEATH, DISABILITY, OR THE ORGANIZATION'S TERMINATION OF THE INDIVIDUAL'S EMPLOYMENT WITHOUT CAUSE PART II KATHLEEN C GILES FOR THE CALENDAR YEAR 2012, KATHLEEN C GILES, HEAD OF SCHOOL, RECEIVED NON-TAXABLE ON-CAMPUS HOUSING, VALUED AT \$20,000 IN ADDITION, SHE RECEIVED EMPLOYER PROVIDED HEALTH INSURANCE OF \$13,709, NON-TAXABLE EMPLOYER PROVIDED LIFE INSURANCE TOTALING \$153, AND NON-TAXABLE EMPLOYER PROVIDED HEALTH SAVINGS ACCOUNT OF \$750 IN ADDITION, SHE MADE NON-TAXABLE EMPLOYER PROVIDED HEALTH SAVINGS ACCOUNT OF \$750 IN ADDITION, SHE MADE NON-TAXABLE CONTRIBUTIONS TO AN FSA ACCOUNT AS WELL AS PAID NON-TAXABLE HEALTH INSURANCE PREMIUM PAYMENTS, BOTH OF WHICH TOTALED \$7,478 ALL OF THESE AFOREMENTIONED NON-TAXABLE BENEFITS ARE OFFERED TO FACULTY MEMBERS AND ARE NOT EXCLUSIVE TO KATHLEEN C GILES' CONTRACT PER KATHLEEN C GILES' CONTRACT, THE SCHOOL PROVIDES AND PAYS DIRECTLY AN OUTSIDE CLEANING SERVICE TO CLEAN THE HEAD OF SCHOOL'S ON-CAMPUS RESIDENCE THE NON-TAXABLE VALUE OF THIS BENEFIT IS \$3,450

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DLN: 93493133025434 OMB No 1545-0047

2012

# **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. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

	nal Revenue Service   e of the organization									Emi	olover id	entifica	Inspec ition num		
	DLESEX SCHOOL										-21038		icion nam	.DCI	
Pa	art I Bond Issues									107	-21030				
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue	price	(1	<b>f)</b> Description	on of purpose	(g) De	efeased	beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-2608195	57583FV65	10-01-2003	10,5	70,000	RED	NSTRUCTIO EMPTION O MPT COMM		:R	×		x		×
Part II Proceeds															
	A					4		В	3		С		D		
1 Amount of bonds retired						1,820,	000								
2	A mount of bonds legally defeas  Total proceeds of issue														
3 4	Gross proceeds in reserve fund	le			10,570,000										
5	Capitalized interest from proce			688,	8,025										
6	Proceeds in refunding escrows					7,700,	000								
7	Issuance costs from proceeds					145,	_								
8	Credit enhancement from proce	eds				173,	040								
9	Working capital expenditures fr														
10	Capital expenditures from proc	•			2,056,999										
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				20	04									
-					Yes	No		Yes	No	Yes	N	o	Yes	- 1	No
14	Were the bonds issued as part	of a current refundın	g issue?			Х									
15	Were the bonds issued as part	of an advance refund	ding issue?			Х									
16	Has the final allocation of proce	eeds been made?			Х										
17	Does the organization maintain allocation of proceeds?	rt the final	×												
Pai	rt IIII Private Business Us									'					
						1		В			C			D	
_	Was the organization a partner	in a nartnership or	a mambar of an III	which owned	Yes	No	$\dashv$	Yes	No	Yes	N	0	Yes	_	No
1	property financed by tax-exem		a member of all LE	o, willen owlled		Х									

financed property?

