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DLN: 93493043010214

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)

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

2012

Open to Public Inspection

A Fo	or the	2012 ca	endar year, or tax year beginn	ing 07-01-2012 ,2012, and en	ding 06-30	-2013				
		applicable change	C Name of organization TRUSTEES OF THAYER ACADEMY	INC				yer iden	ntification number	
Г№	me ch	ange	Doing Business As THAYER ACADEMY INC				_	. 0 5 7 0 1	•	
Ini	tial reti	um		f mail is not delivered to street address	S) Room/suite	e	E Telepho	one num	ber	
Гте	rmınate	ed	745 WASHINGTON STREET	INGTON STREET (781) 380-0						
┌ An	nended	l return	City or town, state or country, ar	nd ZIP + 4	<u> </u>		(/81)	360-0	303	
┌ Ap	plicatio	on pending	BRAINTREE, MA 02184				G Gross r	eceipts \$	32,363,675	
			F Name and address of p	this a group	return	for				
			WILLIAM T KOSKORES 745 WASHINGTON STRE	:CT			liates?		┌ Yes 🗸 No	
			BRAINTREE, MA 02184			H(b) ^ r	a all affiliata	c inclu	ded?	
									(see instructions)	
I Ta	ax-exei	mpt status	▼ 501(c)(3)	◀ (insert no)	527	_				
J W	ebsit	: e:► WV	VW THAYER ORG			H(c) Gr	oup exempt	ion nur	nder 🕦	
			Corporation Trust Associa	ition Other ►	<u>'</u>	L Year of	formation 18	79 M	State of legal domicile MA	
Pa	rt I	Sum	nmary							
	1			sion or most significant activitie		DOLLGII 1	2			
a 1		COLLEC	SE PREPARATORY EDUCATION	ONAL INSTITUTION FOR GRA	DES 6 IHI	ROUGH 1.	2			
Governance										
룓										
桑	2	Check t	his box দ if the organization	discontinued its operations or d	lisposed of	more than	1 25% of its	net as	sets	
ŝ									1	
				rning body (Part VI, line 1a) .				3	26	
Activities &				rs of the governing body (Part VI				4	26	
5				ın calendar year 2012 (Part V, lı				5	351	
ું			ımber of volunteers (estımate ı		6	235				
	1		related business revenue from			7a	219			
	b	Net unre	elated business taxable incom	e from Form 990-T, line 34 .		1		7b	0	
a)						P	rior Year		Current Year	
	8		ibutions and grants (Part VIII)		4,156,9		2,536,856			
à La	9	-	,	, line 2g)			25,757,0		26,375,762	
Ravenue	10		· · · · · · · · · · · · · · · · · · ·	mn (A), lines 3, 4, and 7d) .			1,173,		1,513,296	
_	11			(A), lines 5, 6d, 8c, 9c, 10c, and 1			565,9	993	734,305	
	12			11 (must equal Part VIII, colum			31,653,	580	31,160,219	
	13			art IX, column (A), lines 1–3)			4,921,4	481	5,256,941	
	14	Benef	its paid to or for members (Par	t IX, column (A), line 4)				0	0	
	15	Saları	es, other compensation, emplo	oyee benefits (Part IX, column (A	A), lines					
Expenses		5-10	•				14,825,9	981	15,436,131	
₹	16a	Profes	ssional fundraising fees (Part I	X, column (A), line 11e)				0	0	
置	b		undraising expenses (Part IX, column							
	17), lines 11a-11d, 11f-24e) .		9,555,700 9,760,7				
	18			nust equal Part IX, column (A), l			29,303,162 30,453,			
	19	Rever	nue less expenses Subtract lir	ne 18 from line 12		+	2,350,4	_	706,398	
Not Assets of Fund Balances						Beginn	ing of Curre Year	nt	End of Year	
10 kg	20	Total	assets (Part X, line 16)				103,104,7	737	106,306,575	
A.A.	21						43,737,6		40,334,197	
2E	22			ct line 21 from line 20			59,367,0		65,972,378	
Pa	rt II		nature Block				. ,			
Unde my k	er pen nowle	alties of edge and	perjury, I declare that I have 6	examined this return, including a omplete Declaration of preparei						
		Tk				I	2014-02-12			
Sigi	า	Sign	ature of officer				Date			
Her			MAS M KENT TREASURER							
			e or print name and title							
			Print/Type preparer's name	Preparer's signature	Da	1	heck I if	PTIN P00757		
Pai	d	-	Firm's name F MCGLADREY LLP	<u> </u>	1		elf-employed irm's EIN 🟲 42			
Pre	par	er L								
Use	On	ıly 📙	Firm's address ► 80 CITY SQUARE			P	hone no (617) 912-90	000	
		·	BOSTON, MA 02129							

