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## DLN: 93493118006014

Form **990** 

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public Inspection

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

		e Service		ate repor			nspection
			ndar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30 C Name of organization	)-2013	D Francisco	!-!+!6!	tion number
	eck ıf a Tress ch	pplicable	WORCESTER ACADEMY				tion number
	ness ci ne cha		Doing Business As		04-210	05855	
_	ial retu						
_	mınate		Number and street (or P O box if mail is not delivered to street address) Room/suit 81 PROVIDENCE STREET	ie	E Telephon	e number	
_	ended		City or town, state or country, and ZIP + 4		(508)7	54-5302	
_		n pending	WORCESTER, MA 01604		<b>G</b> Gross red	ceipts \$ 31,96	64,766
			F Name and address of principal officer THOMAS DICONZA		s this a group r		□ V □ N -
			THOMAS DICONZA	a	ffiliates?		□ Yes 🔽 No
					re all affiliates		
I Tax	x-exem	npt status	▼ 501(c)(3)	1	f "No," attach a	ilist (see	instructions)
J W	ebsite	e: ► WW	W WORCESTERACADEMY ORG	H(c)	Group exemption	n number	•
<b>K</b> Forn	n of or	ganization	✓ Corporation	<b>L</b> Year	of formation 183	4 <b>M</b> State	of legal domicile Mi
Pa	rt I	Sumi	nary				
Governance	(	OPERAT	scribe the organization's mission or most significant activities ION OF AN INDEPENDENT COLLEGE PREPARATORY SCHOOL FOR ADUATES DEDICATED TO PROMOTING SELF-DEVELOPMENT AND			S 6 - 12 A	ND
Gove	2 (	Check th	s box দ if the organization discontinued its operations or disposed o	f more th	an 25% of its r	et assets	
	3	Number o	f voting members of the governing body (Part VI, line 1a)			3	24
Activities &	4	Number	f independent voting members of the governing body (Part VI, line 1b)		[	4	24
ctiv	l		nber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	32:
⋖			nber of volunteers (estimate if necessary)			6	5(
			elated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 34		: : :	7a 7b	(
			·	1	Prior Year		ırrent Year
	8	Contrib	outions and grants (Part VIII, line 1h)		1,850,20	0.4	2,185,257
Ravenue	9		m service revenue (Part VIII, line 2g)		22,153,5		23,292,390
Нэу	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,466,78		2,085,405 15,457
	11			1			10.40/
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		03,0		
	12	Total re	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		25,554,3	31	27,578,509
	12 13	Total re 12) . Grants	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		·	31	27,578,509 4,981,347
	12 13 14	Total re 12) . Grants Benefit	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4)		25,554,3	31	27,578,509 4,981,347
ses	12 13	Total re 12) . Grants Benefit	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		25,554,3	00	27,578,509 4,981,347 0
enses	12 13 14 15 16a	Total re 12) . Grants Benefit Salarie 5-10) Profess	and similar amounts paid (Part IX, column (A), lines 1-3)  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), lines  sional fundraising fees (Part IX, column (A), line 11e)		25,554,33 4,692,70	00	27,578,509 4,981,347 0
Expenses	12 13 14 15 16a b	Total re 12).  Grants Benefit Salarie 5-10) Profess Total fur	and similar amounts paid (Part IX, column (A), lines 1-3).  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), line 5, column (A), lines  sional fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25)		25,554,3 4,692,70 11,567,00	31 00 0 0 50	27,578,509 4,981,347 0 12,013,616
Expenses	12 13 14 15 16a b	Total refined to the	and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)  expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		25,554,3 4,692,70 11,567,00	31 00 0 50 0	27,578,509 4,981,347 0 12,013,616 0
Expenses	12 13 14 15 16a b	Total re 12).  Grants Benefit Salarie 5-10) Profess Total fun Other 6	and similar amounts paid (Part IX, column (A), lines 1-3).  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), line 5, column (A), lines  sional fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25)		25,554,3 4,692,70 11,567,00	31 00 0 50 0	27,578,509 4,981,347 0 12,013,616 0 11,074,722 28,069,685
	12 13 14 15 16a b 17 18	Total re 12).  Grants Benefit Salarie 5-10) Profess Total fun Other 6	and similar amounts paid (Part IX, column (A), lines 1-3).  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), line 4)  draising expenses (Part IX, column (A), line 11e)  expenses (Part IX, column (D), line 25)   expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,554,3 4,692,70 11,567,00 8,532,60 24,792,30	31 00 0 50 0 0 4 54	27,578,509 4,981,347 0 12,013,616 0 11,074,722 28,069,685
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	12 13 14 15 16a b 17 18 19	Total refined to the	and similar amounts paid (Part IX, column (A), lines 1-3)  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), lines  sional fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25)  expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  ie less expenses Subtract line 18 from line 12  ssets (Part X, line 16)  abilities (Part X, line 26)	. Begir	25,554,3 4,692,70 11,567,00 8,532,60 24,792,30 761,90 nning of Current Year 91,942,5 11,997,6	31 00 0 0 60 0 0 4 64 67 t <b>E</b>	27,578,509 4,981,347 0 12,013,616 0 11,074,722 28,069,685 -491,176 nd of Year 94,904,394 13,232,086
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Mot Assets or Not Assets or Land Balances	12 13 14 15 16a b 17 18 19 20 21 22 11 r pena	Total re 12) .  Grants Benefit Salarie 5-10) Profess Total fur Other e Revenu  Total a Total li Net as: Signa	and similar amounts paid (Part IX, column (A), lines 1–3)	Begin	25,554,3 4,692,70 11,567,00 8,532,60 24,792,3 761,90 nning of Current Year 91,942,5 11,997,6 79,944,9	31 00 0 0 50 0 0 4 54 57 t <b>E</b> 28 15 13	27,578,509 4,981,347 0 12,013,616 0 11,074,722 28,069,685 -491,176 nd of Year 94,904,394 13,232,086 81,672,308 d to the best of
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**Use Only** 

Firm's address ► 89 SHREWSBURY STREET

WORCESTER, MA 01604

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

Phone no (508) 755-7107

✓ Yes ☐ No

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	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
	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			No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	20	Yes	

ren	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   71			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ī	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
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 )			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	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		

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.

