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DLN: 93493324004143

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)

benefit trust or private foundation)

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

Therefore, the control of the control

2012

OMB No 1545-0047

Open to Public Inspection

| A F | or the | 2012 cal | endar year, or tax year beginning | 07-01-2012 , 2012, and ending 06 | -30-2013 | | | |
|--------------------------------|-----------------|----------------------|---|---|--------------|-------------------------------|----------------|----------------------------|
| | | applicable | C Name of organization DEXTER SCHOOL | | | D Emplo | yer ider | ntification number |
| _ | dress c | _ | Doing Business As | | | 04-21 | 04152 | 2 |
| _ | ıme cha | _ | | | | | | |
| | tıal retu | | Number and street (or P O box if ma 20 NEWTON STREET | Il is not delivered to street address) Room/ | 'suite | E Telepho | ne num | ber |
| | rmınate | | | | | (617) | 522-5 | 544 |
| | | return | City or town, state or country, and ZI BROOKLINE, MA 024457498 | P + 4 | | | | |
| J Ap | plicatio | n pending | | | _ | G Gross re | eceipts \$ | 32,539,270 |
| | | | F Name and address of prince RICHARD SAUL | cipal officer | | Is this a group affiliates? | return | for |
| | | | 20 NEWTON STREET | .0 | | dilliaces. | | 1 1631 140 |
| | | | BROOKLINE,MA 02445749 | 78 | | | | ded? Tyes TNo |
| I Ta | ax-exer | mpt status | ✓ 501(c)(3) ⋌ 501(c)() ◄ (ın | sert no) 4947(a)(1) or 527 | | If "No," attach | a list | (see instructions) |
| | / ebsit | e:⊫ WW | WW DEXTER-SOUTHFIELD ORG | | H(c) | Group exempt | on nun | nber ► |
| | | | | | 1 | | l. | |
| | m of o | _ | Trust Association | ∫ Other F | L Yea | ar of formation 19. | 26 M | State of legal domicile MA |
| | | | escribe the organization's mission | or most significant activities | | | | |
| | • | | | L FOR BOYS- PRE-KINDERGARTE | N TO GRA | DE TWELVE | | |
| œ. | | | | | | | | |
| Ě | | | | | | | | |
| Ě | | | | | | | | |
| Governance | 2 | Check th | his box দ if the organization dis | continued its operations or disposed | d of more t | han 25% of its | net as | sets |
| | 3 | Number | of voting members of the governir | ng body (Part VI, line 1a) | | | з | 14 |
| Activities & | 1 | | | f the governing body (Part VI, line 1 | | | 4 | 13 |
| Ě | | | | alendar year 2012 (Part V, line 2a) | | | 5 | 287 |
| ទ្ធ | 6 | Total nu | mber of volunteers (estimate if ne | cessary) | | | 6 | 0 |
| | 7a | Total un | related business revenue from Pa | | 7a | 0 | | |
| | b | Net unre | elated business taxable income fro | om Form 990-T, line 34 | | | 7b | 0 |
| | | | | | | Prior Year | | Current Year |
| g _i | 8 | | ibutions and grants (Part VIII, lin | 1,700,9 | | 1,740,255 | | |
| Rayenue | 9 | _ | | e 2g) | | 23,592,3 | | 25,219,905 |
| Э. Н | 10 | | | (A), lines 3, 4, and 7d) | • | 27,8 | | 5,579,110 |
| | 11 | | | | | | | 0 |
| | 12 | | · · · · · · · · · · · · · · · · · · · | | | 25,309,8 | 860 | 32,539,270 |
| | 13 | Grants | s and sımılar amounts paıd (Part I | X, column (A), lines 1-3) | | 3,675,7 | '53 | 3,344,825 |
| | 14 | | | , column (A), line 4) | | | 0 | 0 |
| 82 | 15 | Saları 5–10) | | e benefits (Part IX, column (A), lines | 5 | 14,263,0 | 041 | 14,878,887 |
| Expenses | 16a | | | olumn (A), line 11e) | | <u> </u> | 0 | 0 |
| χĈ | Ь | | undraising expenses (Part IX, column (D), | | | | | |
| Ш | 17 | | , . , . , . , . , . , . , . , . , . | nes 11a-11d, 11f-24e) | | 9,633,1 | .66 | 10,076,926 |
| | 18 | | | t equal Part IX, column (A), line 25) | | 27,571,9 | 60 | 28,300,638 |
| | 19 | Reven | nue less expenses Subtract line 1 | 8 from line 12 | | -2,262,1 | .00 | 4,238,632 |
| \$ 8 | | | | | Beg | inning of Curre | nt | End of Year |
| Set Ran | 20 | Total | assets (Part X, line 16) | | | Year 64,084,7 | 779 | 66,944,074 |
| Net Assets or Fund Balances | 21 | | liabilities (Part X, line 16) | | · | 42,166,5 | | 43,539,064 |
| 돌 | 22 | | ssets or fund balances Subtract li | | . ⁺├── | 21,918,2 | | 23,405,010 |
| Pa | rt III | _ | nature Block | | <u> </u> | | | |
| Unde my k | er pen nowle | alties of dge and | perjury, I declare that I have exam | mined this return, including accompolete Declaration of preparer (other | | | | |
| | | | *** | | | 2013-11-20 | | |
| Sig | n | IB | ature of officer | | | Date | | |
| Her | | RICH | HARD SAUL BUSINESS MANAGER | | | | | |
| _ | | | e or print name and title | | | | | |
| | | F | Print/Type preparer's name KEITH P LAGRAVES | Preparer's signature | Date | Check If | PTIN P00068 | 702 |
| Pai | | F | Firm's name FRUSSELL BRIER & CO LL | <u> </u> P | l | self-employed Firm's EIN - 04 | | |
| | pare | er | | | | | | |
| Use | On | ıly 🏻 📑 | Firm's address 🟲 TEN POST OFFICE SQUA | RE - 6TH FL | | Phone no (617) | 523-70 | 994 |

BOSTON, MA 021094689

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

✓ Yes ☐ No

| Form | 1990 (20: | 12) | | | | | | Page |
|------|-----------|------------------|--------------------|-------------------|--------------------------|---|---------------|--------------|
| Par | | | Program Ser | - | | _ | | _ |
| | С | heck if Schedu | le O contains a re | sponse to any q | uestion in this Part II | I | | |
| 1 | Briefly d | describe the org | janization's missi | on | | | | |
| ELEI | MENTARY | THROUGH HI | GH SCHOOL FOI | R BOYS - PRE-K | INDERGARTEN TO G | GRADE TWELVE | | |
| | | | | | | | | |
| 2 | | | | | ervices during the yea | r which were not listed | on | ┌ Yes ┌ No |
| | If "Yes," | describe these | new services on | Schedule O | | | | |
| 3 | services | ;? | | | nt changes in how it co | onducts, any program | | ┌ Yes ┌ No |
| | If "Yes," | describe these | changes on Sch | edule O | | | | |
| 4 | expense | s Section 501 | | (4) organization | s are required to repor | nree largest program se t the amount of grants : | , | • |
| | (Code | |) (Expenses \$ | 9,379,121 | ıncludıng grants of \$ |) (Reven | ue \$ | 14,876,704) |
| | THE SCH | OOL PROVIDES ELI | EMENTARY AND SECO | NDARY COLLEGE PR | EPARATORY EDUCATION TO | O BOYS IN GRADES PRE-KIN | DERGARTEN TH | ROUGH 12 |
| 4b | (Code | |) (Expenses \$ | 3,344,825 | ıncludıng grants of \$ | 3,344,825) (Rever | iue \$ |) |
| | PROVIDE | S STUDENTS AID I | N THE FORM OF GRA | NTS FOR QUALIFYIN | G STUDENTS WHO WOULD | OTHERWISE BE UNABLE TO | ATTEND THE SO | CHOOL |
| 4c | (Code | |) (Expenses \$ | 1,179,284 | ıncludıng grants of \$ |) (Reven | ue \$ | 1,260,686) |
| | COD IN | ADDITION, ADULT | | | | RNIGHT PROGRAMS ON THE (AL OUTREACH PROGRAMS AR | | |
| | (Code | |) (Expenses \$ | 4,191,221 | ıncludıng grants of \$ |) (Reven | ue \$ | 14,073,731) |
| | LUNCHRO | OOM \$1,197,761T | RANSPORTATION \$7 | 52,559ATHLETICS | \$1,498,277CLAY CENTER : | \$172,853ICE FACILITY \$569 | ,771 | |
| 4d | O ther p | program service | es (Describe in Sc | :hedule O) | | | | |
| | (Expens | ses\$ | 4,191,221 ı | ncluding grants | of\$ |) (Revenue \$ | 14,073 | ,731) |

18,094,451

Total program service expenses ▶

| art IV | 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 | |
| 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? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 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^{\bullet} | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, 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 | | No |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f z}$ | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆 | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more 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 | | |

| -61 | 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 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 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 |
| | 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 | Yes | · |
| ь | | | | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| | | 28b 28c | | No |
| | complete Schedule L, Part IV | | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | No No |
| c 29 30 | 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 28c 29 | Yes | NI - |
| c 29 30 31 | 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 28c 29 30 | Yes | No |
| c 29 30 31 | 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 28c 29 30 31 | Yes | No No |
| 29 30 31 32 | 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 28c 29 30 31 32 | Yes | No No |
| 29 30 31 32 33 | 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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 II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, | 28c 29 30 31 32 33 | Yes | No No |
| 29 30 31 32 33 34 35a | 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 | 28c 29 30 31 32 33 | Yes | No No No |
| 29 30 31 32 33 34 35a | 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 29 30 31 32 33 34 | Yes | No No No |
| 29 30 31 32 33 34 35a b | 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 28c 29 30 31 32 33 34 35a 35b | Yes | No No No |
| 29 30 31 32 33 34 35a b | 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. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 28c 29 30 31 32 33 34 35a 35b 36 37 | Yes Yes | No No No No |

| Раг | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|-----|--|------|-----|------|
| | Check if Schedule O contains a response to any question in this Part V | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 69 | | 165 | NO |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | 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 | | Νo |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | 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? | | | No |
| | | 5b | | .,,, |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 110 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | 7.11 | | 110 |
| | business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | - | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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 | | |
| b | 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 | | | |
| c | Enter the amount of reserves on hand | Į | | |
| l4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| h | If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0 | 14h | | |

| Se | ection A. Governing Body and Management | | | |
|----------------------------------|--|---|-------------------------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?. | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | 7b | | No | |
| 8 | or persons other than the governing body? | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ле Cod | e.) |
| | | | Yes | No |
| | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | Yes | No |
| b 11a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | 10b | Yes | No |
| b 11a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | Yes | No |
| b 11a b 12a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 10b | | No |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a | Yes | No |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b | Yes | No |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10b 11a 12a 12b | Yes Yes | No |
| b 11a b 12a b c | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No |
| b 11a b 12a c 13 14 | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No |
| b 111a b 112a c 13 14 15 a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 111a b 112a c 13 14 15 a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a b 16a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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? 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 | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a b 16a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a b 16a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |

interest policy, and financial statements available to the public during the tax year