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

✓ Yes ☐ No

Form	990 (2012)					Page					
Par		ent of Program Serv Schedule O contains a res									
1	Briefly describe	the organization's missio	n								
THR	OUGH 12 TO MO		STHETIC AND	D PHYSICAL EXCELL	E COMMUNITY OF STUDENTS ENCE SO THAT EACH MAY RIS						
2	Did the organization of the prior Form 99	tion undertake any signific 90 or 990-EZ?	cant program so	ervices during the yea	r which were not listed on	┌ Yes ┌ No					
	If "Yes," describe	e these new services on S	chedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe	If "Yes," describe these changes on Schedule O									
4	expenses Section		4) organization	s are required to repor	ree largest program services, as t the amount of grants and alloca						
4a	(Code) (Expenses \$	25,249,798	ıncludıng grants of \$	5,256,941) (Revenue \$	25,542,262)					
	COLLEGE PREPARA	TORY EDUCATIONAL INSTITUTI	ON FOR GRADES 6	THROUGH 12 THE ACADE	MY HAD 685 STUDENTS ENROLLED THIS	S YEAR					
4b	(Code) (Expenses \$	662,369	ıncludıng grants of \$) (Revenue \$	930,003)					
	SUMMER PROGRAM SPECIALIZED PROG		O FURTHER ENHA	NCE THE SCHOOL'S MISSIO	N ON A BROADER FRONT (IE ARTS, C	RAFTS, SPORTS, AND OTHE					
4c	(Code) (Expenses \$	233,723	ıncludıng grants of \$) (Revenue \$	244,032)					
	AUXILIARY SERVIC	ES PROVIDED FOR THE CONVEN	NIENCE OF STUDEN	NTS, PARENTS, FACULTY, A	ND STAFF						

) (Revenue \$

including grants of \$

26,145,890

Other program services (Describe in Schedule O)

Total program service expenses ▶

4d

(Expenses \$

Part IV	Checkli	st 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 1	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	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part <i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\footnote{5}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 61		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		''
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
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		
	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			
С	Enter the amount of reserves on hand	[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		Ī

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	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	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	zation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the pow	er to	elect or appoint one or			
	more members of the governing body?			7a		No_
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		-	7b		N o
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,		annot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule	0.		9		Νo
	organization's mailing address? If "Yes," provide the names and addresses in Schedule			9	un Cod	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule ection B. Policies (This Section B requests information about policies not			9		e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	 ired by the Internal I	9 Revent	ue Cod Yes	e.) No
Se 10a	Did the organization have local chapters, branches, or affiliates?	requi		9		e.)
Se 10a	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal H s of such chapters,	9 Revent		e.) No
Se 10a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal R	9 Revenu 10a 10b		e.) No
Se 10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	requi	ired by the Internal I	9 Revenu 10a 10b		e.) No
Se 10a b 11a	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	9 Revenu 10a 10b		e.) No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	e.) No
Se 10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a	Yes	e.) No
Se 10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a	Yes Yes	e.) No
Se 10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No No
See 10a b 11a b 12a b c c 13 14	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	e.) No
Sec. 10a b 11a b 12a b c c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No No
See 10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	requires on's ecs governments.	ired by the Internal I	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	requires on's ecs governments.	ired by the Internal I	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	requires on's ecs governments.	ired by the Internal I	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Internal I	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	e.) No No
See 10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	requires on's easy on's easy or simple deligements.	ired by the Internal I	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
See 10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	required in the property of th	ired by the Internal I	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►WILLIAM F STEPHENSON 745 WASHINGTON STREET BRAINTREE, MA (781) 380-0503

Form	990	(2012)
------	-----	--------

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11200,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
											_		
											_		
1b	Sub-Total			<u> </u>		<u> </u>		▶			+		
c	Total from continuation sheet	s to Part VII, S	ection A	۸.	•			Þ					
d 	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	limitad	• • •		licto	d abov	<u>•</u>	1,171,457	l .	0		280,275
2	\$100,000 of reportable compe	•					u abov	e) w	no received more th	lali			
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on ling organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											ax vear	

	· · · · · · · · · · · · · · · · · · ·	
(A) Name and business address	(B) Description of services	(C) Compensation
CE FLOYD COMPANY INC 135 SOUTH ROAD BEDFORD MA 01730	CONTRACTOR	2,109,016
SAGE DINING SERVICES INC 222 BOSLEY AVENUE SUITE B-7 TOWSON MD 21204	FOOD SERVICE MANAGEMENT	625,761
JOSEPH INGLE BUS SERVICE PO BOX 1185 HANOVER MA 02339	TRANSPORTATION	561,517
ATLANTIC RESTORATION CORP 56 CUMMINGS PARK WOBURN MA 01801	CONTRACTOR	497,621
CLEANCO MAINTENANCE CORP 318 BEAR HILL ROAD WALTHAM MA 02451	CLEANING SERVICES	314,768
2. Total number of independent contractors (including but not limited to those	listed above) who received more than	