Check if Schedule O contains a response to any question in this Part VI .															ে
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---

Se	ection A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24			
	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		24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			ny •	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 con	d by d	r under the direct		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was		4		No
5	Did the organization become aware during the year of a significant diversion of the oi				5		Νο
6	Did the organization have members or stockholders?	_		. $\vdash$	6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockholo		7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following			e			
а	The governing body?			.	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			–	8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule	who c	annot be reached a	t the	9		No
	organization's maining address. It les, provide the names and addresses in schedule				_		140
					10ni	ie Cod	۱ ۵
Se	ection B. Policies (This Section B requests information about policies not				/enu		
	ection B. Policies (This Section B requests information about policies not	requi		nal Rev		ie Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	nal Rev	/enu		
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	requi	red by the Interr	nal Rev			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr of such chapters, xempt purposes? erning body before	nal Rev	L0a		No
10a b 11a 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 the form?	requi	red by the Interr	filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing . 1	LOa LOb	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing 1 . 1 . 1 . 1 . cribe	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing  filing  t  ficulty  t  t  t  filing  f	LOa LOb L1a L2a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Internal control co	filing 1  filing 1  cribe 1	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing 1  filing 1  cribe	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing 1  filing 1  cribe 1  cribe 1  on?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing  filing  t  t  for the correction on?  filing	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing  filing  t  t  for the correction on?  filing	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interr	filing filing filing on? filing filin	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requires on's essential street or simple steep essential street or simple street	red by the Interr	filing 1  filing 1  cribe . 1  cribe	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4	Yes Yes 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 THE ORGANIZATION 81 PROVIDENCE STREET WORCESTER, MA (508) 754-5302

# Part VIII 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

	(7)	l						(5)	<b>(5)</b>	(E)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	change of the Highest compensated	ess er e)	(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
		mstee	d Trustee		90	mpensated				
(1) ANDREW B O'DONNELL ESQ	2 00	x						0	0	0
TRUSTEE								0	0	
(2) ARTHUR KENTROS TRUSTEE	2 00	х						0	0	0
(3) BRIAN A O'CONNELL ESQ	2 00									
SECRETARY		×		х				0	0	0
(4) CHARLES O'CONNOR	2 00									
TRUSTEE		X						0	0	0
(5) DANA R LEVENSON	2 00								0	
TRUSTEE		X						0	0	0
(6) DAVID P FORSBERG	2 00	×						0	0	0
TRUSTEE (7) J MICHAEL GRENON	2.00									
	2 00	×						0	0	0
TRUSTEE (8) PATRICIA EPPINGER	2 00									
TRUSTEE		×						0	0	0
(9) HENRY DORMITZER III	2 00									
PRESIDENT		X		X				0	0	0
(10) BENJAMIN S AMBUSH	2 00	×						0	0	0
TRUSTEE								0	0	
(11) CRAIG DUFRESNE	2 00	x						0	0	0
TRUSTEE									_	
(12) JACQUELINE PETERSON	2 00	x						0	0	0
TRUSTEE (13) JAMES J PIETRO	2 00									
	2 00	×						0	0	0
TRUSTEE (14) HERVEY S ROSS	2 00						$\vdash$			
TRUSTEE		X						0	0	0
(15) SARAH S PULSIFER	2 00							_	_	
TREASURER		X		Х				0	0	0
(16) DAVID SHAMOJAN	2 00	×						0	0	0
TRUSTEE								, and the second	0	
(17) SUSAN WEAGLY JACOBS	2 00	×		×				0	0	0
VICE PRESIDENT				<u> </u>				<u> </u>		
										Form <b>990</b> (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 for related	more pers and	than on is	one bot rect	not box h ar or/tr	checl x, unle n office rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount comper from organiz	iated of other isation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re organiz	lated
(18) THOMAS HEISER	2 00	x						0			0
TRUSTEE (19) VICTOR FIELDS	2.00									<u> </u>	
, ,	2 00	x						0	1		0
TRUSTEE (20) JONATHAN STUART	2 00							_			
TRUSTEE		X						0	'		0
(21) WILLIAM R BREIDENBACH	2 00	х						0			0
TRUSTEE (22) LUKE VALLAINCOURT	2 00	-									
TRUSTEE		X						0			0
(23) JAMIE E LAVIN	2 00	х						0			0
TRUSTEE		<u> </u>						,			
(24) ROBERT F SCUMACI TRUSTEE	2 00	x						0			0
(25) RONALD CINO	40 00				x			185,000			27,067
HEAD OF SCHOOL					Ĺ			103,000		1	27,007
(26) THOMAS DICONZA CFO	40 00				x			153,000			23,617
(27) MARILLYN EARLEY	40 00										
DIRECTOR OF ADVANCEMENT						×		145,000			13,555
1b Sub-Total			•			<b>P</b>				l	
c Total from continuation sheets to Par	t VII, Section A			•		▶ _					
						•		483,000	0		64,239
Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
										Yes	No
3 Did the organization list any <b>former</b> off on line 1a? If "Yes," complete Schedule.					iplo:	yee,o	r hig	ghest compensate	d employee		No
4 For any individual listed on line 1a, is to organization and related organizations											