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

| PRESIDENT (2) DR BARBARA P ROCKETT (2) DR BARBARA P ROCKETT (3) DR DOLA HAMILTON STEMBERG (3) DR DOLA HAMILTON STEMBERG (4) CHARLES HAYDOCK (5) ERNEST C ADAMS (5) ERNEST C ADAMS (6) DR DAND S BROWN (6) DR DAND S BROWN (7) WILLIAM S CLEARY JR (8) ERNEST C ADAMS (8) DR DOLA S BROWN (9) WILLIAM S CLEARY JR (10) WILLIAM S C | (A) Name and Title | (B) A verage hours per week (list any hours | more pers and | than on is | one bot ecto | not box h an or/tr | offic | ess er e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|--|-----------------------------|---|-----------------------------------|-----------------------|--------------------|-----------------------------|--|-----------------|---|--|--|
| PRESIDENT (2) DR BARBARA P ROCKETT (2) DR BARBARA P ROCKETT (3) DR DOLA HAMILTON STEMBERG (3) DR DOLA HAMILTON STEMBERG (4) CHARLES HAYDOCK (5) ERNEST C ADAMS (5) ERNEST C ADAMS (6) DR DAND S BROWN (6) DR DAND S BROWN (7) WILLIAM S CLEARY JR (8) ERNEST C ADAMS (8) DR DOLA S BROWN (9) WILLIAM S CLEARY JR (10) WILLIAM S C | | organizations below | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organization and related |
| PRESIDENT | (1) W SHAW MCDERMOTT | 2 00 | х | | | | | | 0 | 0 | 0 |
| VICE PRESIDENT X | | | | | | | | | | | _ |
| (3) DR DOLA HAMILTON STEMBERG (4) CHARLES HAYDOCK (4) CHARLES HAYDOCK (5) ERNEST C ADAMS (5) ERNEST C ADAMS (6) DR DAVID S BROWN (7) WILLIAM J CLEARY JR (7) WILLIAM J CLEARY JR (8) HONORABLE SANDRA HAMLIN (9) DR VINCENT J MORGAN (9) DR VINCENT J MORGAN (10) ANTHONY DINOVI (10) ANTHONY DINOVI (11) ANTHONY DINOVI (12) RICHARD T MILLER (11) TODD VINCENT (13) LAURA C WILSON (14) ALLESON (14) ALLESON (14) ALLESON (15) LEGE (16) SCOTI BARRINGER (17) CARRISTOPHER H REYNOLDS (18) CARRISTOPHER H REYNOLDS (10) STAUSTEE (10) CARRISTOPHER H REYNOLDS (10) CARRISTOPHER H REYNOLDS (10) SCOTI BARRINGER (10) CARRISTOPHER H REYNOLDS (11) CARRISTOPHER H REYNOLDS (12) CARRISTOPHER H REYNOLDS (13) CARRISTOPHER H REYNOLDS (14) CARRISTOPHER H REYNOLDS (15) CARRISTOPHER H REYNOLDS (16) SCOTI BARRINGER (17) DANIEL STEWART TUCKER (17) DANIEL STEWART TUCKER (17) DANIEL STEWART TUCKER | | 2 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE | | 2 00 | | | | | | | | | |
| (4) CHARLES HAYDOCK TREASURER (5) ERNEST C ADAMS 2 00 | | | х | | | | | | 0 | 0 | 0 |
| TREASURER | (4) CHARLES HAYDOCK | 2 00 | | | | | | | | | |
| Column | | | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE | | 2 00 | | | | | | | | | |
| Column | | | х | | | | | | 0 | 0 | 0 |
| TRUSTEE | | 2 00 | | | | | | | | | |
| TRUSTEE | TRUSTEE | | X | | | | | | 0 | 0 | 0 |
| TRUSTEE (8) HONORABLE SANDRA HAMLIN 2 00 | (7) WILLIAM J CLEARY JR | 2 00 | | | | | | | | | |
| RESTEE Company Compa | TDUSTEE | | X | | | | | | 0 | 0 | 0 |
| TRUSTEE (9) DR VINCENT J MORGAN 2 00 X 0 0 0 0 0 TRUSTEE (10) ANTHONY DINOVI 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (8) HONORABLE SANDRA HAMLIN | 2 00 | | | | | | | | | |
| STRUSTEE | TRUSTEE | | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE (10) ANTHONY DINOVI 2 00 | (9) DR VINCENT J MORGAN | 2 00 | | | | | | | | | |
| TRUSTEE | TRUSTEF | | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE (11) TODD VINCENT 40 00 X X X X 227,250 0 72,850 HEAD OF SCHOOL (12) RICHARD T MILLER 2 00 X TRUSTEE (13) LAURA C WILSON 2 00 TRUSTEE (14) ALLISON K PELLIGRINO TRUSTEE (15) CHRISTOPHER H REYNOLDS TRUSTEE (16) SCOTT BARRINGER 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (10) ANTHONY DINOVI | 2 00 | | | | | | | | | |
| TRUSTEE TRUS | TRUSTEE | | Х | | | | | | 0 | 0 | 0 |
| HEAD OF SCHOOL | | 40 00 | | | | | | | | | |
| TRUSTEE | | | X | | Х | | | | 227,250 | 0 | 72,850 |
| TRUSTEE | (12) RICHARD T MILLER | 2 00 | | | | | | | | | |
| (13) LAURA C WILSON 2 00 X 0 0 0 TRUSTEE (14) ALLISON K PELLIGRINO 2 00 X 0 0 0 0 TRUSTEE (15) CHRISTOPHER H REYNOLDS 2 00 X 0 0 0 0 TRUSTEE (16) SCOTT BARRINGER 2 00 X 0 0 0 0 TRUSTEE X 0 0 0 0 0 0 0 (16) SCOTT BARRINGER 2 00 X 0 0 0 0 0 TRUSTEE 40 00 X 165,510 0 37,200 | | | X | | | | | | 0 | 0 | 0 |
| TRUSTEE (14) ALLISON K PELLIGRINO TRUSTEE (15) CHRISTOPHER H REYNOLDS TRUSTEE (16) SCOTT BARRINGER TRUSTEE (17) DANIEL STEWART TUCKER 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (13) LAURA C WILSON | 2 00 | | | | | | | | | |
| (14) ALLISON K PELLIGRINO 2 00 X 0 0 0 TRUSTEE (15) CHRISTOPHER H REYNOLDS 2 00 X 0 0 0 0 TRUSTEE (16) SCOTT BARRINGER 2 00 X 0 0 0 0 TRUSTEE X 0 0 0 0 0 0 0 0 (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | TRUSTEE | | X | | | | | | 0 | 0 | 0 |
| TRUSTEE (15) CHRISTOPHER H REYNOLDS 2 00 X TRUSTEE (16) SCOTT BARRINGER 2 00 X TRUSTEE (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | (14) ALLISON K PELLIGRINO | 2 00 | | | | | | | | | |
| (15) CHRISTOPHER H REYNOLDS 2 00 X 0 0 0 TRUSTEE (16) SCOTT BARRINGER 2 00 X 0 0 0 0 TRUSTEE (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | TRUSTEE | | × | | | | | | 0 | 0 | 0 |
| TRUSTEE (16) SCOTT BARRINGER 2 00 X TRUSTEE (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | (15) CHRISTOPHER H REYNOLDS | 2 00 | | | | | | | | | |
| (16) SCOTT BARRINGER 2 00 X TRUSTEE (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | TRUSTEE | | × | | | | | | 0 | 0 | 0 |
| TRUSTEE (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | (16) SCOTT BARRINGER | 2 00 | | | | | | | | | |
| (17) DANIEL STEWART TUCKER 40 00 X 165,510 0 37,200 | TRUSTEE | | × | | | | | | 0 | 0 | 0 |
| FACULTY X 165,510 0 37,200 | (17) DANIEL STEWART TUCKER | 40 00 | | | | | | | | | |
| | FACULTY | | | | | | × | | 165,510 | 0 | 37,200 |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not box thar | checl c, unle n office rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F Estim amount comper from | ated of other isation the | |
|--|---|-----------------------------------|-----------------------|------------|--------------------|--|-----------|---|--|---|------------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organi and re organiz | lated | |
| (18) DANIEL DONATO | 40 00 | | | | | x | | 154,470 | 0 | | 0 | |
| FACULTY (19) RICHARD D SAUL | 40 00 | | | | <u> </u> | | | | | | | |
| BUSINESS MANAGER | 10 00 | | | | | х | | 181,800 | 0 | | 38,662 | |
| (20) WILLIAM PHINNEY | 0 00 | | | | | | | | | | | |
| FORMER HEADMASTER, TRUSTEE | | | | | | | X | 310,000 | 0 | | 9,791 | |
| (21) ENDICOTT SALTONSTALL | 0 00 | | | | | | x | 168,870 | 0 | | 4,944 | |
| FACULTY | | | | | | | | 100,870 | | | 4,344 | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1b Sub-Total | | | | | | • | | | | | | |
| c Total from continuation sheets to Part | VII, Section A | | | | | ► _ | | | | | | |
| d Total (add lines 1b and 1c) | <u> </u> | • | | | | > | | 1,207,900 | 0 | | 163,447 | |
| Total number of individuals (including b \$100,000 of reportable compensation f | | | | ed al | bove | e) who | rec | eived more than | | | | |
| | | | | | | | | | | Yes | No | |
| 3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J | • | | e, key | y em | nplo | yee, o | r hig | ghest compensate | d employee | Yes | | |
| 4 For any individual listed on line 1a, is the organization and related organizations of | | | | | | | | | | 103 | | |
| ındıvıdual | | | | | | | | | 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 | | | | | | | | | idividual for 5 | | No | |
| Section B. Independent Contracto | Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highes | t compensated | | | | | | | | | tav vest | | |
| compensation from the organization Report compensation for the calendar year ending with or within the organization (A) (B) | | | | | | | | (B) | (C | | | |
| | usiness address | Δ 02100 | | | | | | | on of services | Compensation | | |
| CRANE MARKETING TEN POST OFFICE SQUARE SUITE | | | | | | | | PUBLICATION CO | | 343,947 226,878 | | |
| SCHWARTZ HANNUM 11 CHESTNUT STREET 11 ANDOV | ER MA 01810 | | | | | | | LEGAL SERVICES | | | 204,519 | |
| | | | | | | | | | | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