Form 99								Page 9
Part V	/ + + 1	Statement o	o f Revenue ule O contains a respor	nse to any question i	n this Part VIII			
				ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s &	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
يق ق	С	Fundraising eve	ents 1c	45,872				
ff. FA	d	Related organiz	zations 1d					
:5 ≣	e	Government grants						
ns,		_			ļ			
ië ië	f	similar amounts no	ons, gifts, grants, and 1f ot included above	2,490,984				
들돌	g	Noncash contribution	ons included in lines	287,499	j			İ
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		2,536,856			
				Business Code	, ,			
E E	2a	TUITION AND FEES		Business Code 611600	25 220 227	25 220 227		
Program Serwoe Revenue	b	YOUTH AND SUMM		611710	25,230,327	25,230,327		
Œ.	c	TRANSPORTATION			930,003	930,003		
Ş	d	AUXILIARY		480000	210,037	210,037		
Š		AUXILIAR T		611710	5,395	5,395		
Tan Tan	e f	All other progra	am service revenue	 				
Ď								
	g		s 2a – 2f		26,375,762			
	3		ome (including dividen ar amounts)		654,569		219	654,350
	4		stment of tax-exempt bond					
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents	471,402					
	b	Less rental expenses	94,681					
	С	Rental income or (loss)	376,721					
	d Net rental income or (loss)			376,721			376,721	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,819,842					
	ь	Less cost or other basis and	961,115					
		sales expenses	858,727					
	d d	Gain or (loss)	(SS)		858,727			858,727
	8a	Gross income f	·	· · · · · •	333,7.27			550,7.27
Other Revenue		events (not inc \$45						
He,		See Part IV, lin						
<u>.</u>			а	33,238				
¥	b		penses b	40,477	-7,239			-7,239
•	c 9a	Gross income f	(loss) from fundraising from gaming activities less 19	events 🌬	-7,239			-7,239
			а					
	Ь		penses b					
	C		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
			a	125,966				
	b		oods sold b	107,183				
	C		(loss) from sales of inv		18,783			18,783
		Miscellaneous		Business Code	214 025	211 025		
		PRO GRAM TRI	-	611710	311,935 16,233	311,935 16,233		
	b	DEVELOPMEN		722210 900099	11,896	16,233		
	C	SEMI-FORMAL		900099	5,976	471		5,505
	d e	Total. Add lines	ue s 11a-11d	🕨	0,5,0	4/1		3,303
				· · · · • •	346,040			
	12	Total revenue.	See Instructions .	📂	31,160,219	26,716,297	219	1,906,847

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 5,256,941 5,256,941 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 701,207 584,872 116,335 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 10,777,077 9,301,213 1,016,392 459,472 Pension plan accruals and contributions (include section 401(k) 1,068,372 882,698 133,972 51,702 and 403(b) employer contributions) 2,093,688 1,791,656 278,084 Other employee benefits 23,948 10 795,787 687,025 77,391 31,371 11 Fees for services (non-employees) Management 27,365 27,365 Legal Accounting 68,329 68,329 Professional fundraising services See Part IV, line 17 Investment management fees 87,390 87,390 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 67,596 28,838 38,148 Schedule O) 610 Advertising and promotion . . 12 13 Office expenses 14 Information technology . . 283,090 82,766 172,005 28,319 15 Royalties . 1,797,294 1,591,143 173,002 33,149 16 Occupancy **17** 657 Travel 657 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 57,448 43,068 7,101 7,279 20 1,064,999 1,064,999 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 2,710,894 2,602,458 54,218 54,218 23 69,929 69,929 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 SUPPLIES 39,885 765,267 686,325 39,057 ATHLETICS 571,126 571,126 FOOD SERVICES 536,486 471,559 32,012 32,915 d TRIP EXPENSE 301,829 301,829 1,351,050 782,246 441,368 e All other expenses 127,436 Total functional expenses. Add lines 1 through 24e 25 30,453,821 26,145,890 3,301,463 1,006,468 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

FCII	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,000	1	1,430
	2	Savings and temporary cash investments	2,715,615	2	1,845,935
	3	Pledges and grants receivable, net	2,376,035	3	1,550,177
	4	Accounts receivable, net	582,201	4	575,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
× l	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	57,797	8	42,408
	9	Prepaid expenses and deferred charges	472,652	9	405,999
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 89,458,054	,	-	·
	b	Less accumulated depreciation 10b 28,131,358	60,287,630	10c	61,326,696
	11	Investments—publicly traded securities	2,107,641	11	3,198,024
	12	Investments—other securities See Part IV, line 11	32,230,942	12	35,797,742
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,270,224	15	1,562,925
	16	Total assets. Add lines 1 through 15 (must equal line 34)	103,104,737	16	106,306,575
	17	Accounts payable and accrued expenses	2,471,727	17	2,551,283
	18	Grants payable		18	
	19	Deferred revenue	6,337,099	19	6,485,689
	20	Tax-exempt bond liabilities	28,530,000	20	27,233,182
ای	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
유		persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	6,398,867	25	4,064,043
	26	D	43,737,693	26	40,334,197
s e	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	45,757,000	20	40,004,197
Š	27	Unrestricted net assets	38,445,107	27	42,976,727
<u>88</u>	28	Temporarily restricted net assets	8,426,427	28	9,481,390
=	29	Permanently restricted net assets	12,495,510	29	13,514,261
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.	12,111,111		,,
ō	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net A	33	Total net assets or fund balances	59,367,044	33	65,972,378

Par	t XI Reconcilliation of Net Assets			<u> </u>	-9
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,1	160,219
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,4	153,821
3	Revenue less expenses Subtract line 2 from line 1	3		7	06,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		59,3	367,044
5	Net unrealized gains (losses) on investments	5		3,9	97,039
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		1,9	01,897
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		65,9	72,378
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Software ID: Software Version:

EIN: 04-2105781

Name: TRUSTEES OF THAYER ACADEMY INC

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	s,Tru	uste	ees	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	(C on (do than	not one on i er an trus	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
PAULA L BECKER CHAIRMAN	2 00 0 00	х		х				0	0	0
JAMES J FERRERA VICE CHAIRMAN	2 00 0 00	х		х				0	0	0
THOMAS M KENT TREASURER	2 00 0 00	х		х				0	0	0
MELISSA B TEARNEY SECRETARY	2 00 0 00	х		х				0	0	0
JEFFREY W ALLEN TRUSTEE	2 00 0 00	х						0	0	0
DANIEL C BUDDE TRUSTEE	2 00 0 00	х						0	0	0
PETER S CAHALL TRUSTEE	2 00 0 00	х						0	0	0
JULIAN H CHERUBINI TRUSTEE	2 00 0 00	х						0	0	0
MINIARD CULPEPPER SR TRUSTEE	2 00 0 00	х						0	0	0
WILLIAM L DANDRIDGE TRUSTEE	2 00 0 00	х						0	0	0
RICHARD J DANIELS TRUSTEE	2 00 0 00	х						0	0	0
ROBERT F DAYLOR TRUSTEE	2 00 0 00	х						0	0	0
JUDY M DEBAGGIS TRUSTEE	2 00 0 00	х						0	0	0
MARK FREITAS TRUSTEE	2 00 0 00	х						0	0	0
STEVEN C GAZIANO TRUSTEE	2 00 0 00	х						0	0	0
KEVIN R GILL TRUSTEE	2 00 0 00	х						0	0	0
EDWARD R GOLDFARB TRUSTEE	2 00 0 00	х						0	0	0
DAVID P GOODING TRUSTEE	2 00 0 00	х						0	0	0
JUDITH B HALE TRUSTEE	2 00 0 00	х						0	0	0
MIRA IRONS TRUSTEE	2 00 0 00	х						0	0	0
ERIC P LIMONT TRUSTEE	2 00 0 00	х						0	0	0
BRENDA LYONS TRUSTEE	2 00 0 00	х						0	0	0
ARTHUR R OSWALD TRUSTEE	2 00 0 00	х						0	0	0
WILLIAM M PARENT TRUSTEE	2 00 0 00	х						0	0	0
JOHN F POOLE TRUSTEE	2 00 0 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)		than pers office ctor/	not one on i r an trust	box s bot d a tee)	th	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MICHAEL J SHEEHAN TRUSTEE	2 00 0 00	х						0	0	0
WILLIAM T KOSKORES HEADMASTER	40 00 0 00			х				366,892	0	132,720
WILLIAM F STEPHENSON BUSINESS MGR /ASSIST TREA	40 00 50			х				189,907	0	33,838
MARK E GUTIERREZ DIRECTOR OF DEVELOPMENT	40 00 0 00					х		163,357	0	26,563
RANDOLPH THOMPSON HEAD OF UPPER SCHOOL	40 00 0 00					х		124,243	0	33,218
JONATHAN WHITE DIRECTOR OF ADMISSIONS	40 00 0 00					х		117,930	0	31,768
THERESA R JAY DIRECTOR OF TECHNOLOGY	40 00 0 00					х		106,964	0	11,569
CARSON SMITH HEAD OF MIDDLE SCHOOL	40 00 0 00					х		102,164	0	10,599

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As Filed Data -

DLN: 93493043010214

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Total

SCHEDULE A

(Form 990 or 990EZ)

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

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF THAYER ACADEMY INC

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

Employer identification number

04-2105781

	rt I			blic Charity Sta						structions.	
	organı			te foundation becaus			-				
1				on of churches, or a				ection 170(l	o)(1)(A)(i).		
2	<u> </u>			in section 170(b)(1	, , , , ,		•				
3	Γ	•		perative hospital se	_						
4	Γ			h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
_	_			ty, and state erated for the benefi	+ - -						
5	ļ					or universit	y owned or o	perated by a	a government	ai unit desc	ribea in
_	_			(A)(iv). (Complete P	•			170/b)/1)(A)()		
6	<u> </u>			local government or							مالمان ما المان
7	ı			at normally receives on 170(b)(1)(A)(vi).			support from	a governme	ental unit or fr	om the gene	erai public
8	Г			described in section			nplete Part II	.)			
9	Г	An orga	anızatıon th	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	utions, meml	bership fees	, and gross
				ities related to its ex							
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	Γ			ganized and operated							
		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 c Type III - Functionally integrated d Type III - Non-functionally integrated									
_	_	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons									
е	ı			ox, I certify that the ion managers and ot							
			n 509(a)(2)	anagara ana oci		o.c pub	, 5466010	0.gu _ _			(- /(- / - /
f			=	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III supportı	ng organizatio <u>n,</u>
_			this box	2006, has the organi	ization acces	tod any are	or contribut.	on from are:	of the		l
g			august 17, 2 ng persons?		ization accep	ited any giπ	or contribution	on nom any	oi tile		
			J ,	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes No
		and (111) below, the	governing body of th	e supported	organızatıor	1?			11g((i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				11g((ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?			11g(
h		Provide	e the follown	ng information about	the supporte	ed organizati	on(s)				<u> </u>
	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is t		(vii) A mount of
	suppor			organization	organizati		the organiz		organizati		monetary
O	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor	•	col (i) orga		support
				or IRC section	docume	_	Заррог		lii tiic o	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
					ļ				 		

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	,rF3	▶ □
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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<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

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DLN: 93493043010214

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

omul	TOTALIACITED F ALLACITED FOIL	11 990. F See separate histructions.		znopoetion	
	ne of the organization STEES OF THAYER ACADEMY INC			oloyer identification number	
Pa	organizations Maintaining Donor Adv				
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts	
L	Total number at end of year				
2	Aggregate contributions to (during year)				
}	Aggregate grants from (during year)				
	Aggregate value at end of year				
,	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	_	or adv	rsed Yes No	
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a G	certifie	rically important land area d historic structure n of a conservation	
	easement on the last day of the tax year				
				Held at the End of the Year	
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C -					
t	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization during	
	the tax year ►				
	Number of states where property subject to conservati	on easement is located ►			
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of	f violations, and Yes No	
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments (during the year	
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement:	s durın	g the year	
	* \$				
	Does each conservation easement reported on line $2(c)$ and section $170(h)(4)(B)(II)$?			☐ Yes ☐ No	
l	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial nts	state	ments that describes	
ar	Complete if the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.	
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, historic following amounts required to be reported under SFAS		or finan	· ·	
a	Revenues included in Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Form 990, Part X			► \$	
	, raidada iir i diiir boo, r die A			· +	