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SAGE DINING SERVICES INC 13N ROCKLAND ROAD AUBURN MA 01501	DINING ROOM SERVICES	1,290,868
FALLON COMMUNITY HEALTH PLAN 10 CHESTNUT STREET WORCESTER MA 01608	HEALTH INS	1,108,511
METRO CRIME PREVENTION 70 JAMES STREET WORCESTER MA 01603	SECURITY SERVICE	470,155
SCHWARTZ SILVER ARCHITECTS 75 KNEELAND ST BOSTON MA 02111	ARCHITECTS	430,540
FW MADIGAN INC CHANDLER STREET WORCESTER MA 01602	CONSTRUCTION	222,652

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Νo

Part V			f Revenue					raye <b>3</b>
			ule O contains a respon	se to any question T				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
रु ह	1a	Federated cam	paigns 1a					
Gifts, Grants illar Amounts	b	Membership du	es 1b					
A.G	С	Fundraising eve	ents <b>1c</b>					
Siffs lar	d	Related organiz	zations 1d					
ii. Š	e	Government grant	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	sımılar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,185,257				
Contri and O	h	1a-1f \$ <b>Total.</b> Add lines			2,185,257			
<u> </u>			_	Business Code				
Ye TI	2a	TUITION AND FEES	5	611600	23,292,390	23,292,390		
<u>æ</u>	b							
Ŋ.	d							
Ž.	e							
Fam	f	All other progra	am service revenue					
Program Serwoe Revenue	g			<u> </u>	23,292,390			
	3		ome (including dividend					
		and other simil	ar amounts)	🟲 📗	1,655,427			1,655,427
	4   5	Royalties						
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	37,345					
	b	Less rental expenses	0					
	c	Rental income or (loss)	37,345					
	d	· · · ·	me or (loss)	🛌	37,345			37,345
	_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,685,336					
	b	Less cost or other basis and	4,255,358					
	c	sales expenses Gaın or (loss)	429,978					
	d		ss)		429,978			429,978
ıne	8a	Gross income fevents (not inc						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) ne 18					
the.	ь	Less direct ex	penses b					
ō	С	Net income or (	- loss) from fundraising e(	vents 🛌				
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С	Net income or (	loss) from gaming activ	rities				
	10a	Gross sales of returns and allo						
			a	89,490				
	b		oods sold <b>b</b>	130,899				
	С		(loss) from sales of inve		-41,409	-41,409		
	11a	Miscellaneous		Business Code 611600	19,521	19,521		
	b	VENDING & M.	13C INCOME		, -	,		
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	19,521			
	12	Total revenue.	See Instructions	· · · •	27,578,509	23,270,502	0	2,122,750

		Statement of Functional Expenses				
Section	on 501	L(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A )	
	(	Check if Schedule O contains a response to any question in this Pai	rt IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22	4,981,347	4,981,347		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	1,702,1317	1,502,5317		
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees				
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salarıes and wages	9,494,185	5,512,738	3,981,447	
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	581,346		581,346	
9	Othe	r employee benefits	1,177,676	3,221	1,174,455	
10	Payro	oll taxes	760,409		760,409	
11	Fees	for services (non-employees)				
а	Mana	agement				
Ь	Legal		40,451		40,451	
c	Acco	ounting	51,668		51,668	
d	Lobb	yıng				
e	Profe	essional fundraising services See Part IV, line 17				
f	Inves	stment management fees	147,975		147,975	
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O )	46,753	16,581	30,172	
12		ertising and promotion	6,868	605	6,263	
13		e expenses	1,043,902	344,786	560,926	138,190
14	Infor	mation technology	318,696	317,659		1,037
15	Roya	Ities				
16	Occu	ıpancy	2,435,930	2,209,300	173,955	52,675
17	Trave	el	166,467	7,656	158,752	59
18		nents of travel or entertainment expenses for any federal, , or local public officials				
19		erences, conventions, and meetings	202,648	67,063	60,531	75,054
20	Inter	est	417,532	366,796	42,675	8,061
21	Paym	nents to affiliates				
22	Depr	ecıatıon, depletıon, and amortızatıon	2,363,319	2,150,621	165,432	47,266
23	Insur	rance	109,468	109,468		
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		ER OPERATING EXPENSE	1,858,841	-26,285	1,514,589	370,537
b	DINI	NG ROOM EXPENSES	1,138,878	1,138,878	·	·
c	EXTR	RACURRICULAR ACTIVIT	526,611	514,186		12,425
d		MER PROGRAM EXPENSES	198,715	198,715		, ==
		ther expenses				
25		I functional expenses. Add lines 1 through 24e	28,069,685	17,913,335	9,451,046	705,304
26	Joint repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	25,7553,7555	1,12131333	3,132,010	. 33,331