| Part V | 444 | Statement of Check of Schedu | o f Revenue ule O contains a respor | nse to any question | ın thıs Part VIII | | | <u> </u> |
|---|----------|---|---|-----------------------|-------------------------|--|--|---|
| | | Edward | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| ts its | 1a | Federated cam | | | | | | |
| ran our | Ь | Membership du | ies 1b | | | | | |
| , G | С | Fundraising ev | ents 1c | | | | | |
| iffts ar i | d | Related organiz | zations 1d | | | | | |
| s, G mil | е | Government grant | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f ot included above | 1,740,255 | | | | |
| rib Oth | g | Noncash contributi 1a-1f \$ | ons included in lines | 70,041 | į | j | | j j |
| Cont and | h | | s 1 a - 1 f | | 1,740,255 | | | |
| C | | Totali Add IIIIc. | 314 11 | P- | _,, | | | |
| шe | 2a | TUITION & FEES | | Business Code | 14 076 704 | 14 076 704 | | |
| Program Serwce Revenue | za b | SOUTHFIELD OPER | PATIONS | 611110 611110 | 14,876,704 8,016,594 | 14,876,704 8,016,594 | | |
| e E | c | SUMMER PROGRA | | 611110 | 1,260,686 | 1,260,686 | | |
| rwc | d | ICE FACILITY FEES | | 611110 | 496,502 | 496,502 | | |
| 33 | e | OTHER REVENUE | | 900099 | 297,156 | 297,156 | | |
| E E | f | | am service revenue | 300033 | 272,263 | 272,263 | | |
| ⊁ં | | | | | | 272,203 | | |
| | g 3 | | s 2a-2f | | 25,219,905 | | | - |
| | 3 | | ome (including dividen ar amounts) | | 587,894 | | | 587,894 |
| | 4 | Income from inves | stment of tax-exempt bond | proceeds 🕨 | | | | |
| | 5 | Royalties . | | | | | | |
| | - | Cross rents | (ı) Real | (11) Personal | | | | |
| | 6a h | Gross rents Less rental | | | | | | |
| | - | expenses Rental income | | | | | | |
| | С | or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | 7a | Gross amount from sales of | (ı) Securities 4,979,216 | (II) O ther 12,000 | | | | |
| | ь | assets other than inventory Less cost or other basis and | 0 | 0 | | | | |
| | c | sales expenses Gain or (loss) | 4,979,216 | 12,000 | | | | |
| | d | Net gain or (los | | | 4,991,216 | 4,991,216 | | |
| <u> </u> | 8a | | rom fundraising | - | | | | |
| Other Revenue | | \$of contributions See Part IV , lir | | | | | | |
| ther | ь | | penses b | | | | | |
| 0 | C | | (loss) from fundraising | events 🛌 | | | | |
| | 9a | See Part IV, lir | rom gaming activities ne 19 a | | | | | |
| | b | | penses b | | | | | |
| | с 10а | Gross sales of | | vities | | | | |
| | L | returns and allo | a | | | | | |
| | b c | | oods sold . . b (loss) from sales of inve | entory - | | | | |
| | _ | Miscellaneous | | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | 🕨 | | | | |
| | 12 | Total revenue. | See Instructions . | | 32,539,270 | 30,211,121 | (| 587,894 |

Part IX Statement of Functional Expenses

| | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All | other organizati | ons must comp | lete column (A) | |
|----|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a response to any question in this Pa | | | | |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 3,344,825 | 3,344,825 | | |
| 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 | | | | |
| 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 | 10,909,020 | 8,817,164 | 1,678,309 | 413,547 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 697,188 | 564,570 | 112,725 | 19,893 |
| 9 | Other employee benefits | 2,480,758 | 1,946,384 | 467,158 | 67,216 |
| 10 | Payroll taxes | 791,921 | 632,909 | 128,839 | 30,173 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 176,301 | | 176,301 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 18,219 | 2,973 | 15,246 | |
| 13 | Office expenses | 1,094,224 | 893,862 | 157,193 | 43,169 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 662,906 | 296,834 | 366,072 | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 27,726 | | 2,458 | 25,268 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,976,000 | | 1,976,000 | |
| 23 | Insurance | 242,734 | 72,880 | 169,854 | |
| 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) | | | | |
| a | BOND COSTS | 2,114,991 | | 2,114,991 | |
| b | CONTRACTED SERVICES | 1,238,399 | 305,379 | 873,852 | 59,168 |
| c | UTILITIES | 599,681 | 206,652 | 393,029 | |
| d | MISCELLANEOUS | 585,498 | 226,974 | 358,524 | 0 |
| е | All other expenses | 1,340,247 | 783,045 | · | 66,319 |
| 25 | Total functional expenses. Add lines 1 through 24e | 28,300,638 | 18,094,451 | 9,481,434 | 724,753 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| Par | t X | Balance Sheet Check if Schedule O contains a response to any question in this | s Part | x | | | | | |
|--------------|-----|---|------------------------------------|------------|-----------------------|-----|------------------------|--|--|
| | | encert in demodate of contains a response to any question in this | | <u> </u> | (A) Beginning of year | | (B) End of year | | |
| | 1 | Cash—non-interest-bearing | | | 35,912 | 1 | 708,937 | | |
| | 2 | Savings and temporary cash investments | | | 3,057,610 | 2 | 2,853,768 | | |
| | 3 | Pledges and grants receivable, net | | | 651,079 | 3 | 279,045 | | |
| | 4 | Accounts receivable, net | | | 219,076 | 4 | 182,728 | | |
| | 5 | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L | art II o | of | | 5 | | | |
| ste | 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 elorganizations (see instructions) Complete Part II of Schedule | buting employers | | 6 | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | | | |
| 4 | 8 | Inventories for sale or use | | | 36.349 | 8 | 95,423 | | |
| | 9 | | paid expenses and deferred charges | | | | | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | — | | 662,360 | 9 | 730,183 | | |
| | ь | Less accumulated depreciation | 10b | 33,871,728 | 33,001,423 | 10c | 33,244,033 | | |
| | 11 | Investments—publicly traded securities | | | 19,990,497 | 11 | 21,714,035 | | |
| | 12 | Investments—other securities See Part IV, line 11 | 1,856,459 | 12 | 947,747 | | | | |
| | 13 | Investments—program-related See Part IV, line 11 | , , | 13 | <u>'</u> | | | | |
| | 14 | Intangible assets | | | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | 4,574,014 | 15 | 6,188,175 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | 64,084,779 | 16 | 66,944,074 | | | | |
| | 17 | Accounts payable and accrued expenses | | | 74,081 | 17 | 125,968 | | |
| | 18 | Grants payable | , | 18 | | | | | |
| | 19 | Deferred revenue | | | 3,287,917 | 19 | 3,228,226 | | |
| | 20 | Tax-exempt bond liabilities | | | 35,750,000 | 20 | 35.750.000 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Sche | | | ,, | 21 | | | |
| Liabilities | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali | ors, tr | | | | | | |
| æ | | persons Complete Part II of Schedule L | | | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | s. | | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | | | |
| | 25 | Other liabilities (including federal income tax, payables to relaand other liabilities not included on lines 17-24) Complete Pa | rt X of | | 3,054,547 | 25 | 4,434,870 | | |
| | 26 | D | | | 42,166,545 | 26 | 43,539,064 | | |
| —— Ф | 26 | Total liabilities. Add lines 17 through 25 | | | 42, 100, 343 | 20 | 45,555,004 | | |
| ă E | 27 | Unrestricted net assets | | | 21,321,502 | 27 | 22,912,361 | | |
| <u>8</u> | 28 | Temporarily restricted net assets | | | 500,000 | 28 | 389,195 | | |
| | 29 | Permanently restricted net assets | | | 96,732 | 29 | 103,454 | | |
| Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34. | | | | | | | |
| 0. | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | | | |
| \$ 55 | 32 | Retained earnings, endowment, accumulated income, or other f | | - | | 32 | | | |
| Net / | 33 | Total net assets or fund balances | | | 21,918,234 | 33 | 23,405,010 | | |
| ž | 34 | Total liabilities and net assets/fund balances | | | 64,084,779 | 34 | 66,944,074 | | |
| | 1 | . J. C. Addition and net added frame balances 1 1 1 1 | • | • • | 1 57,004,779 | | Form 990 (2012) | | |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ୮ |
|-----|--|--------|----|------|----------------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 32,5 | 539,270 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 28,3 | 300,638 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 4,2 | 238,632 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 21,9 | 918,234 |
| 5 | Net unrealized gains (losses) on investments | 5 | | -2,7 | 751,857 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 23,4 | 405,010 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . $ egin{array}{c} $ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | ed 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 separ basis, consolidated basis, or both | ate | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | 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? | of the | 2c | | No |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re | quired | 3b | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493324004143

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

DEXTER 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.