Par	Organizations Maintaining Co	<u>illections of Ar</u>	t, His	storicai i	reasures, or	<u> Otne</u>	<u>er Similar Ass</u>	ets (co	<u>ontinued) </u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that	are a	significant use	of its	
а	Public exhibition		d	┌ Loar	or exchange pro	grams	5		
b	Scholarly research		e	┌ Othe	er				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w thev furth	ner the organization	n's e	xempt purpose ir	1	
	Part XIII				_				
5	During the year, did the organization solicition assets to be sold to raise funds rather than to							Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comp	lete ıf	the orgai	nization answer		es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					sets	not F	- Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing table					
							Am	ount	
c	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 Fe	orm 990, Part X, lır	ne 21?	>				Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in	Part	XIII		Γ
Pa	rt V Endowment Funds. Complete								
	Barray of constal and	(a)Current year	(b)	Prior year	b (c)Two years bac		Three years back 25,170,519	· · · · ·	ears back
1a	Beginning of year balance	29,306,585 729,965		31,080,25: 476,332		+	165,199	•	35,422,189
b	Contributions	729,965		476,33	2 353,64	10	165,199		1,196,574
C	Net investment earnings, gains, and losses	4,679,781		-120,896	6,219,93	31	3,797,085		-6,911,420
a	Grants or scholarships								
е	Other expenditures for facilities and programs	1,732,654		2,129,10	2,415,96	56	2,210,163		4,536,824
f	Administrative expenses								
g	End of year balance	32,983,677		29,306,58	31,080,2	51	26,922,640		25,170,519
2	Provide the estimated percentage of the cur	rent vear end balar	nce (lır	ne 1a. colur	nn (a)) held as		.		
а	Board designated or quasi-endowment	37 520 %			(,,				
b	Permanent endowment > 38 310 %								
	r ermanent endowment p	170 %							
С	Temporarily restricted endowment > 24 The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		zation	that are he	ld and administer	ed for	the		
Ja	organization by	ssion of the organi.	2011011	that are he	ia ana aaniinister	eu ioi	tile	Yes	No
	(i) unrelated organizations						3a(i)	No
	(ii) related organizations						3a(ii	i)	No
b	If "Yes" to 3a(II), are the related organization				?		3b		
4	Describe in Part XIII the intended uses of the								
Pa	TEVI Land, Buildings, and Equipme Description of property	ent. See Form 9	90, Pa	art X, line (a) Cost o		othor	(c) Accumulated	(d) Bo	ok value
	Description of property			basis (inve			depreciation	(u) bc	or value
1a	Land				8,90	57,192			8,967,192
b	Buildings		•		73,83	38,012	24,308,367	4	9,529,645
c	Leasehold improvements								
d	Equipment				5,6:	13,983	3,822,991		1,790,992
е	Other				1,03	38,867			1,038,867
	II. Add lines 1a through 1e <i>(Column (d) must e</i>	egual Form 990. Part	X. colu	umn (B). line	= 10(c).)			F 6	1,326,696

Part VIII Investments—Other Securities. See	FORTH 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests	+	
(3)Other	+	
(A) COMMONFUND FIXED INCOME INVESTMENTS	7,706,311	F
(B) COMMONFUND EQUITY INVESTMENTS	27,859,201	F
(B) COMMONFOND EQUITY INVESTMENTS	27,839,201	г
(C) OTHER COMMONFUND INVESTMENTS	232,230	F
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	35,797,742	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX Other Assets. See Form 990, Part X, I (a) Descr		(b) Book value
(a) Descri	iption	(b) Book Value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability		
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25. (b) Book value	.
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	•
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	•
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	.
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes OTHER LIABILITIES	X, line 25. (b) Book value 35,413	

			. age .
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	31,560,655
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	252,776
3	Subtract line 2e from line 1	3	31,307,879
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) 4b -147,660		
C	Add lines 4a and 4b	4 c	-147,660
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,160,219
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	24,955,321
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	147,660
3	Subtract line 2e from line 1	3	24,807,661
4	A mounts 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	5,646,160
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	30,453,821
Part	XIII Supplemental Information		
_			