Part X Balance Sheet

1	Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this	Part	X			
1   Cash -non-interest-bearing   2,190   1						(A)		<u> </u>
3   Pledges and grants receivable, net   5.224,756   3   4.14     4   Accounts receivable, net   228,111   4   28     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     6   Loans and other receivables from other disqualified persons (as defined under section 4958(NI)), persons described in section 4958(x 3)(B), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L   6     7   Notes and loans receivable, net   7,710   7     8   Inventiones for sale or use   74,710   8   33     9   Prepaid expenses and deferred charges   303,000   9   29     10a   Land, buildings, and equipment cost or other basis Complete   10a   85,401,824     10a   Land, buildings, and equipment cost or other basis Complete   10a   85,401,824     11   Investments—pother securities See Part IV, line II   3,713,897   12   4,26     12   Investments—other securities See Part IV, line II   3,713,897   12   4,26     13   Investments—program-related See Part IV, line II   1,779,002   15   13,36     14   Intangible assets   14   14     15   Total assets. Add lines I through IS (must equal line 34)   1,748,400   17   2,300     16   Total assets. Add lines I through IS (must equal line 34)   1,748,400   17   2,300     18   Grants payable and accrued expenses   1,748,400   17   2,300     19   Deferred revenue   2,477,332   19   2,475     20   Tax-exempt bond liabilities   1,800   1,900     21   Escrow or custodial account liability. Complete Part IV of Schedule D   3,100     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   2,22     21   Escrow or custodial account liability Complete Part IV of Schedule D   3,100     22   Complete Part II of Schedule L   2,22     23   Secured mortgages and notes payable to unrelated third parties   1,100   1,100     24   Complete Part IV of Schedule		1	Cash—non-interest-bearing					,
4		2	Savings and temporary cash investments			8,976,203	2	8,137,556
4		3				5,224,755	3	4,147,640
## Part V of Schedule L		4				228,111	4	282,942
100   100		5	employees, and highest compensated employees Complete Pa	rt II d	of		E	
9 Prepard expenses and deferred charges	sts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and cand sponsoring organizations of section $501(c)(9)$ voluntary er	ontril nploy	outing employers			
9 Preparal expenses and deferred charges	82	7	Notes and loans receivable net					
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10b C33,978,108  11 Investments—publicly traded securities  12 Investments—publicly traded securities  13 Investments—publicly traded securities  14 Intrangible assets  15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Losins and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties)  26 Total liabilities (including federal income tax, payables to related third parties)  27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  28 Temporanily restricted net assets  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29.  30 Capital stock or trust principal, or current funds  31 Pad-in or capital surplus, or land, building or equipment fund  31 Pad-in or capital surplus, or land, building or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances  79,944,913 33 81,67	₹					74 710		38,192
10a		_				· · · · · · · · · · · · · · · · · · ·		296,352
11 Investments—publicly traded securities 21,906.457 11 22,955 12 Investments—other securities See Part IV, line 11 3,713,897 12 4,265 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets .		-	Land, buildings, and equipment cost or other basis Complete			·		
11   Investments—publicly traded securities   21,906,457   11   22,95		ь	Less accumulated depreciation	10b	23,978,108	38,722,553	10c	41,423,516
12   Investments—other secunties See Part IV, line 11   3,713,897   12   4,26     13   Investments—program-related See Part IV, line 11   14     15   Other assets See Part IV, line 11   12,790,052   15   13,36     16   Total assets. Add lines 1 through 15 (must equal line 34)   91,942,528   16   94,90     17   Accounts payable and accrued expenses   1,748,480   17   2,80     18   Grants payable   18   18     19   Deferred revenue   2,472,932   19   2,45     10   Tax-exempt bond liabilities   6,860,799   20   7,75     11   Escrow or custodial account liability Complete Part IV of Schedule D   21     12   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   24     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 D   25   21     26   Total liabilities. Add lines 17 through 25   11,997,615   26   13,23     27   Unrestricted net assets   48,051,176   27   47,55     28   Temporarily restricted net assets   48,051,176   27   47,55     29   Permanently restricted net assets   48,051,176   27   47,55     29   Permanently restricted net assets   17,173,520   29   18,66     29   Permanently restricted net assets   17,173,520   29   18,66     29   Permanently restricted net assets   17,173,520   29   18,66     20   Capital stock or trust principal, or current funds   30   17,173,520   27,173,173,173,174,174,174,174,174,174,174,174,174,174		11	· .			21,906,457	11	22,950,188
13   Investments—program-related See Part IV, line 11   14   Intangible assets   14   Intangible assets   14   Intangible assets   15   Other assets See Part IV, line 11   16   Total assets. Add lines 1 through 15 (must equal line 34)   91,942,528   16   94,90   17   2,80   18   17,48,480   17   2,80   18   19   Deferred revenue   2,472,932   19   2,45   20   Tax-exempt bond liabilities   2,472,932   19   2,45   20   20   20   20   20   20   20   2		12				3,713,897	12	4,262,663
14		13					13	
15		14					14	
16		15				12,790,052	15	13,365,345
17		16				91,942,528	16	94,904,394
18   Grants payable   18   18   19   Deferred revenue		17				1,748,480	17	2,808,948
Page 19 Deferred revenue		18					18	
20 Tax-exempt bond liabilities		19				2,472,932	19	2,458,479
21 Escrow or custodial account liability Complete Part IV of Schedule D		20				6,860,799	20	7,750,560
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	. a.	21	·				21	
24 Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directo	ors, tr				
Unsecured notes and loans payable to unrelated third parties	ар		persons Complete Part II of Schedule L				22	
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 D		23	Secured mortgages and notes payable to unrelated third parties	s .	•		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Pai	t X of		915 404	25	214,099
Organizations that follow SFAS 117 (ASC 958), check here \ \ \ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26				<u> </u>		13,232,086
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ∫			11,007,010	20	10,202,000
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	3LC	27	<u>-</u> ,			48,051,176	27	47,559,779
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u> </u>							15,445,362
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	=					17,173,520	29	18,667,167
30 Capital stock or trust principal, or current funds			Organizations that do not follow SFAS 117 (ASC 958), check he					
31 Paid-in or capital surplus, or land, building or equipment fund	0	30					30	
33 Total net assets or fund balances	Ą.							
33 Total net assets or fund balances	AS.						32	
						79,944,913		81,672,308
34   lotal liabilities and net assets/fund balances   91.942.528  34   94.90	Z	34	Total liabilities and net assets/fund balances			91,942,528	34	94,904,394