Open to Public Inspection

| | | | | | | | | | 04-2104 | | | | | | |
|----------|----------|--|---------------|--|-----------------------|---|-----------------------|----------------------|------------------|--------------|-------------------|--|--|--|--|
| | rt I | | | blic Charity Sta | | | | | | nstruction | S | | | | |
| | rganı: | | • | te foundation becaus | • | | | • | • | | | | | | |
| 1 | | A chur | ch, convent | on of churches, or a | ssociation of | f churches c | lescribed in s | ection 170 | (b)(1)(A)(i). | | | | | | |
| 2 | | A scho | ol described | in section 170(b)(1 | L)(A)(ii). (At | tach Sched | ule E) | | | | | | | | |
| 3 | Γ | A hosp | ital or a coo | perative hospital se | rvice organiz | zatıon descr | ıbed ın sectio | n 170(b)(1 | L)(A)(iii). | | | | | | |
| 4 | Γ | A medi | cal researc | h organization opera | ted ın conjun | ction with a | hospital des | cribed in s e | ection 170(b)(| (1)(A)(iii). | Enter the | | | | |
| _ | _ | | | ty, and state | | | | | | | | | | | |
| 5 | l | _ | • | erated for the benefi | _ | or universi | ity owned or o | perated by | a governmen | tal unit des | cribed in | | | | |
| _ | _ | | | A)(iv). (Complete P | · · | | | | | | | | | | |
| 6 | <u> </u> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | | | | | | | |
| 7 | | | | | | | support from | a governm | nental unit or f | rom the ge | neral public | | | | |
| 8 | \vdash | | | on 170(b)(1)(A)(vi). : described in sectio i | | | mplete Part II | r \ | | | | | | | |
| 9 | <u>'</u> | | • | at normally receives | . , . , . | , , , , | • | • | ibutions mom | harchin fac | s and gross | | | | |
| 9 | , | _ | | rities related to its e | | | | | · · | • | | | | | |
| | | • | | oss investment inco | • | = | | - | | | | | | | |
| | | • | | ganızatıon after June | | | | • | | cax) nom i | ,4311163363 | | | | |
| 10 | \vdash | • | , | ganization after June ganized and operated | • | | | • | • | | | | | | |
| 11 | <u>'</u> | _ | | • | • | | • | | . , , , | to carry ou | the nurneces of | | | | |
| | ' | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check | | | | | | | | | | | | | |
| | | the box that describes the type of supporting organization and complete lines 11e through 11h | | | | | | | | | | | | | |
| | | a | Type I | b | Type II | I - Functior | nally integrate | ed d | Type III - N | on-functior | ally integrated | | | | |
| e | Γ | | | ox, I certify that the | | | | | | | | | | | |
| | | | | on managers and ot | her than one | or more pul | blicly support | ed organiza | atıons descrıb | ed in secti | on 509(a)(1) or | | | | |
| f | | | 1509(a)(2) | received a written de | etermination | from the IP | S that it is a | Type I Ty | ne II or Tyne | III suppoi | ting organization | | | | |
| • | | | this box | received a written a | cccimmacion | nom the m | Co chac ic is a | турс 1, ту | pc 11, 01 1 ypc | III Suppoi | | | | | |
| g | | Since A | ugust 17, 2 | 2006, has the organ | ızatıon accep | oted any gift | t or contributi | on from an | y of the | | · | | | | |
| | | | ng persons? | | | | | | | | | | | | |
| | | ., . | | rectly or indirectly o | • | | 5 | persons d | escribed in (ii | | Yes No | | | | |
| | | • | | governing body of th | • • | • | n? | | | | .g(i) | | | | |
| | | | • | er of a person descr | | | | | | | g(ii) | | | | |
| | | | | lled entity of a perso | | | | | | 11 | g(iii) | | | | |
| h | | Provide | e the follown | ng information about | the supporte | ed organizat | tion(s) | | | | | | | | |
| (i |) Nan | ne of | (ii) EIN | (iii) Type of | (iv) Is | the | (v) Did you | ı notıfy | (vi) Is | the | (vii) A mount of | | | | |
| | uppoi | | | organization | _ | organization in the organization organization | | ion in | monetary | | | | | | |
| organiza | | | | (described on | col (i) lis | | ın col (i) d | | col (i) org | | support | | | | |
| | | | | lines 1 - 9 above or IRC section | your gove docume | | suppor | τ, | ın the U | S7 | | | | | |
| | | | | (see | docume | ווני | | | | | | | | | |
| | | | | instructions)) | V | N. | Vac. | N _C | V | N- | \dashv | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | | | |
| | | | | | | | | | | 1 | | | | | |
| Total | <u> </u> | | | | | - | | | + | 1 | + | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2012 | | | | | | | Page 2 |
|--------|---|------------------|--------------------|------------------|--------------------|------------------|-----------|----------------|
| Pa | (Complete only if you o | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation faile | ed to q | |
| | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | ow, please com | <u>iplete Pa</u> | rt III.) | |
| | ection A. Public Support endar year (or fiscal year beginning | | | | | 1 | | |
| | in) ► | (a) 2008 | (b) 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 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column | | | | | | | |
| 6 | (f) Public support. Subtract line 5 from | | | | | | | |
| | line 4 | | | | | | | |
| S | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year beginning | (a) 2008 | (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 | First five years. If the Form 990 is this box and stop here | | | | | | | 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 stop here. The organization qua | | | | me 1 1 13 33 1/3/0 | or more, | JIICCK CI | ► □ |
| b | 33 1/3% support test—2011. If the | | | | and line 15 is 33 | 3 1/3% or n | nore, ch | eck this |
| | box and stop here. 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 | , | ▶ □ |
| 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 | | | | | | | ▶ ┌ |

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 | Total. 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) 2009 | (c) 2010 | (d) 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 | | | | | | |
| | 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 | | | | | <u> </u> |
| | 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

DLN: 93493324004143

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

| | of the organization SCHOOL | | Employer identification number |
|-----------|---|---|--|
| LAIEK | SCHOOL | | 04-2104152 |
| art: | | | inds or Accounts. Complete if the |
| | organization answered "Yes" to Form 990 | · · · · · · · · · · · · · · · · · · · | (h) Funds and other accounts |
| To | tal number at end of year | (a) Donor advised funds | (b) Funds and other accounts |
| | gregate contributions to (during year) | | |
| _ | gregate contributions to (during year) gregate grants from (during year) | | |
| | gregate value at end of year | | |
| | | | |
| fui | d the organization inform all donors and donor advis- nds are the organization's property, subject to the or | rganization's exclusive legal control? | ☐ Yes ☐ No |
| us co | d the organization inform all grantees, donors, and d ed only for charitable purposes and not for the bene nferring impermissible private benefit? | fit of the donor or donor advisor, or for an | y other purpose Yes No |
| rt I | I Conservation Easements. Complete if | the organization answered "Yes" to | Form 990, Part IV, line 7. |
| | Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space | or education) Preservation of an Preservation of a c | historically important land area ertified historic structure |
| | omplete lines 2a through 2d if the organization held a sement on the last day of the tax year | a qualified conservation contribution in tr | |
| _ | | - | Held at the End of the Year |
| | tal number of conservation easements | - | 2a |
| | tal acreage restricted by conservation easements | . | 2b |
| | imber of conservation easements on a certified histo | ` ' | 2c |
| | ımber of conservation easements ıncluded ın (c) acc storic structure listed in the National Register | quired after 8/17/06, and not on a | 2d |
| Nι | ımber of conservatıon easements modıfıed, transferi | red, released, extinguished, or terminated | d by the organization during |
| th | e tax year 🗠 | | |
| Nι | ımber of states where property subject to conservat | ion easement is located 🕨 | |
| | oes the organization have a written policy regarding forcement of the conservation easements it holds? | the periodic monitoring, inspection, hand | ling of violations, and |
| St ▶_ | aff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easem | nents during the year |
| Ar ► | nount of expenses incurred in monitoring, inspecting | g, and enforcing conservation easements | during the year |
| | oes each conservation easement reported on line 2(od section 170(h)(4)(B)(ii)? | d) above satisfy the requirements of sect | tion 170(h)(4)(B)(i) Yes No |
| ba | Part XIII, describe how the organization reports co lance sheet, and include, if applicable, the text of the e organization's accounting for conservation easeme | e footnote to the organization's financial | |
| t I | Organizations Maintaining Collection Complete if the organization answered "Y | | or Other Similar Assets. |
| wc | the organization elected, as permitted under SFAS 1 irks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t | .16 (ASC 958), not to report in its reven ets held for public exhibition, education, o | or research in furtherance of public |
| I f wo | the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to thes | .16 (ASC 958), to report in its revenue s ets held for public exhibition, education, o | statement and balance sheet |
| (i) | Revenues included in Form 990, Part VIII, line 1 | | ► \$ |
| (ii | Assets included in Form 990, Part X | | ► \$ |
| Ιf | the organization received or held works of art, histor lowing amounts required to be reported under SFAS | | , |
| Re | evenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | | | · · |
| AS | ssets included in Form 990, Part X | | ► \$ |

| Par | t IIII Organizations Maintaining Co | llections of Art | <u>, His</u> | <u>tori</u> | cal Treas | ures, or O | the | <u>r Similar <i>F</i></u> | \sse | ts (cc | ntınued) |
|-----|--|---------------------------------|--------------|-------------|-------------------|-----------------------------|----------|---------------------------|----------|---------------|------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other record | ds, ch | eck | any of the fo | llowing that a | are a | sıgnıfıcant u | se of | ts | |
| а | Public exhibition | | d | Γ | Loan or exc | change progr | ams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | ▼ Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | v the | y further the | organızatıon | 's ex | empt purpos | e ın | | |
| 5 | During the year, did the organization solicit o | | | | | | | ıılar | _ | | _ |
| Do. | assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold in the | | | | | | | aall ta Farma | <u> </u> | | ✓ No |
| Pa | TELY Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | ni aliswere | u i | es to rom | 990 | ′ | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | or other ass | ets ı | not | Γ, | ⁄es | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | ving t | able | _ | | | | | |
| | | | | | | - | | • | \ mou | nt | |
| С | Beginning balance | | | | | - | 1c | | | | |
| 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, line | 21? | | | | | | Γ, | es (| ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | natio | n has been | provided in P | art > | KIII | | | Γ |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| ā | | (a)Current year | (b) | Prior y | | wo years back 29,189,126 | | Three years bac | | | ears back |
| 1a | Beginning of year balance | 28,887,554 | | | 180,262 | | 1 | 24,813,23 | _ | | 26,464,518 |
| Ь | Contributions | 708,945 | | • | 840,250 | 54,150 | <u> </u> | 3,426,67 | 3 | | 254,648 |
| С | Net investment earnings, gains, and losses | 2,639,206 | | -1, | 411,603 | 3,779,055 | | 2,151,36 | 9 | - | -3,807,432 |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | 1,900,147 | | 1,0 | 010,058 | 2,543,335 | | -1,188,15 | 1 | | 1,901,103 |
| f | and programs | 19 | | | 11,297 | -1,266 | | -14,00 | _ | | 400 |
| q | End of year balance | 30,335,539 | | 28, | 887,554 | 30,480,262 | - | 29,189,12 | | | 24,813,237 |
| _ | ′ | | a /lın | | | | | , , | | | |
| 2 | Provide the estimated percentage of the curi | ent year end baranc 95 320 % | .e (IIII | e ry | , colullii (a)) | illelu as | | | | | |
| a | board designated or quasi endowment P | 33 320 70 | | | | | | | | | |
| b | r entitalient endownient P | 80 % | | | | | | | | | |
| С | Temporarily restricted endowment • 1 2 The percentages in lines 2a, 2b, and 2c shot | | | | | | | | | | |
| За | Are there endowment funds not in the posses | | ation f | -bat i | are held and | administoro | d for | tho | | | |
| Ja | organization by | ssion of the organiza | 1011 | Liiat | are nera ana | aummstere | 101 | tile | [| Yes | No |
| | (i) unrelated organizations | | | | | | | 3 | a(i) | | No |
| | (ii) related organizations | | | | | | | 3 | a(ii) | | No |
| | If "Yes" to 3a(II), are the related organizatio | • | | | | | ٠ | | 3b | | |
| 4 | Describe in Part XIII the intended uses of th | | | | | | | | | | |
| 261 | rt VI Land, Buildings, and Equipme Description of property | e nt. See Form 99 | <u>0, Ра</u> | _ | Cost or other | (b)Cost or of | ther | (c) Accumulat | ed T | (d) Bo | ok value |
| | bescription of property | | | | s (investment) | basis (othe | | depreciation | | (=, 50 | |
| 12 | Land | | | \vdash | 160,007 | 350 | ,747 | | -+ | | 518,754 |
| | Buildings | | _ | \vdash | 2,471,084 | | _ | 22,210, | 155 | 2 | 9,434,337 |
| | Leasehold improvements | | • | | 82,840 | <u> </u> | | 3,284, | -+ | | 1,272,919 |
| | F | | • | | 11,676 | | | 8,376, | - | | 1,246,672 |
| | O. + L | | • | | 771,351 | <u> </u> | ,017 | 0,370, | ~~1 | | 771,351 |
| | II. Add lines 1a through 1e (Column (d) must e | gual Form 990. Part > | | mn (| | | | | -+ | 3 | 3,244,033 |
| | | , | , 25,4 | (| ,, <u>-</u> - () | , · | | | D/F | | 90) 2012 |
| | | | | | | | | Juleaule | . D (F | JIIII 7 | JU1 ZULZ |