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE ACADEMY'S INVESTMENT POLICY STATES TWO PRIMARY FUNCTIONS FOR THE ENDOWMENT THE FIRST IS TO PROVIDE LONG-TERM SECURITY AND FINANCIAL STABILITY FOR THE ACADEMY IN FULFILLING THIS MISSION, THE BOARD OF TRUSTEES OF THE ACADEMY SEEKS TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT IN PERPETUITY, THEREBY SUSTAINING ITS ABILITY TO SUPPORT FUTURE PROGRAMS THE SECOND FUNCTION OF THE ENDOWMENT IS TO MAXIMIZE, WITHIN AN APPROPRIATE LEVEL OF VOLATILITY AND RISK, THE TOTAL RATE OF RETURN EARNED BY THE ENDOWMENT THE ACADEMY INTENDS TO USE ITS ENDOWMENT FUNDS FOR THE OPERATING ACTIVITIES OF THE ACADEMY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ACADEMY FOLLOWS FASB ASC 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION MANAGEMENT BELIEVES THAT THE ACADEMY HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US, FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2010 THE ACADEMY WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS OBLIGATION 2,302,628 INVESTMENT FEES NETTED WITH REVENUE PER AUDITED FINANCIAL STATEMENTS -87,390 TRIP EXPENSES NETTED WITH REVENUE PER AUDITED FINANCIAL STATEMENTS - 301,829 FINANICAL AID NETTED WITH TUITION REVENUE PER FINANCIAL STATEMENTS -5,256,941 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 10,235 CHANGE IN VALUE OF GIFT ANNUITITES 20,067 PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE -17,230 WRITE-OFF OF BOND ISSUANCE COSTS -413,803
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B -40,477 COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -107,183
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B 40,477 COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B 107,183
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES NETTED WITH REVENUE PER AUDITED FINANCIAL STATEMENTS 87,390 TRIP EXPENSES NETTED WITH REVENUE PER AUDITED FINANCIAL STATEMENTS 301,829 FINANICAL AID NETTED WITH TUITION REVENUE PER FINANCIAL STATEMENTS 5,256,941

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Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization TRUSTEES OF THAYER ACADEMY INC

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	04-2105/81			
Pa	rt I		YES	NO
1	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	
2	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	
3	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	
		-		
4	Does the organization maintain the following?	1	.,	
	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 basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	Yes Yes	
u	If you answered "No" to any of the above, please explain If you need more space, use Part II	40	res	
5	Does the organization discriminate by race in any way with respect to	-		
	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		_		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			

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

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	PUBLISHED IN THE BOSTON GLOBE ON DECEMBER 2, 2012

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493043010214

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

TRUSTEES OF THAYER ACADEMY INC

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						04-2105/81	
Pa	rt I Fundraising Act	ivities. Complete	ıf the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
а	Mail solicitations			е	Solicitation of non	-government grants	
b	Internet and email soli	citations		f	☐ Solicitation of gov	ernment grants	
c	Phone solicitations			g	Special fundraisin	g events	
d	☐ In-person solicitations						
2a	Did the organization have a or key employees listed in						Г _{Yes} Г _{No}
ь	If "Yes," list the ten highes to be compensated at least			undraisei	rs) pursuant to agreeme	ents under which the fur	ndraiser is
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	ıl			•			
3	List all states in which the o	organization is regis	tered or li	censed to	o solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut					
		, , , , , , , , , , , , , , , , , , ,	(a) Event #1 GOLF TOURNEY (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))		
Φ3	1	Constants	79,110		(cocar namber)	79,110		
Revenue	2	Gross receipts Less Contributions						
₩.	3	Gross income (line 1 minus line 2)	45,872 33,238			45,872 33,238		
	4	Cash prizes						
"	5	Noncash prizes						
Expenses	6	Rent/facility costs	15,640			15,640		
<u>8</u>	7	Food and beverages .	12,987	7		12,987		
Direct E	8	Entertainment						
훕	9	Other direct expenses .	11,850			11,850		
	10	(40,477)						
	11	Direct expense summary Add lin Net income summary Combine li				-7,239		
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep			
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
	2	Cash prizes						
Expenses	3	Non-cash prizes						
		Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	☐ Yes			
		Direct expense summary Add line Net gaming income summary Com						
9 a b	Ist If"	er the state(s) in which the organization licensed to operate No," explain	gaming activities in eac	h of these states?				
10a b	,,,,,,,, .							

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

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

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

OMB No 1545-0047

DLN: 93493043010214

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization

Employer identification number

								on namber
RUSTE	ES OF THAYER ACADEMY IN	NC .					04-2105781	
Part I	General Information	n on Grants and	l Assistance				•	
the	es the organization maintain r e selection criteria used to awa scribe in Part IV the organiza	ard the grants or as	sıstance [?]					▽ Yes
Part I	Grants and Other As Form 990, Part IV, line							es" to
	lame and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3 En	ter total number of section 50 ter total number of other organ work Reduction Act Notice, see	nizations listed in th	ie line 1 table					le I (Form 990) 2012
or rapa	TOTA ACCIDENTACE HOLICE, SEE	and anstructions lot			Cat 140 30033F		Schedu	(101111 230) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 22.
	Part III can be duplicated if additional space is needed.	

	•				
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	223		5,256,941	FMV	SCHOLARSHIPS
Part IV Supplemental Inform	nation.	'			

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

Identifier	Return Reference	Explanation	
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ACADEMY PROVIDES FINANCIAL AID TO STUDENTS WHO ARE ELIGIBLE STUDENTS WHO WISH TO APPLY MUST COMPLETE AN APPLICATION AND SUBMIT IT ALONG WITH COPIES OF	
IN THE U S		THEIR TAX RETURNS TO THE ACADEMY, WHO WILL DETERMINE IF THE CRITERIA ARE MET FOR FINANCIAL AID	

Schedule I (Form 990) 2012

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DLN: 93493043010214

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organizatio TRUSTEES OF THAYER ACADE	EMY INC	cation number
	L04-2105781	