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

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				A		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private be of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business use financed property?	of bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government	y entities <b>►</b>		0 00000%		%		%		%
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe $501(c)(3)$ organization, or a state or local government			0 00000%		%		%		%
6	Total of lines 4 and 5			0 00000%		%		%		%
7	Does the bond issue meet the private security or payment test?			×						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	lisposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s $1\ 141-12$ and $1\ 145-2$ ?	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements undesignations sections 1 141-12 and 1 145-2?		Х							
Par	t IV Arbitrage							_		•
		А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T?		Χ							
2	If "No" to line 1, did the following apply?			•		•	•		•	
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			<b>-</b>		•	<u>'</u>	<u> </u>	'	
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
					_					

ARBITRAGE, LINE 2C

PERFORMED

Part IV Arbitrage (Continued)

			A		В		c		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested contract (GIC)?	ın a guaranteed investment		Х						
b	Name of provider									
С	Term of GIC									
d	value of the GIC satisfied?									
6	period?			х						
7	Has the organization established written procedures to monitor the requirements of section 148?									
Pa	rt V Procedures To Und	ertake Corrective Action								
			A		В		С		D	
	the requirements of section 148?		Yes	No	Yes	No	Yes	No	Yes	No
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?									
			•			-				
Pa	art VI Supplemental In	formation. Complete this part to p	rovide addition	ial information	on for respor	ises to quest	ions on Sche	edule K (see	instructions)	
	Identifier	Return Reference				Explana	ition			
SCH	IEDULE K PART IV,	DATE REBATE COMPUTATION	ISSUER NAME N	MASSACHUSI	ETTS DEVELO	PMENT FINA	NCE AGENCY	DATE THE R	EBATE COMP	UTATION

WAS PERFORMED 07/17/2013

Schedule K (Form 990) 2012

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DLN: 93493133025434

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

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

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

2012

Open to Public Inspection

Name of the organ MIDDLESEX SCHOOL	nızatıon							-		fication	numbe	r
	s Benefit Trar						ganıza		only).			
	te if the organizati										0b <b>d)</b> Corr	
<b>1 (a)</b> Name o	of disqualified pers			between di: Lorganizati		(c) Descri	ption o	ıtranış	saction		res	No.
										-+		
2 Enter the am	ount of tax incurre	ed by organiza	ation mana	aers or dis	aualified per	sons durina the	vearı	ınder	section			
4958				• •				•	<b>F</b> \$			
<b>3</b> Enter the am	ount of tax, if any,	on line 2, ab	ove, reimbi	ursed by th	ie organizati	on		•	<b>F</b> \$			
	ns to and/or F											
	olete if the organiz iization reported a						rm 99	0,Par	t IV , lın	e 26, oi	rıfthe	
(a) Name of	(b) Relationship				(e)Origin		(g)	In	(h	)	(i)Wr	ıtten
interested	with organization	ofloan	or from t		principa		defa	ult?	Appro		agreer	nent?
person			organizaci	1011	amount				by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
											_	
otal			<u> </u>								٦	
	ts or Assistan	ce Benefit		erested	Persons.							
	olete if the orga					art IV, line 27.						
(a) Name of inte		lationship bet ted person ai		A mount o	of assistance	e <b>(d)</b> Type o	fassis	tance	(e)	Purpose	e of ass	ıstance
person		organization	iu tile									
						_						

#### Part IV Business Transactions Involving Interested Persons.

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

Complete ii the organizatio	<u>ii alisweleu Tes Oli i</u>	TOTTI 990, Part IV, IIII	e zoa, zou, ui zoc.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transaction		(e) Sharing of organization's revenues?	
				Yes	No
(1) OAK HILL CAPITAL PARTNERS II LP	SEE PART V	238,704	SEE PART V		No
(2) OAK HILL CAPITAL PARTNERS III LP	SEE PART V	129,290	SEE PART V		No
(3) OAK HILL CAPITAL PARTNERS II (CAYMEN) LP	SEE PART V	401,200	SEE PART V		No