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮		
	The state of the s				,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,5	578,509		
2	Total expenses (must equal Part IX, column (A), line 25)	2 28,069					
3	Revenue less expenses Subtract line 2 from line 1	3 -49					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			944,913		
5	Net unrealized gains (losses) on investments	5			234,592		
6	Donated services and use of facilities	6			,		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	9 Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Par	t XII Financial Statements and Reporting				572,308		
	Check if Schedule O contains a response to any question in this Part XII				. ┌		
				Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on					
	Separate basis Consolidated basis Both consolidated and separate basis			1			
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate					
	▼ Separate basis			1			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b				

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As Filed Data -

DLN: 93493118006014

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

WORCESTER ACADEMY

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

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

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

Open to Public Inspection

									04-2105					
Pai				blic Charity Sta						nstruction	S.			
The c	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (For	lınes 1 thro	ugh 11, chec	k only one b	ox)					
1	Г	A chur	ch, convent	ion of churches, or a	ssociation o	f churches o	described in <b>s</b>	section 170(	b)(1)(A)(i).					
2		A scho	ol described	d in <b>section 170(b)(</b> 1	L)(A)(ii). (A	ttach Sched	lule E )							
3	$\sqcap$	A hosp	ital or a cod	perative hospital se	rvice organi:	zatıon descı	rıbed ın <b>secti</b> d	on 170(b)(1	)(A)(iii).					
4	Γ	A medi	cal researc	h organization opera	ted ın conjur	nction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)(iii).	Enter the			
_	_			ity, and state							<del></del>			
5	J	_	•	erated for the benefi	_	e or univers	ity owned or o	operated by	a governmer	ital unit des	scribed in			
	_			( <b>A)(iv).</b> (Complete P	•									
6	L			local government o										
7	Г			at normally receives			support from	n a governm	ental unit or	from the ge	neral public			
8	$\vdash$			on 170(b)(1)(A)(vi).			mplata Dart I	τ \						
9	<u>'</u>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross												
9	'													
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse														
		acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )												
10	_					clusively to test for public safety. See <b>section 509(a)(4).</b>								
	<u>'</u>	_		= -										
11	ı			ganized and operated ly supported organiz										
				bes the type of supp						occ <b>section</b>	Sos(a)(S): elleek			
			Type I							on-function	nally integrated			
e	Γ			ox, I certify that the										
				ion managers and ot	her than one	or more pu	blicly support	ted organıza	tions descril	oed in secti	on 509(a)(1) or			
f			1509(a)(2)	received a written d	otormination	from the IE	OS that it is a	Typo I Tyr	o II or Typ	NIII cuppoi	ting organization			
•			this box	received a written d	etermination	i iioiii tile Ir	(3 that it is a	Type I, Typ	e II, or Type	: III Suppoi				
g				2006, has the organ	ızatıon acce	pted any gıf	t or contribut	ion from any	of the		,			
			ng persons?											
				irectly or indirectly o				persons de	scribed in (ii		Yes No			
				governing body of th		_	n?				.g(i)			
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?					g(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)			
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)							
			1	Т	T				T					
_	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did you	•	(vi) Is		(vii) A mount of			
	uppo	rteu ation		organization (described on	organızat col <b>(i)</b> lıs		the organi		organiza		monetary support			
Ů.	guinz	ucion		lines 1 - 9 above	your governing		suppo	'	col (i) organized in the US?		Support			
				or IRC section	document?									
				(see										
				instructions))	Yes	No	Yes	No	Yes	No				
Total														

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-and-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
18	Investment income percentage from	18					
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493118006014