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					
	□ Travel for companions □ Payments for business use of personal residence					
	▼ Tax idemnification and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,					
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
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					
	☐ 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		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No		
	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					
		l _				
а	The organization?	5a		No		
Ь	Any related organization?	5b		No		
6	If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
0	compensation contingent on the net earnings of					
a	The organization?	6a		No		
b	Any related organization?	6b		No		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
-	payments not described in lines 5 and 6? If "Yes," describe in Part III					
8						
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_				
	section 53 4958-6(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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	288,457 0	0 0	78,435 0	104,337 0	28,383 0	499,612 0	0
(2)WILLIAM F STEPHENSON BUSINESS MGR /ASSIST TREA	(i) (ii)	188,323 0	0	1,584 0	19,150 0	14,688 0	223,745	0
	(i) (ii)	161,773 0	0	1,584 0	16,575 0	9,988 0	189,920	0
(4)RANDOLPH THOMPSON HEAD OF UPPER SCHOOL	(i) (ii)	124,003 0	0 0	240 0	12,825 0	20,393 0	157,461 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

The complete the part of any additional minimation									
Identifier	Return Reference	Explanation							
	,	THE ACADEMY PROVIDES A HOUSING ALLOWANCE AND PERSONAL USE OF CAR ALLOWANCE TO THE HEADMASTER, WILLIAM T KOSKORES THE VALUE OF THESE BENEFITS ARE INCLUDED IN PART II, COLUMN (B)(III)							
	,	THE ACADEMY HAS TWO DEFERRED COMPENSATION AGREEMENTS WITH THE HEADMASTER FOR THE BENEFIT OF THE HEADMASTER THE AGREEMENTS HAVE VESTING AND TERMINATION PROVISIONS AND THE ACCOUNTS ARE CREDITED QUARTERLY WITH EARNINGS BASED ON THE RETURN OF THE ACADEMY'S ENDOWMENT FUND THE EXPENSE OF THESE AGREEMENTS IS INCLUDED IN PART II, COLUMN (C)							

Schedule J (Form 990) 2012

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DLN: 93493043010214 OMB No 1545-0047

2012

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

explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

Name of the organization TRUSTEES OF THAYER ACADEMY INC

(Form 990)

Department of the Treasury Internal Revenue Service

04-2105781 **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price ıssuer Yes No Yes No Yes No MASS DEVELOPMENT 04-3431814 57583RMS1 06-07-2007 30,340,000 REFER TO PART V Х Х Χ Part II **Proceeds** С D Α В Amount of bonds retired 3,106,818 Amount of bonds legally defeased 2 Total proceeds of issue 3 30.340.000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 20,042,724 7 Issuance costs from proceeds 742,636 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 9,554,640 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2008 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ

Private Business Use

allocation of proceeds?

Part III Α В C 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? Are there any lease arrangements that may result in private business use of bond-Χ financed property? Schedule K (Form 990) 2012 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)										
				A		В		c		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?										
С	Are there any research agreements that may result in private business use of bond-financed property?			Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0%	%		%		%		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			0/0		%		%		%	
6	Total of lines 4 and 5			0%		%		%		%	
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 a nongovernmental person other than a 501(c)(3) organization since the bonds were 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 sections 1 141-12 and 1 145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х							
Par	t IV Arbitrage							<u> </u>			
		А			В		С		D		
		Yes	No	Yes No		Ye	Yes No		Yes	No	
1	Has the issuer filed Form 8038-T?		X								
2	If "No" to line 1, did the following apply?		·	•		•	<u> </u>	L.			
а	Rebate not due yet?		Х								
b	Exception to rebate?		Х								
С	No rebate due?	×									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed		L			 		<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	DEPFA BANK ROYAL BANK									
С	Term of hedge	30 000 00	0000000								
d	Was the hedge superintegrated?		Х								
e	Was a hedge terminated?		Х								
		•		•							

Pa	rt IV Arbitrage (Continued	d)								
		•	А	ı	В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested contract (GIC)?	ın a guaranteed investment		X						
b	b Name of provider									
С	c Term of GIC									
d	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?			X						
7 Has the organization established written procedures to monitor the requirements of section 148?				X						
Pa	rt V Procedures To Und	ertake 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?										
Р	art VI Supplemental In	formation. Complete this part to	provide additior	<u>nal information</u>	on for respor	ises to quest	tions on Sche	edule K (see	instructions)	
	Identifier	Return Reference	Explanation							
SCHEDULE K PART IV, DATE REBATE COMPUTATION IS: ARBITRAGE, LINE 2C PERFORMED		ISSUER NAME MASS DEVELOPMENT DATE THE REBATE COMPUTATION WAS PERFORMED 10/10/2011								
SCHEDULE K, PART IV, ARBITRAGE, LINE 4B (A		(A) NAME OF PR	(A) NAME OF PROVIDER DEPFA BANK AND ROYAL BANK OF CANADA							

Schedule K (Form 990) 2012

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DLN: 93493043010214

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

TRUSTEES OF THAYER ACADEMY INC

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

Noncash Contributions

Internal Revenue Service Name of the organization

04-2105781 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 17 287,499 FAIR MARKET VALUE Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 24 25 Other►(__ 26 Other ▶(___ **27** Other ▶(___ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Identifier	Return Reference	Explanation					
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	······ -, ···· \- ,	THE NUMBER OF NONCASH CONTRIBUTIONS OF STOCK IS BASED ON THE NUMBER OF STOCK GIFTS RECEIVED					

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493043010214

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
TRUSTEES OF THAYER ACADEMY INC