| Part VII Investments—Other Securities. See | | <u>?</u> | |
|--|------------------------|----------------------------|------------------------|
| (a) Description of security or category | (b) Book value | | od of valuation |
| (including name of security) | | Cost or end-o | f-year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | | od of valuation |
| | | Cost or end-o | f-year market value |
| | | | |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, lir | ne 15. | | |
| (a) Descrip | | | (b) Book value |
| (1) ACCRUED INVESTMENT INCOME | | | 20,946 |
| (2) FACILITY PLANNING IN PROCESS | | | 155,647 |
| (3) ACCOUNTS RECEIVABLE - SOUTHFIELD SCHOOL | | | 5,168,129 |
| (4) OTHER ASSETS | | | 11,852 |
| (5) OTHER RECEIVABLES | | | 65,590 |
| (6) SECURITIES RECEIVABLE | | | 766,011 |
| (0) SECONTILES RECEIVABLE | | | 700,011 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | · \ | | 6,188,175 |
| | | <u> </u> | 0,188,173 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of liability | (b) Book value | | |
| | (b) Book value | | |
| Federal income taxes | | | |
| ROXBURY LATIN SCHOOL CAPITAL CONTRIBUTION | 131,049 | | |
| ACCRUED INTEREST PAYABLE | 291,322 | | |
| CHARITABLE GIFT ANNUITY PAYABLE | 12,499 | | |
| LINE OF CREDIT | 4,000,000 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 4,434,870 | | |
| 2. Fin 48 (ASC 740) Footnote In Part XIII provide the tex | | nization's financial state | ments that reports the |

| | (, , | | , age |
|-----|--|---------|------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Retu | ırn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 23,992,318 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | -3,344,825 |
| 3 | Subtract line 2e from line 1 | 3 | 27,337,143 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | 4c | 5,202,128 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 32,539,271 |
| Par | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Re | turn |
| 1 | Total expenses and losses per audited financial statements | 1 | 24,779,493 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII)............... 2d | | |
| e | Add lines 2a through 2d | 2e | C |
| 3 | Subtract line 2e from line 1 | 3 | 24,779,493 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 3,521,145 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 28,300,638 |

Part XIII Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|-------------------|--|
| | PART III, LINE 1A | THE SCHOOL HOLDS FINE ART AND COLLECTIBLES FOR DISPLAY AT THE SCHOOL |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | | THE SCHOOL EVALUATES TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN ITS TAX RETURNS TO DETERMINE WHETHER TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED BY THE APPLICABLE FEDERAL OR STATE AUTHORITY THE SCHOOL HAS EVALUATED THE TAX POSITIONS TAKEN IN ITS PREVIOUSLY FILED RETURNS AND THOSE EXPECTED TO BE TAKEN IN 2013 RETURNS AND BELIEVE THEY ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED IF EXAMINED BY FEDERAL OR STATE AUTHORITIES THE SCHOOL'S 2010 THROUGH 2012 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES IN ADDITION, THE SCHOOL QUALIFIES FOR THE CHARITABLE DEDUCTION UNDER SECTION 170 (B)(1)(A) AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | | FINANCIAL AID EXPENSE -3,344,825 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | NONOPERATING REVENUE -1,088,257 REALIZED GAINS 4,979,216 GAIN ON SALE OF ASSETS 12,000 NONOPERATING DIVIDENDS AND INTEREST 586,994 SHORT TERM INTEREST 900 CONTRIBUTIONS AND BEQUESTS 711,275 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | FINANCIAL AID EXPENSE 3,344,825 INVESTMENT EXPENSES 176,301 ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 19 Schodulo D (Form 990) 2013 |

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As Filed Data -

DLN: 93493324004143

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

DEXTER SCHOOL 04-2104152 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 | DEXTER SCHOOL PUBLISHES ITS RACIALLY NON-DISCRIMINATORY POLICY ANNUALLY IN THE BOSTON GLOBE, WHICH OCCURRED ON DECEMBER 2, 2012 IN THE CURRENT FISCAL YEAR, IT WAS PUBLISHED IN CONJUNCTION WITH A GROUP ADVERTISEMENT COORDINATED BY THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND |

Schedule E (Form 990 or 990-EZ) 2012

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

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

OMB No 1545-0047

DLN: 93493324004143

Open to Public

Internal Revenue Service Name of the organization DEXTER SCHOOL

Department of the Treasury

Schedule I

(Form 990)

Attach to Form 990 Inspection

Employer identification number 04-2104152 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

| (a)Type of grant or assistar | nce (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-------------------------------------|---|--|-----------------------------------|--|---------------------------------------|
| (1) FINANCIAL AID TO STUDEN | ITS 1 | 16 | 3,344,825 | 5 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental 1 | | | | | |
| omplete this part to provide the in | formation required in Part I n Reference | , line 2, Part III, column (b), Explanation | and any other additional in | formation | |

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

DLN: 93493324004143

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization DEXTER SCHOOL

Employer identification number

04-2104152

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Fundamental Complete Fart III to provide any relevant information regarding these items Fundamental Complete Fart III to provide any relevant information regarding these items | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments Faying its for business use of personal residence Faying its for business us | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | reformally spending account for the solution of the solution o | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | Νo |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, | | | |
| | directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | No |
| 3 | Indicate which if any of the following the films organization would be extablish the communication of the | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods | | | |
| | used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization | | | |
| - | or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | Νo |
| b | , | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | No |
| b | Any related organization? | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | | | |
| | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $534958-6(c)$? | 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of (i) Base compensation | f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation | SC compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|-------------|---|---|---|--|----------------------------------|------------------------------------|---|
| (1)TODD VINCENT HEAD OF SCHOOL | (i) (ii) | | 0 | 0 | 22,725 0 | 50,125 0 | 300,100 | 0 |
| (2)DANIEL STEWART TUCKER FACULTY | (i) (ii) | | 0 | 0 | 16,550 0 | 20,650 | 202,710 | 0 |
| (3)DANIEL DONATO FACULTY | (i) (ii) | | 0 | 0 | 0 | 0 0 | 154,470 | 0 |
| (4)RICHARD D SAUL BUSINESS MANAGER | (i) (ii) | | 0 | 0 | 18,180 0 | 20,482 | 2 220,462 | 0 |
| (5)WILLIAM PHINNEY FORMER HEADMASTER, TRUSTEE | (i) (ii) | 310,000 | 0 | 0 | 0 | 9,791 | 319,791 | 0 |
| (6)ENDICOTT SALTONSTALL FACULTY | (i) (ii) | 168,870 0 | 0 | 0 | 0 | 4,944 0 | 173,814 | 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

| Ident if ier | Return Reference | Explanation |
|--------------|---|---|
| | - · · · · · · · · · · · · · · · · · · · | HEADMASTER TODD VINCENT LIVES IN CAMPUS HOUSING PROVIDED BY THE SCHOOL FORMER HEADMASTER WILLIAM PHINNEY LIVED IN CAMPUS HOUSING PROVIDED BY THE SCHOOL FOR PART OF THE YEAR AT YEAR END HE HAD VACATED THE PROPERTY GEORGE WRIGHT LIVES IN CAMPUS HOUSING PROVIDED BY THE SCHOOL |

Schedule J (Form 990) 2012

DLN: 93493324004143

Open to Public

Inspection

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization DEXTER SCHOOL

Department of the Treasury

Part I Bond Issues

(Form 990)

Employer identification number

(h) On

04-2104152

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue p | orice | e (f) Description of purpose | | (f) Description of purpose | | (g) Def | (g) Defeased beh | | alf of uer | | Pool ncing |
|----|------------------------------------|----------------------|-------------|-----------------|-------------|---------|--|----|----------------------------|----|------------|------------------|-----|---------------|--|---------------|
| | | | | | | | | | Yes | No | Yes | No | Yes | No | | |
| A | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQL2 | 08-02-2007 | 1,10 | 0,000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | Y | Х | | х | | Х | | |
| В | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQM0 | 08-02-2007 | 1,15 | 0,000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | Y | Х | | Х | | Х | | |
| c | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQN8 | 08-02-2007 | 1,21 | 0,000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | Y | Х | | Х | | Х | | |
| D | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQP3 | 08-02-2007 | 1,27 | 5,000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | Y | Х | | х | | Х | | |
| Pa | rt III Proceeds | | | | | | | | | | | | | | | |
| | | | | | | ١ | E | В | | С | | | D | | | |
| 1 | Amount of bonds retired | | | | | | | | | | | | | | | |
| 2 | Amount of bonds legally defeas | sed | | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | | | | | | | | | | | |
| 4 | Gross proceeds in reserve fund | | | | | | | | | | | | | | | |
| 5 | Capitalized interest from proce | eds | | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | | | | | | | | |
| 8 | Credit enhancement from proce | eeds | | | | | | | | | | | | | | |
| 9 | Working capital expenditures fr | rom proceeds | | | | | | | | | | | | | | |
| 10 | Capital expenditures from proc | eeds | | | | | | | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | | | | | | • | | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | N | o | Yes | | No | | |
| 14 | Were the bonds issued as part | of a current refundı | ing issue? | | | Х | | х | | × | $\langle $ | | | Х | | |

allocation of proceeds? Part IIII Private Business Use

15

16

17

| | | Α | | В | | С | | 1 |) |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | Х | | × | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | Х | | Х | | X | | X |

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

Has the final allocation of proceeds been made?