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Open to Public

Name of the organization WORCESTER ACADEMY  Part I Organizations Maintaining Donor Advised Funds or Other organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised  1 Total number at end of year  2 Aggregate contributions to (during year)  3 Aggregate grants from (during year)	funds  ts held in donor act all control?	(b) Funds and other accounts
organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised  1 Total number at end of year  2 Aggregate contributions to (during year)  3 Aggregate grants from (during year)	funds  funds  ts held in donor acal control?	s or Accounts. Complete if the  (b) Funds and other accounts
organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised  Total number at end of year  Aggregate contributions to (during year)  Aggregate grants from (during year)	funds ts held in donor ac	(b) Funds and other accounts
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year)	ts held in donor ac	dvised
2 Aggregate contributions to (during year) 3 Aggregate grants from (during year)	al control?	
3 Aggregate grants from (during year)	al control?	
	al control?	
A management with a standard section	al control?	
4 Aggregate value at end of year	al control?	
5 Did the organization inform all donors and donor advisors in writing that the asset funds are the organization's property, subject to the organization's exclusive legal	t grant funds can	☐ Yes ☐ No
Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor advisoring impermissible private benefit?	risor, or for any ot	her purpose Yes No
Part II Conservation Easements. Complete if the organization answe		rm 990, Part IV, line 7.
Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation cor	ervation of an hist ervation of a certif	orically important land area fied historic structure orm 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 Number of conservation easements on a certified historic structure included in (a		
d Number of conservation easements included in (c) acquired after 8/17/06, and no		-
historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished,	, or terminated by	the organization during
the tax year ▶ <u> </u>		
4 Number of states where property subject to conservation easement is located ▶_	1	
5 Does the organization have a written policy regarding the periodic monitoring, ins enforcement of the conservation easements it holds?	pection, handling	of violations, and
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserum. 5 00	rvation easements	s during the year
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation  * \$	on easements dur	ring the year
8 Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?	ements of section	170(h)(4)(B)(ı)
In Part XIII, describe how the organization reports conservation easements in its balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements	on's financial stat	pense statement, and cements that describes
Part III Organizations Maintaining Collections of Art, Historical Tr Complete if the organization answered "Yes" to Form 990, Part IV		Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo works of art, historical treasures, or other similar assets held for public exhibition service, provide, in Part XIII, the text of the footnote to its financial statements to	n, education, or re	search in furtherance of public
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in works of art, historical treasures, or other similar assets held for public exhibition service, provide the following amounts relating to these items		
(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<u>-</u>
2 If the organization received or held works of art, historical treasures, or other sim following amounts required to be reported under SFAS 116 (ASC 958) relating to		ancial gain, provide the

a Revenues included in Form 990, Part VIII, line 1

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

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Ar</u>	t, His	storical	<u> Treas</u>	<u>ures, or O</u>	<u>the</u>	<u>r Similar A</u>	ssets (co	ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any o	f the fo	llowing that a	are a	significant us	e of its	
а	Public exhibition		d	┌ Loa	n or exc	change progr	ams			
b	Scholarly research		e	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furt	her the	organızatıon	's ex	cempt purpose	: in	
5	During the year, did the organization solicit							nılar	┌ Yes	□ No
Par	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to the tran							es" to Form	•	1 110
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				butions	or other ass	ets ı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete th	e follo	wing table		_				
_						-		A	mount	
C	Beginning balance					-	1c			
d	Additions during the year					F	1d			
e •	Distributions during the year					-	1e			
f	Ending balance	000 5				L	1f			
2a	Did the organization include an amount on Fo								☐ Yes	Г No
b	If "Yes," explain the arrangement in Part XII									<u>'</u>
Ра	rt V Endowment Funds. Complete	(a)Current year		Swered "Y Prior year				't IV, line 10 Three years back		ears back
1a	Beginning of year balance	33,028,159	(-)	38,252,89		23,551,842	_	28,664,964		35,844,869
b	Contributions	196,169		181,10	)4	92,429		245,118	3	701,058
C	Net investment earnings, gains, and losses	3,407,663		-4,089,84	1	15,903,423		3,519,318	3 -	-6,209,852
d	Grants or scholarships									
e	Other expenditures for facilities and programs	1,295,000		1,316,00	00	1,294,798		8,877,559	)	1,671,111
T	Administrative expenses	35,336,991		33,028,15	50	38,252,896		23,551,842		28,664,964
g	End of year balance	· · · · · ·						23,331,042	<u> </u>	20,004,304
2	Provide the estimated percentage of the cur	rent year end balar 31 020 %	nce (lir	ne 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment	31 020 %								
b	Permanent endowment ► 52 250 %	7.2.0.0/								
С	Temporarily restricted endowment • 16 The percentages in lines 2a, 2b, and 2c sho	730 % uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organi	zatıon	that are he	eld and	administered	d for	the	Yes	No
	(i) unrelated organizations							3	a(i) Yes	140
	(ii) related organizations							<b>——</b>	ı(ii)	No
b	If "Yes" to $3a(II)$ , are the related organization				?.				3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme Description of property	e <b>nt.</b> See Form 9	90, Pa	art X, line		(b)Cost or ot	her	(c) Accumulate	od (d) Bo	ok value
	Description of property			basis (inve		basis (othe		depreciation	.u (u) 50	———
	Land					7,821	,046			7,821,046
	Buildings		•			44,214	,878	16,898,7	01 2	7,316,177
	Leasehold improvements		•							
	Equipment		•			8,697		7,079,4	_	1,617,959
	Other	agual Form 000 D	V ==!:		10/-1	4,668	,	<b>L</b>		4,668,334
iota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	quai rorm 990, Part	x, coll	וות (B), וות	e 10(c)		•	🛌	I 4	1,423,516

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	•
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
T-1-1 (Colored (b) court court [5 000   Don't V   col (B) (co. 12.)	<b>•</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2) Book raids	Cost or end-of-year market value
Table (Calaria (h) annt anni Erra (000 Bart V an (10) ban (2)	<b>F</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X,		
(a) Desi		(b) Book value
(1) BOND ISSUANCE COSTS, NET	·	163,623
(2) BENEFICIAL INTEREST IN TRUST		13,201,722
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	▶ 13,365,345
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CAPITAL LEASE OBLIGATIONS	200,370	
FAIR VALUE OF INTEREST RATE SWAP	13,729	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	214,099	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the organiza	tion's financial statements that reports the