Employer identification number

04-2105781

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE PREPARED FORM 990 IS REVIEWED IN DETAIL BY THE CONTROLLER AND THE ASSISTANT TREASURER FOLLOWING THE REVIEW, A FULL VERSION COPY OF THE FINAL DRAFT FORM 990 IS PROVIDED TO THE BOARD CHAIR AND THE FINANCE CHAIR FOR THEIR REVIEW THE REMAINDER OF THE TRUSTEES ARE NOTIFIED THAT A PUBLIC DISLOSURE VERSION OF THE FINAL DRAFT FORM 990 IS AVAILABLE ON THE BOARD OF TRUSTEES SECTION OF THE ACADEMY'S WEBSITE FOR THEIR REVIEW IN ADVANCE OF THE BOARD MEETING AT WHICH QUESTIONS MAY BE ASKED AT THIS MEETING THEY ARE ASKED TO SPECIFICALLY APPROVE THE FILING OF THIS FINAL VERSION WITH THE IRS

Identifier	ntifier Return Explanation Reference									
	FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES AND KEY EMPLOYEES ARE REQUIRED ANNUALLY TO COMPLETE AN "ANNUAL DISCLOSURE OF AFFILIATIONS AND CONFLICT OF INTEREST" FORM THE HEADMASTER REQUESTS THESE FROM KEY EMPLOYEES AND THE FORMS ARE RETURNED TO THE ASSISTANT TREASURER FOR REVIEW AND MONITORING DURING THE YEAR THE CHAIRMAN OF THE BOARD OF TRUSTEES REQUESTS THESE FROM ALL TRUSTEES, AND THE ASSISTANT TO THE HEADMASTER PROVIDES FOLLOW UP TO ENSURE ALL ARE RECEIVED THE COMPLETED FORMS ARE THEN ROUTED TO THE ASSISTANT TREASURER FOR REVIEW AND MONITORING DURING THE YEAR								

Identifier Returi Referen	— · · · · · · · · · · · · · · · · · · ·
FORM 990 PART VI, SECTION LINE 15	EXECUTIVE SESSION), ACTING ON THE RECOMMENDATION OF A SPECIFICALLY TASKED SUB-COMMITTEE. THE

Identifier	Return Reference	Explanation
	SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS OBLIGATION 2,302,628 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 10,235 CHANGE IN VALUE OF GIFT ANNUITITES 20,067 PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE -17,230 WRITE-OFF OF BOND ISSUANCE COSTS -413,803

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DLN: 93493043010214

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.

2012

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TRUSTEES OF THAYER ACADEMY INC				04-2105	781			
Part I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes" to	Form 990, Par		701			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete ıf t the tax year.)	he organization ar	nswered "Yes" t	o Form 990, I	Part IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity (if section 50		(f) Direct controlling entity	Section (13) co	(g) n 512(t ontrolle ntity?
(1) THAYER ACADEMY CHARITABLE TRUST	SUPPORTING ORGANIZATION	MA	501(C)(3)	LINE 11C, III-	FI		Yes	No No
745 WASHINGTON STREET						NI/A		
BRAINTREE, MA 02184 20-6770243						N/A		
								_
For Panerwork Reduction Act Notice see the Instructions for Form 9		Cat No. 5013	le v			Schedule R (Forr	- 000)	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(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)	mana part	ral or	(k) Percentae ownersh		
					514)			Yes	No		Yes	No			
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	hare of end- Per		nd- Percentage Section r ownership (b)(conti		Percentage Section 5 ownership (b)(13 controlle		n 512 (13)	
		,,			,						Yes		No		

Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 During t	the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?						
a Rece	ept of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b Gıft,	grant, or capital contribution to related organization(s)				1b	Yes	No		
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loan	s or loan guarantees by related organization(s)				1e		No		
f Divid	dends from related organization(s)				1f		No		
g Sale	of assets to related organization(s)				1g		No		
h Purc	hase of assets from related organization(s)				1h		No		
i Exch	ange of assets with related organization(s)				1i		No		
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j		No		
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k		No		
I Perfo	l 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 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Shar	ing of paid employees with related organization(s)				10		No		
p Reim	bursement paid to related organization(s) for expenses				1p		No		
q Reim	nbursement paid by related organization(s) for expenses				1q		No		
r Othe	r transfer of cash or property to related organization(s)				1r		No		
s Othe	r transfer of cash or property from related organization(s)				1s		No		
a Iftha	answer to any of the above is "Yes," see the instructions for information on who must complete	this line including a	avered relationships	and transportion througholds					
2 11 (116	(a)	(b)	(c)	(d)					
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount inv	volved			
		1							

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)

egardıng exclu	ısıon for ce	ertaın ınvestr	nent	partnerships			its detivities					
(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under section 512-	org	section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets		ı	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
		314)	Yes	No			Yes	No		Yes	No	
										I	1	I
		(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity Regal domicile (state or foreign country) (d) Predominant income (related, unrelated, excluded from tax under	(b) Primary activity Co Cd	(b) Primary activity Co Co Co Co	domicile (state or (related, foreign country) excluded from tax under section 512- domicile (state or (related, 501(c)(3) income organizations? total income organizations?	Primary activity Co	(b) (c) (d) Predominant Income (state or foreign country) excluded from tax under section 1512-	(b) Cc) Legal domicile (state or foreign country) excluded from tax under section country) excluded from tax under section foreign country excluded from tax under section foreign country foreign tax under section foreign tax under sec	Primary activity Columb C	(b) Cc) Legal domicile (state or foreign country) excluded from tax under section 12- End of tax under section 12-	(b) Primary activity Legal domicile (state or foreign country) excluded from tax under section 1 tax under

Additional Data Return to Form

Software ID:

Software Version:

EIN: 04-2105781

Name: TRUSTEES OF THAYER ACADEMY INC

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Part VII Supplemental Information

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