Χ

Χ

Χ

Χ

Χ

Х

Χ

Χ

Χ

Χ

Χ

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 % 0/∩ % % Does the bond issue meet the private security or payment test? 7 Χ Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Х Χ Exception to rebate? Х Х Χ Х b No rebate due? c Χ Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Part IV Arbitrage (Continued)

Identifier

Return Reference

D

| | | Yes | No | Yes | No | Yes | No | Yes | No |
|----|--|---------------|---------------|---------------|--------------|--------------|-------------|---------------|----|
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | х | | х | | Х |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | х | | х | | Х |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | Х | | X | | x | | × |
| Pa | rt V Procedures To Undertake Corrective Action | | | | | | | | |
| | | Α | 1 | В | | С | | D | |
| | | 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? | | | | | | | | |
| | Cumplemental Information Complete this part to pu | auda addıtıar | aal informati | on for roonon | sas ta suast | uans an Caba | dula K (coo | instructions) | 1 |
| 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 | Yes | No | Yes | | | | Yes | |

Α

В

Explanation

С

Schedule K (Form 990) 2012

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

DLN: 93493324004143

Open to Public Inspection

Internal Revenue Service
Name of the organization
DEXTER SCHOOL

Department of the Treasury

Employer identification number

04-2104152

| | | | | | | | | | | 04 | -21041 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|----------------------|--------------------|------------------|----------------|-------|--|-----------------------|-----------------|---------------|----------|---------------|---------------------|-----|----------------|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|----|--|---|--|---|--|
| P | art I Bond Issues | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue pric | ce | (f | f) Description | n of purpose | (g) De | feased | beha | On alf of uer | | Pool incing | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| A | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQQ1 | 08-02-2007 | 1,330,0 | 000 [| | | S INANCE AGY | | Х | | х | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| В | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQR9 | 08-02-2007 | 1,400,0 | 000 [| | | S INANCE AGY | | х | | х | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| c | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQS7 | 08-02-2009 | 1,465,0 | 000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | | | х | | х | | х | | | | | | | | | | | | | | | | | | | | | | | | |
| D | MASS DEVELOPMENT FINANCE AGENCY | | 57583RQT5 | 08-02-2009 | 1,540,0 | 000 [| MASSACHUSETTS DEVELOPMENT FINANCE AGY (MDFA) | | | х | | х | | х | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa | art II Proceeds | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A mount of bonds retired | | | | Α | | | В | | С | | С | | С | | С | | С | | С | | С | | с | | С | | C | | C | | С | | СС | | С | | D | |
| 2 | A mount of bonds legally defeas | sed | | | | | | | | | | -+ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Gross proceeds in reserve fund | ıds | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Capitalized interest from proce | eeds | | | | | | | | | | $\overline{}$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | <u> </u> | | | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Credit enhancement from proc | eeds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Working capital expenditures f | from proceeds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Capital expenditures from proc | ceeds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | O ther spent proceeds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | O ther unspent proceeds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | 1 | | | | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Yes | No | | Yes | No | Yes | N | lo | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Were the bonds issued as part | of a current refund | ing issue? | | | Х | | | Х | | > | < | | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Were the bonds issued as part | of an advance refu | nding issue? | | | Х | | | Х | | > | < | | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Has the final allocation of proc | eeds been made? | | | | Х | | | Х | | > | < | | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Does the organization maintain allocation of proceeds? | n adequate books a | nd records to supp | oort the final | | Х | | | х | | > | < | | | Х | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa | rt IIII Private Business U | ise | | | | | | | <u>'</u> | | ' | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Ą | | | В | | | Ç | | | D | | | | | | | | | | | | | | | | | | | | | | | | | |
| _ | Man the emperation of | | | 1 Cb.ab | Yes | No | • | Yes | No | Yes | N | lo | Yes | - | No | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Was the organization a partner | in a partnership, or | r a member of an L | .LC, which owned | | Χ | | 1 | X | | > | < | | | Χ | | | | | | | | | | | | | | | | | | | | | | | | |

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

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 % 0/∩ % % Does the bond issue meet the private security or payment test? 7 Χ Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Х Χ Exception to rebate? Х Х Х Х b No rebate due? c Χ Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Part IV Arbitrage (Continued)

Identifier

Return Reference

D

| | | Yes | No | Yes | No | Yes | No | Yes | No |
|----|--|---------------|---------------|---------------|--------------|--------------|-------------|---------------|----|
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | х | | х | | Х |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | х | | х | | Х |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | Х | | X | | x | | × |
| Pa | rt V Procedures To Undertake Corrective Action | | | | | | | | |
| | | Α | 1 | В | | С | | D | |
| | | 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? | | | | | | | | |
| | Cumplemental Information Complete this part to pu | auda addıtıar | aal informati | on for roonon | sas ta suast | uans an Caba | dula K (coo | instructions) | 1 |
| 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 | Yes | No | Yes | | | | Yes | |

Α

В

Explanation

С

Schedule K (Form 990) 2012

DLN: 93493324004143

Open to Public

Inspection

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number

04-2104152

► Attach to Form 990. ► See separate instructions. Name of the organization DEXTER SCHOOL

Part I Bond Issues (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No MASS DEVELOPMENT MASSACHUSETTS FINANCE AGENCY 57583RQU2 08-02-2009 1,600,000 DEVELOPMENT FINANCE AGY Χ Χ Χ (MDFA) MASS DEVELOPMENT MASSACHUSETTS 1,680,000 DEVELOPMENT FINANCE AGY Χ Χ Χ FINANCE AGENCY 57583RQV0 08-02-2009 (MDFA) MASS DEVELOPMENT MASSACHUSETTS 3,000,000 DEVELOPMENT FINANCE AGY Χ Х 57583RQW8 08-02-2009 Χ FINANCE AGENCY (MDFA) MASSACHUSETTS MASS DEVELOPMENT 8,000,000 DEVELOPMENT FINANCE AGY FINANCE AGENCY 57583RQE8 08-02-2009 Х Χ Χ (MDFA) Part II **Proceeds** Α В C D

explanations, and any additional information in Part VI.

| | | | _ | |
|----|--|--|---|--|
| 1 | A mount of bonds retired | | | |
| 2 | A mount of bonds legally defeased | | | |
| 3 | Total proceeds of issue | | | |
| 4 | Gross proceeds in reserve funds | | | |
| 5 | Capitalized interest from proceeds | | | |
| 6 | Proceeds in refunding escrows | | | |
| 7 | Issuance costs from proceeds | | | |
| 8 | Credit enhancement from proceeds | | | |
| 9 | Working capital expenditures from proceeds | | | |
| 10 | Capital expenditures from proceeds | | | |
| 11 | O ther spent proceeds | | | |

| 11 | O ther spent proceeds | | |
|----|--------------------------------|--|--|
| 12 | O ther unspent proceeds | | |
| 13 | Year of substantial completion | | |

| | | Yes | No | Yes | No | Yes | No | Yes | No |
|----|--|-----|----|-----|----|-----|----|-----|----|
| 14 | Were the bonds issued as part of a current refunding issue? | | Х | | Х | | Х | | Х |
| 15 | Were the bonds issued as part of an advance refunding issue? | | Х | | х | | Х | | Х |
| 16 | Has the final allocation of proceeds been made? | | Х | | Х | | Х | | Х |
| 17 | Does the organization maintain adequate books and records to support the final | | х | | х | | х | | х |

| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | Х | | Х | | Х | | Х | | | |
|-----|--|--|---|--|---|--|---|---|----------|--|--|--|
| Par | Part III Private Business Use | | | | | | | | | | | |
| | | | 1 | | 3 | | C | Γ | <u> </u> | | | |

| | | <i>I</i> | 4 | I | В | (| С | | D | |
|---|--|----------|----|-----|----|-----|----|-----|----|--|
| | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | × | | × | | × | | Х | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | Х | | Х | | Х | | Х | |

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 % 0/∩ % % Does the bond issue meet the private security or payment test? 7 Χ Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Х Χ Exception to rebate? Х Х Χ Х b No rebate due? c Χ Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Part IV Arbitrage (Continued)

Identifier

Return Reference

D

| | | Yes | No | Yes | No | Yes | No | Yes | No |
|----|--|---------------|---------------|---------------|--------------|--------------|-------------|---------------|----|
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | х | | х | | Х |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | х | | х | | Х |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | Х | | X | | x | | × |
| Pa | rt V Procedures To Undertake Corrective Action | | | | | | | | |
| | | Α | 1 | В | | С | | D | |
| | | 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? | | | | | | | | |
| | Cumplemental Information Complete this part to pu | auda addıtıar | aal informati | on for roonen | sas ta suast | uans an Caba | dula K (coo | instructions) | 1 |
| 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 | Yes | No | Yes | | | | Yes | |

Α

В

Explanation

С

Schedule K (Form 990) 2012

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(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ▶ See separate instructions.

DLN: 93493324004143 OMB No 1545-0047

2012

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number DEXTER SCHOOL** 04-2104152 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of (c) CUSIP # financing (f) Description of purpose (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No MASS DEVELOPMENT MASSACHUSETTS FINANCE AGENCY 57583RQX6 08-02-2009 11,000,000 DEVELOPMENT FINANCE AGY Х Χ Χ (MDFA) Part II **Proceeds** В C D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 No Yes Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Х allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

financed property?