### Part V Supplemental Information

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

(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS II, LP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESSY SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS O 082% ROBERT AND ANNE, BASS, TRUSTEES OF THE BOARD, HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$238,704 (D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E) SHARING OF ORGANIZATION'S REVENUES NO (A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS III, LP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESSEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS O 109% ROBERT AND ANNE, BASS, TRUSTEES OF THE BOARD, HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTESS RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$129,200(D) DESCRIPTION OF TRANSACTION SARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION SARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION THE ORGANIZATION MIDDLESSEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP PERSON NOT HE PARTNERSHIP PERSON NOT HE PARTNERSHIP PERSON DOTHER OF DERSON NOT HE PARTNERSHIP REPRESENTS O 097% ROBERT AND HE ORGANIZATION MIDDLESSEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS O 097% ROBERT AND ANNE, BASS, TRUSTEES OF THE BOARD, HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION SARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTIONS ON THE PARTNERSHIP ALL TRANSACTION OF TRANSACTION SARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION OF TRANSAC	Identifier	Return Reference	Explanation
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HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$401,200(D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E)			
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OF TRANSACTION \$401,200(D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E)			
TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E)		l	,
			SHARING OF ORGANIZATION'S REVENUES NO
Schedule L (Form 990 or 990-EZ) 2012			

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DLN: 93493133025434

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

▶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 MIDDLESEX SCHOOL

**Employer identification number** 

Рa	rt I Types of Property				04-2103821			
	Types of Floperty	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı	_	ts
1	Art—Works of art			_ <u>-</u>				
	Art—Historical treasures .							-
	Art—Fractional interests							
_	Books and publications							
	Clothing and household							
5	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	38	580,123	FMV			
	Securities—Closely held stock	, , , , , , , , , , , , , , , , , , ,		333,223				
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic							
4	structures							
5	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other► (FURNITURE )	X	2	8,812	FMV			
	Other ► ()			3,312	1110			
	O ther ►()							
	Other ► ( )							
	Number of Forms 8283 received	by the orga	I Inization during the tay yea	r for contributions				
	for which the organization comple				29			
			,	_			Yes	No
0a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem							
1	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
22	Does the organization hire or us							
	contributions?	· · ·		· · · · · · · · ·		32a		Νo
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (	a) is checked,			

**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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	,	THE NUMBER OF CONTRIBUTIONS FOR SECURITIES IS BASED ON THE NUMBER OF GIFTS THE NUMBER OF CONTRIBUTIONS FOR OTHER NON-CASH GIFTS ARE BASED ON THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2012)

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SCHEDULE O

As Filed Data -

DLN: 93493133025434

OMB No 1545-0047

2012

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization MIDDLESEX SCHOOL

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

04-2103821

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

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

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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT OF THE BOARD APPOINTS FOUR INDIVIDUALS TO SERVE ON THE COMPENSATION COMMITTEE. THE PRACTICE HAS BEEN TO APPOINT THE PRESIDENT, TREASURER, AND CHAIRVICE-CHAIR OF THE TRUSTEES AND GOVERNANCE COMMITTEE. THE COMMITTEE IS ADVISED BY OUTSIDE COUNSEL WHO ATTENDS THE MEETINGS, TAKES MINUTES, AND ADVISES THE COMMITTEE MEMBERS OF ANY LEGAL ISSUES OR QUESTIONS THAT ARISE IN THE PROCESS THE PRESIDENT OF THE BOARD ASKS ALL TRUSTEES TO COMPLETE EVALUATION FORMS AT THE SPRING BOARD MEETING. THE PRESIDENT OF THE BOARD ALSO SOLICITED ORAL COMMENTS FROM THE TRUSTEES DURING AN EXECUTIVE SESSION AT THE SPRING BOARD MEETING. IN PREPARATION FOR THE INTERVIEW WITH THE HEAD OF SCHOOL IN JUNE, THE COMPLETED TRUSTEE EVALUATION FORMS ARE SUMMARIZED FOR THE MEMBERS OF THE COMPENSATION COMMITTEE. THE HEAD OF SCHOOL ALSO PREPARES A SUMMARY OF ACCOMPLISHMENT OF THE PRIOR SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND ESTABLISHED FOR THE COMING SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND ESTABLISHED FOR THE COMING SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND THE COMMITTEE (NOT INCLUDING ANY MEMBER WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED) DELIBERATES IN EXECUTIVE SESSION TO DISCUSS THE PERFORMANCE REVIEW AND TO REVIEW A COMPILATION OF COMPENSATION AND BENEFIT DATA ASSEMBLED ON A BLIND BASIS BY THE ASSOCIATION OF BUSINESS OFFICERS OF PRIVATE SCHOOLS IN ORDER TO ESTABLISH A BASIS FOR ADJUSTING THE HEAD'S COMPENSATION AND BENEFITS FOR THE COMMING SCHOOL YEAR AFTER REACHING A CONCLUSION ON ADJUSTMENTS FOR THE COMPENSATION BASED ON THE COMMITTEE'S REVIEW OF THE COMPARABILITY DATA, THE HEAD IS INVITED TO HEAR THE RESULTS THE DECISIONS ARE RECORDED IN THE MINUTES OF THE COMMITTEE, AND THE CHANGES IN COMPENSATION (IF ANY) ARE MEMORIALIZED IN A LETTER AND WHERE NECESSARY IN AMENDMENTS TO THE EMPLOYMENT CONTRACT THE FALL BOARD MEETING