Schedule D (Form 990) 2012	A dit dei	:-! 6:		- MCH D	D	Page <b>4</b>
Part XI Reconciliation of R  1 Total revenue, gains, and other	er support per Audited Financi er support per audited financial state				1	24,330,750
	ut not on Form 990, Part VIII, line 1	1				
	tments		2a 2b	1,234,592		
	s		2c			
d Other (Describe in Part XIII)			2d	845,686	30	2 0 9 0 2 7 9
<ul><li>e Add lines 2a through 2d</li><li>3 Subtract line 2e from line 1.</li></ul>			: :		2e 3	2,080,278
4 A mounts included on Form 99	00, Part VIII, line 12, but not on line	e <b>1</b>				
	luded on Form 990, Part VIII, line 7		4a 4b	147,975		
c Add lines 4a and 4b					4c	5,328,037
	d <b>4c.</b> (This must equal Form 990, Pa				5	27,578,509
Part XII Reconciliation of E  1 Total expenses and losses pe	r audited financial statements .				per 1	22,603,355
	ut not on Form 990, Part IX, line 25			1		
	acılıtıes		2a 2b			
c Other losses			2c			
<b>d</b> Other (Describe in Part XIII)			2d	17,708		
<ul><li>e Add lines 2a through 2d</li><li>3 Subtract line 2e from line 1 .</li></ul>					2e 3	17,708 22,585,647
	0, Part IX, line 25, but not on line <b>1</b>					22,303,047
·	uded on Form 990, Part VIII, line 7	'b	4a	147,975		
<ul><li>b Other (Describe in Part XIII )</li><li>c Add lines 4a and 4b</li></ul>			4b	5,336,062	4c	5,484,037
- //	nd <b>4c.</b> (This must equal Form 990, F	art I, line	• 18)		5	28,069,684
Part XIII Supplemental In						
Complete this part to provide the de Part V, line 4, Part X, line 2, Part XI	, lines 2d and 4b, and Part XII, lines	s 3, 5, and s 2d and	19, Pa 4b Al	rt III, lines 1a and 4 , P so complete this part to	provid	lines 1b and 2b, le any additional
information Identifier	Return Reference			Explanat	ion	
DESCRIPTION OF INTENDED USE		THE:	SCHO	OL'S ENDOWMENT CO		SOFENDOWMENT
OF ENDOWMENT FUNDS				ABLISHED FOR A VAF NT INCLUDES BOTH D		
				NT FUNDS AND FUNDS TRUSTEES TO FUNCT		
		REQU	JIRED	BY GENERALLY ACCE S, NET ASSETS ASSO	PTED.	ACCOUNTING
		ENDO	O WM E	NT FUNDS ARE CLASS	IFIED	AND REPORTED
		IMPC	SED	THE EXISTENCE OR A OR LEGAL RESTRICTION	NS E	NDOWMENT FUNDS
				NVESTED GIFTS THE TED THE PROVISIONS		
		<b>I</b>		MANAGEMENT OF INS AS REQUIRING THE PR		
				E OF THE ORIGINAL G NOR-RESTRICTED EN		
		EXPL	ICIT	OONOR STIPULATION THE INTERPRETATIO	SOFT	HE CONTRARY AS A
		CLAS	SIFIE	S AS PERMANENTLY R	.EŚTRI	CTED NET ASSETS
		PERM	1 A N E N	NAL VALUE OF GIFTS IT ENDOWMENT AND A	CCUN	ULATIONS TO THE
		APPL	.ICABI	IT ENDOWMENT IN AC LE DONOR GIFT INSTF	UMEN	IT AT THE TIME THE
		<b>I</b>		ATION IS ADDED TO T OF THE DONOR-RESTF		
				OT CLASSIFIED IN PE S IS CLASSIFIED AS		
				ED NET ASSETS UNTIL ATED FOR EXPENDITU		
				ONSISTENT WITH THE PRESCRIBED BY UPM		
		WITH	I UPM	IFA, THE SCHOOL CON G FACTORS IN MAKIN	NSIDE	RED THE
		APPF	ROPRI	ATE OR ACCUMULATE	DONG	OR-RESTRICTED
		PRES	ERVA	NT FUNDS 1 - THE DU TION OF VARIOUS FU	NDS,	2 - THE PURPOSES
		GENE	ERALE	NOR-RESTRICTED EN CONOMIC CONDITION	NS, 4	- THE POSSIBLE
		<b>I</b>		INFLATION AND DEF		•
				TION OF INVESTMENT HOOL, AND 7 - THE SO		
				THE SCHOOL HAS AD POLICIES, APPROVE		
		TRUS	TEES	, FOR ENDOWMENT FU A STABLE SOURCE OF	NDST	HAT STRIVE TO
		THE	ONGO	ING OPERATION AND	ACTI	VITIES OF THE
		OF R	ETURN	I THROUGH BOTH CAF	PITAL	APPRECIATION AND
		GRO	WTH O	NT YIELDS SUFFICIEN F FUND ASSETS, NET	OFSP	ENDING
		ENDO	O WM E	ENTS, INFLATION AN NT FUNDS ARE INVES	TED IN	N A DIVERSIFIED
		CON	SISTE	, WHICH IS INTENDED NT INFLATION-PROTE	CTED	RATE OF RETURN
		DIST	RIBUT	CIENT LIQUIDITY TO TONS AS DETERMINE	D BY C	COMMITTEES OF THE
				TRUSTEES THE SCHO		
		<b>I</b>		NT STRATEGIES TO A UDENT RISK CONSTR		
		ANN	JALSI	PENDING APPROPRIATE IN CO	TION	IS DETERMINED BY
		THE:	INVES	TMENT COMMITTEE UND INVESTMENT RETU	SING	AVERAGE MARKET
		THRE	EYEA	RS		
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	POSI	TION	ENT ANNUALLY REVIE S ALONG WITH ANY RI	ELATE	D INTEREST AND
				S AND BELIEVES THAT N TAX POSITIONS TH		
		MATI	ERIAL	ADVERSE EFFECT, IN	DIVID	UALLY OR IN THE
		FINA	NCIA	POSITION, OR THE F S, OR CASH FLOWS		
PART XI, LINE 2D - OTHER	-	СНАІ	NGE II	N VALUE OF BENEFICI		
ADJUSTMENTS				COMP INSURANCE RE TIBLE PLEDGES RECE		
PART XI, LINE 4B - OTHER ADJUSTMENTS			NCIAI	_ AID 4,981,347 SUMI		
PART XII, LINE 2D - OTHER		_ <del> </del>		COMP INSURANCE RE	BATE:	17,708
ADJUSTMENTS PART XII, LINE 4B - OTHER	+	FINA	NCIA	_ AID 4,981,347 SUMI	MER PI	ROGRAM EXPENSES
ADJUSTMENTS			715 C	HANGE IN VALUE OF		