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

Χ

| Sche | dule K (Form 990) 2012 | | | | | | | | | Page 2 |
|------|---|--------------|-----|---------|----------|----------|----------|----------|-----|---------------|
| Par | Private Business Use (Continued) | | | | | | | | | |
| | | | | Α | | В | | <u>C</u> | | D |
| 3a | Are there any management or service contracts that may result in private | business use | Yes | No X | Yes | No | Yes | No | Yes | No |
| | of bond-financed property? | | | ^ | | | | | | |
| 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 fina property? | | | | | | | | | |
| С | Are there any research agreements that may result in private business use financed property? | e of bond- | | х | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government | | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | | % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | | | | | |
| 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 bon issued? | | | х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | disposed of | | % | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2? | sections | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und | | | х | | | | | | |
| Do | Regulations sections 1 141-12 and 1 145-2? | | | | | | | | | |
| Par | t IV Arbitrage | Α | | | В | | С . | | D | |
| | | Yes | No | Yes | No | Yes | | No | Yes | No |
| 1 | Has the Issuer filed Form 8038-T? | | Х | | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | <u> </u> | <u> </u> | | |
| a | 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 | | | • | ' | ! | ' | <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? | | | | | | | | | · |
| е | Was a hedge terminated? | | | | | | | | | |
| | | · | | _ | | | | | | |

Part IV Arbitrage (Continued)

| | | Yes | No | Yes | No | Yes | No | Yes | No |
|--|---|----------------|---------------|----------------------|--------------|--------------|--------------|---------------|----|
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | Х | | | | | | |
| Pai | rt V Procedures To Undertake Corrective Action | | | | | | | | |
| | | Α | | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 | Supplemental Information. Complete this part to pro | ovide addition | al informatio | <u>on for respon</u> | ses to quest | ions on Sche | edule K (see | instructions) | |
| | Identifier Return Reference | | | | Explana | ition | | | |

В

С

Schedule K (Form 990) 2012

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As Filed Data -

DLN: 93493324004143

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

Open to Public Inspection

| Department of the Treasury Internal Revenue Service | ► Attach to Form 990 or Form 990-EZ. ► See separate instruction | ons. Open to Pu Inspection |
|---|---|--------------------------------|
| Name of the organization | on | Employer identification number |

| · · · · · · | e if the organization | on answered | "Yes" on F | orm 990, P | nd section 5 art IV, line 25 | | | 90-E | Z, Part \ | V , line 4 | | |
|--|--|--|--|----------------------------------|---|---------------------------|-------------|---------|--------------------------|-------------------------|----------------|------------------|
| 1 (a) Name o | f disqualified perso | | | between dis | • | (c) Descrip | otion o | ftrans | action | | (d) Cor | rected |
| | | | person and | d organizatio | on | | | | | | Yes | No |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | - | | - |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| · · · · · | | | | | 1.6.1 | | | | | <u>l</u> | | _ |
| 4958 | ount of tax incurred | a by organiza | ition mana | gers or disc | quaiified perso | ns during the | year u | ınaer s | ection • ¢ | | | |
| | ount of tax, if any, | on line 2 abo | ovo roimb | ure od by th | 0 0rg2nization | | • • | • | - - \$ | | | |
| J Lincer the anno | Julic of tax, if ally, | on mie 2, abi | ove, rennb | ursed by the | e organizacion | | | • | Γ Ψ . | | | |
| Part II Loan | s to and/or F | rom Inter | ested Pe | ersons. | | | | | | | | |
| | lete if the organiza | | | | | ne 38a, or Fo | rm 99 | O, Par | t IV, lın | e 26, o | r ıf the | |
| | ization reported ar | <u>n amount on f</u> | Form 990, | Dart V line | E C ~~ ?? | | | | | | | |
| | 14.55 | | 7.15. | | | (6) 5 1 | | | | | 1 | |
| | (b) Relationship | | 1 ' ' | ı to | (e)Original | | | In | (h | - | | ritten |
| (a) Name of Interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loar or from t organizat | to the | | (f) Balance due | (g) defa | | (h Appro | oved | | ritten ement? |
| interested | 1 ' ' | | or from t | to the | (e)Original principal | | | | Appro | oved ard or | | |
| interested | 1 ' ' | | or from t | to the | (e)Original principal | | | | A ppro | oved ard or | | |
| interested | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ement? |
| interested | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ement? |
| interested | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| interested | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| ınterested | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| interested person | 1 ' ' | | or from torganizat | to the ion? | (e)Original principal | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| Interested person | with organization | of Ioan | or from torganizat | From | (e) O riginal principal amount | | defa | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| interested person | with organization | of loan | or from torganizat | From | (e)Original principal amount | due | Yes | ult? | Appro by boa commi | oved ard or ttee? | agree | ment? |
| interested person otal art III Grant Comp | ts or Assistance | of loan ce Benefit | or from to organizate To sting Integrated "Y | From From Prested Pres" on For | (e)Original principal amount Persons. rm 990, Part | IV, line 27. | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No No |
| interested person otal ert III Grant Comp (a) Name of Inter | ts or Assistance lete if the organ rested (b) Relation | of loan ce Benefit nization ans | or from to organizat To sting Interest "Yeween (company) | From From Prested Pres" on For | (e)Original principal amount | due | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No No |
| interested person otal art III Grant Comp | ts or Assistant lete if the organ rested (b) Relations | of loan ce Benefit | or from to organizat To sting Interest "Yeween (company) | From From Prested Pres" on For | (e)Original principal amount Persons. rm 990, Part | IV, line 27. | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No No |
| tal Comp (a) Name of Inter | ts or Assistant lete if the organ rested (b) Relations | of loan ce Benefit nization ans ationship bet | or from to organizat To sting Interest "Yeween (company) | From From Prested Pres" on For | (e)Original principal amount Persons. rm 990, Part | IV, line 27. | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No |
| tal Comp (a) Name of Inter | ts or Assistant lete if the organ rested (b) Relations | of loan ce Benefit nization ans ationship bet | or from to organizat To sting Interest "Yeween (company) | From From Prested Pres" on For | (e)Original principal amount Persons. rm 990, Part | IV, line 27. | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No |
| tal Comp (a) Name of Inter | ts or Assistant lete if the organ rested (b) Relations | of loan ce Benefit nization ans ationship bet | or from to organizat To sting Interest "Yeween (company) | From From Prested Pres" on For | (e)Original principal amount Persons. rm 990, Part | IV, line 27. | Yes | No | A pproby boa commi | oved ard or ttee? | Yes | No |

| Part IV Business Transactions Involving Interested Person |
|---|
|---|

| Complete if the organizat | ion answered "Yes" on I | Form 990, Part IV, lin | e 28a, 28b, or 28c. | | |
|-------------------------------|--|----------------------------|--|----------------------------------|---------------|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh of organiz reven | f zation's |
| | | | | Yes | No |
| (1) BENJAMIN PHINNEY | NEPHEW OF TRUSTEE AND FORMER HEADMASTER | 141,865 | EMPLOYEE OF THE SCHOOL | | No |
| (2) PERRY PHINNEY | WIFE OF TRUSTEE AND FORMER HEADMASTER | 110,000 | EMPLOYEE OF THE SCHOOL | | No |
| (3) CYNTHIA SAUL | DAUGHTER OF BUSINESS MANAGER | 5,448 | SEASONAL EMPLOYEE IN THE SUMMER CAMP PROGRAM | | No |
| (4) ROBERT PHINNEY | SON OF TRUSTEE AND FORMER HEADMASTER | 109,964 | EMPLOYEE OF THE SCHOOL | | No |
| (5) KRISTEN VINCENT | WIFE OF HEAD OF SCHOOL | 56,970 | EMPLOYEE OF THE SCHOOL | | No |

Part V Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ) 2012

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Noncash Contributions

DLN: 93493324004143

OMB No 1545-0047

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SCHEDULE M (Form 990)

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

Name of the organization DEXTER SCHOOL

Employer identification number

| | | | | | | 04-2 | 104152 | | | |
|-----|-----------------|--|----------------------------------|--|--|------------|--|--------|-----|----|
| Pa | rt I | Types of Property | | | Γ | ı | | | | |
| | | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | n | (d Method of d oncash contrib | etermı | | ts |
| | | Works of art | | | | | | | | |
| _ | | Historical treasures . | | | | | | | | |
| | | Fractional interests | | | | | | | | |
| | | and publications | | | | | | | | |
| 5 | | ing and household | | | | | | | | |
| 6 | goods Cars a | and other vehicles | | | | | | | | |
| | | and planes | | | | | | | | |
| | | ectual property | | | | | | | | |
| | | ities—Publicly traded . | Х | 11 | 70,041 | FM∨ | ON DATE OF | GIFT | | |
| 10 | Secur | ities—Closely held stock . | | | | | | | | |
| | Secur | ities—Partnership, LLC, st interests | | | | | | | | |
| 12 | Secur | ities—Miscellaneous | | | | | | | | |
| 13 | contri | fied conservation Ibution—Historic tures | | | | | | | | |
| 14 | - | fied conservation bution—Other | | | | | | | | |
| 15 | Reale | estate—Residential . | | | | | | | | |
| 16 | Reale | estate—Commercial | | | | | | | | |
| | | estate—Other | | | | | | | | |
| 18 | Collec | ctibles | | | | | | | | |
| | | inventory | | | | | | | | |
| | | and medical supplies . | | | | | | | | |
| | | ermy | | | | | | | | |
| | | rical artifacts | | | | | | | | |
| | | tific specimens | | | | | | | | |
| | | ological artifacts | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | · • () | | | | <u> </u> | | | | |
| | | · () | | | | | | | | |
| | | er of Forms 8283 received | by the orga | l Inization during the tax yea | r for contributions | | | | | |
| | | ich the organization comple | | | | 29 | | | | 11 |
| | | | | | | | | | Yes | No |
| 30a | | ng the year, did the organiza | | | | | | | | |
| | | hold for at least three years | | | | d to b | e used | | | |
| | | cempt purposes for the entir | | | | • | | 30a | | No |
| b | If "Y | es," describe the arrangeme | ent in Part 1 | II | | | | | | |
| 31 | Does | the organization have a gift | t acceptano | ce policy that requires the i | review of any non-standard | contr | ibutions? | 31 | | No |
| 32a | | the organization hire or user loutions? | e third parti | | to solicit, process, or sell i | nonca • | sh · · | 32a | Yes | |
| b | If"Y | es," describe in Part II | | | | | | | | |
| 33 | Ifthe | e organization did not report ribe in Part II | an amount | in column (c) for a type of | property for which column (| a) is c | 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 |
|-----------------|------------------|---|
| THIRD PARTY USE | ······ -,·· | BROKERAGE FIRM IS USED TO SELL ANY MARKETABLE SECURITIES RECEIVED |

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493324004143

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

VI, SECTION C,

LINE 19

Department of the Treasury Internal Revenue Service

DEXTER SCHOOL

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.