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	' '	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 7,882,201 OTHER CHANGES TO PENSION OBLIGATION 3,610,600

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

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

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization MIDDLESEX SCHOOL

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

**Employer identification number** 

04-2103821

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	, ,	<b>(f)</b> Direct controlling		
name, dataess, and Est (ii applicable, of alsnegation entity	Timary dedivity	or foreign country)	Total meome	lia or year asset		entity		
		·						
Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	<b>nizations</b> (Complete in the tax year.)	f the organization a	nswered "Yes	" to Form 990,	Part IV,	, line 34 because	t had o	ne
Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	g the tax year.)  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code see	(e)	y status	, line 34 because  (f)  Direct controlling entity	Section (13) c	(g) n 512: control
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	<b>(g)</b> n 512( controll
or more related tax-exempt organizations during (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512: control
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll
or more related tax-exempt organizations during  (a)	g the tax year.)	(c) Legal domicile (state	(d)	(e)	y status	(f) Direct controlling	Section (13) co	(g) n 512( controll

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answer because it had one or more related organizations treated as a partnership during the tax year.)									swered "Y						34	
<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entr	ct Iling	(e) Predomina income(rela unrelated excluded fi tax unde sections 5: 514)	ated, tota d, rom er	<b>(f)</b> nare of I income	(g) Share of e end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene x man par	<b>j)</b> eral or aging tner?	(k Percei owne	ntage
										Yes	No		Yes	No		
Part IV Identification of Related Organical line 34 because it had one or m										swere	d "Ye	s" to Form	990,	Par	t IV,	
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or count	al cile foreign		Direct	(d) controlling	(e) Type of 6 (C corp, 5 or trus	entity corp,	(f) Share of tota income		(g) re of en of-year assets		ntage		(i) Section (b)(13 control entity	512 3) lled
(1) POOLED INCOME FUND (1)	POOLED INCOME FUND	MA	A.				Т								Yes	No No
(2) CHARITABLE REMAINDER TRUSTS (6)	CHARITABLE REMAINDER TRUSTS	MA	1				T									No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gift, grant, or capital contribution to related organization(s)				1b		No		
c	Gift, grant, or capital contribution from related organization(s)				1c		No		
d	d Loans or loan guarantees to or for related organization(s)								
e	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				<b>1</b> i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
0	Sharing of paid employees with related organization(s)				<b>1</b> 0		No		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No		
q	Reimbursement paid by related organization(s) for expenses				1q		No		
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s	Yes			
_									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete  (a)	(b)		(d)					
	Name of other organization	Transaction type (a-s)	(c) Amount involved	Method of determining amo	ount in	nvolved			
<b>1)</b> C	HARITABLE REMAINDER TRUST	S	7,324,707	FMV					
		+							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 04-2103821