2012
Open to Public Inspection

| | | 04-2104152 |
|------------|--|--|
| Identifier | Return Reference | Explanation |
| | FORM 990, PART VI, SECTION A, LINE 8B | 39 MINUTES OF THE MEETINGS OF THE BOARD OF TRUSTEES ARE KEPT |
| | FORM 990, PART VI, SECTION B, LINE 11 | THE PRESIDENT AND TREASURER OF THE CORPORATION REVIEW THE FORM 990 PRIOR TO SUBMITTAL, AND THE FORM IS AVAILABLE FOR REVIEW FOR THOSE DESIRING |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE SCHOOL CONDUCTS PERIODIC REVIEWS TO DETERMINE WHETHER ANY CONFLICT OF INTEREST EXISTS ADDITIONALLY, THE SCHOOL REQUIRES ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND PRINCIPAL ADMINISTRATORS OF THE SCHOOL TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM THE SCHOOL ALSO DISTRIBUTES THIS POLICY TO ANY THIRD PARTY WHO IS ENGAGED BY THE SCHOOL TO PROVIDE CONSULTING OR FINANCIAL AND OPERATING DECISIONS |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE SCHOOL COMPARED DATA FROM SURROUNDING PRIVATE SCHOOLS TO DETERMINE ADEQUATE AND COMPETITIVE COMPENSATION FOR THE INCOMING HEADMASTER |
| | FORM 990. PART | THE SCHOOL'S GOVERNING DOCUMENTS ARE AVAILABLE AT THE COMMONWEALTH OF MASSACHUSETTS |

VIEWING AT THE COMMONWEALTH'S DIVISION OF CHARITIES

DIVISION OF CORPORATION THE CONFLICT OF INTEREST POLICY IS FURNISHED UPON REQUEST THE

FINANCIAL STATEMENTS ARE FURNISHED UPON REQUEST, LOCATED ON GUIDESTAR, AND AVAILABLE FOR

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493324004143

OMB No 1545-0047

2012

Open to Public Inspection

Schedule R (Form 990) 2012

Employer identification number

04-2104152

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

DEXTER SCHOOL

Part I

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.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(f) (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Section 512(b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) SOUTHFIELD SCHOOL ELEMENTARY THROUGH HIGH MA 501(C)(3) 170(B)(1)(A)(II) SCHOOL FOR GIRLS - PRE-20 NEWTON STREET KINDERGARTEN TO GRADE TWELVE BROOKLINE, MA 02445 04-3134986

Cat No 50135Y

| (a) Name, address, and EIN o related organization | | | | ration domicile controlling income(relation (state or entity excluded from country) tax under | | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-yea assets | (h Disprop r allocat | ortionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | x managing partner? | | (k) Percenta ownersh |
|--|---|---|--------------------|---|---|--|---------------------------------|---|----------------------------|-------------------------------------|---|------------------------|------|----------------------------|
| | | | | | 514) | | | Yes | No | | Yes | No | | |
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| V Identification of Related Or line 34 because it had one or r | ganizations Taxa nore related organi | ble as a Corpo | ration is a cor | or Trust (poration or | Complete if trust during | the organı the tax ye | zatıon ar ar.) | iswere | d "Ye | s" to Form | 990, | Part | :IV, | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controll entity | (e) Type of enti (C corp, S corp, or trust) | | total Share e of | (g) e of end- year ssets | | (h) ercentage wnership | Section (b) conti | (13) | | |
| | | | | | | | | | | | Yes | | No | |
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| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | | | | | | |
|---|---|---------------------------|----------------------|----------------------------|---------|---------|----|--|--|--|--|--|--|
| 1 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) | | | | | | | | | | | | |
| c | Gift, grant, or capital contribution from related organization(s) | | | | | | | | | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | | | | | | | | | |
| e | Loans or loan guarantees by related organization(s) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | | | | | | | | | |
| g | Sale of assets to related organization(s) | | | | | | | | | | | | |
| h | Purchase of assets from related organization(s) | | | | | | | | | | | | |
| i | Exchange of assets with related organization(s) | | | | | | | | | | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | | | | |
| n | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Yes | | | | | | | |
| | | | | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | | No | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Yes | | | | | | | |
| | | | | | | | | | | | | | |
| r | O ther transfer of cash or property to related organization(s) | | | | 1r | | No | | | | | | |
| s | s Other transfer of cash or property from related organization(s) | | | | | | | | | | | | |
| <u> </u> | If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line including co | vered relationships | and transaction thresholds | | | | | | | | | |
| | (a) | (b) | (c) | (d) | | | | | | | | | |
| | Name of other organization | Transaction type (a-s) | Amount involved | Method of determining amo | ount ir | nvolved | | | | | | | |
| 1) S | DUTHFIELD SCHOOL-SALARIES | 0 | 1,222,493 | ALLOCATION | | | | | | | | | |
| 2) S | DUTHFIELD SCHOOL | Q | 6,880,470 | ALLOCATION | | | | | | | | | |
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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 | | | | ` | , | | _ | |
|--|--------------------------------|---|---|------|--|------------------------------------|--|--------------------------------------|----|---|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512- 514) | org | (e) all partners section 501(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
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Additional Data Return to Form

Software ID:

Software Version:

EIN: 04-2104152

Name: DEXTER SCHOOL

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

| Identifier Return Reference Explanation | Complete this part to pr | | | |
|---|--------------------------|------------------|-------------|--|
| | | return kererence | Explanation | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493324004143 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 DEXTER SCHOOL 04-2104152 Part I **Election To Expense Certain Property Under Section 179** 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 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 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 2,450,621 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 MMS/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 2,450,621 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 Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

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. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

| 24a Do you have evider | nce to support | the business/inve | stment ι | ıse claıme | d? ┌ Yes | Гпо | | 24 | lb If "Y | es," is | the ev | idence | written? | , | s L | 0 |
|--|---|---|-----------|-----------------------------|---------------------|---|--------------------|----------------------------------|------------------------|------------------------------|---|-----------------------------|---------------------|---------------------|----------------------------------|---------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | | i) r other sıs | (busines | (e) deprecia s/investr e only) | | (f) Recovery period | Met | g) thod/ ention | | († Depred dedu | iation/ | | (i) Electe section cost | 179 |
| 25Special depreciation allo | | • • | y placed | ın service | during the | tax year | and u | used more | e than | | | | | | | |
| 50% in a qualified busi | • | • | | | | | | | | 25 | | | | | | |
| 26 Property used more | e than 50% I | in a qualified bi | usiness | use | T | | | Ι | | | 1 | | | | | |
| | | % | | | | | | | | | + | | | + | | |
| | | % | | | | | | | | | | | | | | |
| 27 Property used 50% | orless in a | | ness us | е | | | | | lo /i | | _ | | | | | |
| | | % | | | | | | | S/L - S/L - | | + | | | \dashv | | |
| | | % | | | | | | | S/L - | | + | | | ┪ | | |
| 28 Add amounts in co | olumn (h), lır | nes 25 through | 27 En | ter here | and on lu | ne 21, | page | 1 | 28 | | | | | | | |
| 29 Add amounts in co | olumn (ı), lın | e 26 Enterhei | e and o | n line 7, | page 1 | | | | | | | | 29 | | | |
| | (), | | | | mation | on U | se d | of Veh | icles | | | | <u>'</u> | | | |
| omplete this section | for vehicles | used by a sole | propri | etor, par | tner, or o | ther "n | nore | than 5% | owne | r," or | relate | ed per | son | | | |
| f you provided vehicles to | your employee | es, first answer the | e questio | | _ | | | n except | | mpletir T | | | | | | |
| 30 Total business/inv | | | ng the | | a) icle 1 | Vehi | b) cle 2 | Ve | (c) shicle 3 | 3 1 | (c Vehic | - | | e) icle 5 | | f) icle 6 |
| year (do not inclu | de commutir | ng miles) . | • | - ' | 1010 1 | 1 | <u> </u> | | | | • | | 1 | | 1 | |
| 31 Total commuting i | miles driven | during the yea | r . | | | | | | | | | | | | | |
| 32 Total other persor | nal(noncomm | nutina) miles di | riven | | | | | | | | | | + | | | |
| 33 Total miles driven | • | | | | | | | - | | -+ | | | + | | | |
| through 32 | · · · | · · · | | | | | | | | | | | | | | |
| 34 Was the vehicle a | vaılable for p | ersonal use | | Yes | No | Yes | No | Yes | N | 0 1 | es | No | Yes | No | Yes | No |
| during off-duty ho | urs? . | | | | | | | | | | | | | | | |
| 35 Was the vehicle u | sed primarily | y by a more tha | n 5% | | | | | | | | | | | | | |
| owner or related p | erson? . | | | | | | | | | | | | | ↓ | | |
| 36 Is another vehicle | available fo | r personal use | ?. | | | | | | | | | | | | | |
| Section Sectio | ns to determ | | | | | | | | | | | | | | not mo | re tha |
| 37 Do you maintain a employees? | | | nat prof | nibits all | personal | use of | vehi | cles, in | cluding | comr | nutın | g, by | your | Y | 'es | No |
| employees. | | | • • • | | | • • | • | | • • | | | • | | | | |
| 38 Do you maintain a employees? See the | | | | | | | | | | | | your • | | | | |
| 39 Do you treat all us | e of vehicles | s by employees | s as per | rsonal us | se? | | | | | | | | | | | |
| 40 Do you provide movehicles, and reta | | | | oyees,o | btaın ınfo | rmatio | n fro | m your | employ | ees a | bout | the us | se of | | | |
| 41 Do you meet the r | eauırements | concernina au | alıfıed a | automob | ıle demor | nstratio | n us | e? (See | ınstru | ctions |) . | | | | | |
| Note: If your answ | - | | | | | | | = | | | - | | | | | |
| | rtization | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 15 1 6. | , do 110 | e compre | | | 7 101 1110 | | | 110100 | | | | | |
| Allio | T CIZACIOII | (b) | T | | | Т | | | Т | (e) | | | | | | |
| (a) Date | | | | | (a) A morti | | | | | Λmo | (f) | on for | | | | |
| Description of c | osts | | | A mortizable amount | | | Code section | | period | | d or | | A mortiza this y | | | |
| 40.4 | | begins | 2015 | | , | <u>_</u> | | | Įρε | ercent | aye | | | | | |
| 42 A mortization of co | sts that beg | ins auring you | 7 2012 | tax year | (see ins | tructio | 1S) | | | | - | | | | | |
| | | | - | | | | | | | | | | | | | |
| | | | | | | | | | | <u> </u> | | | | | | |
| 43 A mortization of co | _ | • | | - | | | • | | | · _ | 43 | | | | | |
| 44 Total. Add amount | ts ın column | (f) See the ins | tructio | ns for wh | nere to re | port | | | | . | 44 | | | | | |