Name: MIDDLESEX SCHOOL

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

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

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DLN: 93493133025434

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

## **TY 2012 Functional Currency and Exchange Rate QBU Statement**

Name: MIDDLESEX SCHOOL

**EIN:** 04-2103821

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493133025434 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return MIDDLESEX SCHOOL 04-2103821 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 2.914.494 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 2,914,494 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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

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

Section A—Depre	ciation ar	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he ir	าstruct	ions for	limits	for pa	asseng	jer au	tomot	iles.
<b>24a</b> Do you have evider	nce to support t	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	<b>lb</b> If "Yes,	" is the e	v idence	written?	,	s L N	)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	<b>d)</b> r other sıs	(busines	(e) deprecia ss/investri e only)		<b>(f)</b> Recovery period	<b>(g)</b> Metho Conven	d/	Depre	1) ciation/ iction		(i) Electe section : cost	179
<b>.5</b> Special depreciation allo	•		erty placed	in service	during the	tax year	and u	sed more		25					
6 Property used more			business	use					•	<u> </u>					
· · ·		%													
		% %											+		
<b>7</b> Property used 50%	n orless in a		siness iis	:e											
r roperty about 50 %	01 1033 111 4	%	J.111033 43						S/L -						
		%							S/L -						
	(1- ) 1	%	.l. 37 F	l					S/L -				Ш_		—
28 Add amounts in co						ne 21, p	age	ı L	28						
<b>29</b> Add amounts in co	olumn (ı), lını					<u> </u>	•		<u> </u>			29			
omplete this section	for vehicles		ction B							or rela	tad nai	renn			
you provided vehicles to													se vehic	les	
<b>30</b> Total business/inv	vestment mi	les driven du	rına the		a)	(b	-		(c)	1 .	d)		e)		f)
year ( <b>do not</b> inclu			•	Vehi	icle 1	Vehic	:le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	icle 5	Vehi	cle
<b>31</b> Total commuting r	milas drivan	during the ve								+					
_						-				+					—
32 Total other persor	•					+		+		+					
33 Total miles driven through 32 .	during the y	ear Add line	s 30												
<b>34</b> Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
during off-duty ho										1					Ħ
35 Was the vehicle us owner or related p	sed primarily	by a more t	han 5%												
<b>36</b> Is another vehicle		r personal us	se? .												T
		stions for		vers W	ho Pro	vide V	ehio	cles fo	or Use	by Th	eir E	mplov	⊥ ≀ees	<u> </u>	—
nswer these question % owners or related	ns to determ	ine if you me	et an exc											<b>not</b> mo	re tl
37 Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	es	No
• •													$\vdash$		
38 Do you maintain a employees? See tl															
<b>9</b> Do you treat all us	e of vehicles	s by employe	es as pe	rsonal us	e?										
<b>10</b> Do you provide movehicles, and retain				oyees, o	btaın ınfo	ormation	fron	n your e	mployee	s about	t the u	se of			
I <b>1</b> Do you meet the re	equirements	concerning	nualified a	automobi	ıle demoi	nstratio	n use	? (See	ınstructı	ons )					
Note: If your answ	•	_						•		•					
	rtization	, 3 5, 10, 01	11 13 10	3, 40 110	Compie		1011 15	101 the		vemere					
Allio	I CIZUCIOII	(b)								(e)					
<b>(a)</b> Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	(d) ode ction	A mor per	tizatior iod or entage	1		<b>(f)</b> ortizati this ye		
<b>12</b> A mortization of co	sts that bea		ur 2012	tax vear	(see ins	truction	s)				•				
			1	, - 41	,	1	.,								
									+		1				
<b>13</b> A mortization of co	sts that her	an before vo	ur 2012 i	tax vear						43	ľ				
44 Total Add amount	_	•		•	ere to re	nort	-			44					