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## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	Name of the organization  WORCESTER ACADEMY				
		04-2105855			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in rother governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes	l
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes	
					1
4	Does the organization maintain the following?				ı
	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 basis?		4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ıblıc dealıng	4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?		5a		No
I	<b>b</b> Admissions policies?		5b		No
•	c Employment of faculty or administrative staff?		5c		No
(	d Scholarships or other financial assistance?		5d		Νo
	e Educational policies?		5e		Νo
	f Use of facilities?		5f		Νo
	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		<u>5h</u>		No
64	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  of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes	ĺ

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	THE POLICY IS INCLUDED ON THE WEBSITE AND IS PRINTED IN THE "VIEW BOX" WHICH IS DISTRIBUTED AT OPEN HOUSES AND SENT TO ALL INDIVIDUALS REQUESTING SCHOOL INFORMATION THE POLICY IS ALSO PUBLISHED ANNUALLY IN THE BOSTON GLOBE (W/ AISNE SCHOOLS)

Schedule E (Form 990 or 990-EZ) 2012

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

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

OMB No 1545-0047

DLN: 93493118006014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Attach to Form 990

Inspection Employer identification number

	RCESTER ACADEMY						04-2105855	
1	Does the organization maintain the selection criteria used to a	records to substanti ward the grants or as	ate the amount of the sıstance?					<b>▽</b> Yes <b>┌</b>
2	Describe in Part IV the organiz	<u> </u>						
Pa	Form 990, Part IV, lin							es" to
	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2	Enter total number of section 5 Enter total number of other org						· · · • • _	

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(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) EDUCATIONAL SCHOLARSHIPS	245	4,981,347		FMV	

Part IV Supplemental Information.

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, , , , , , , , , , , , , , , , , , ,	SCHEDULE I, PART I, LINE 2 WORCESTER ACADEMY IS FULLY COMMITTED TO ENROLLING A DIVERSE STUDENT BODY, DIVERSE IN TERMS OF INTERESTS, TALENTS, RACE, ETHNICITY AND ECONOMIC BACKGROUND TO THIS END, THE ACADEMY HAS DEVELOPED A FINANCIAL AID PROGRAM TO PROMOTE ACCESS TO THE ACADEMY TO ALL QUALIFIED STUDENTS, REGARDLESS OF FAMILY FINANCIAL CIRCUMSTANCES THE GOAL OF OUR FINANCIAL AID PROGRAM IS TO LESSEN THE GAP, BETWEEN WHAT A FAMILY CAN REASONABLY BE EXPECTED TO CONTRIBUTE AND WHAT IT ACTUALLY COSTS TO ATTEND WORCESTER ACADEMY FINANCIAL AID IS AN ANNUAL AWARD AND STUDENTS MUST APPLY EACH YEAR FOR SUPPORT
	•	

DLN: 93493118006014

OMB No 1545-0047

2

4a

4b

4c

5a

5b

6b

7

8

Yes

#### Schedule J (Form 990)

2

Department of the Treasury

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

**Compensation Information** 

Part IV, question 23.

Open to Public Inspection

Νo

Name of the organization	Em
WORCESTER ACADEMY	
	ہ م ا

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. ployer identification number 04-2105855 **Questions Regarding Compensation** Yes No 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 Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions 7 Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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

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

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,

Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee

directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

Receive a severance payment or change-of-control payment?

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement? 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.

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

The organization?

Any related organization?

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 compensation contingent on the net earnings of

The organization?

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50053T

Schedule J (Form 990) 2012

## 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)(1)-(111) 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>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	` '	(E) Total of columns	` '
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)RONALD CINO	(i)	185,000	0	0	11,100	15,967	212,067	0
HEAD OF SCHOOL	(ii)	ره و	<u>, o</u> J		0	0	0	0
(2)THOMAS DICONZA	(i)	153,000	0	0	7,650	15,967	176,617	0
CFO	(ii)	ر ٥ ا	<u>. ol</u>	<u> </u>	0	0	0	0
(3)MARILLYN EARLEY DIRECTOR OF	(i)	145,000	0	0	8,700	4,855	158,555	0
ADVANCEMENT	(ii)	۱,	اره	1	0	l o	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

iso complete this part for any additional mismation								
Identifier	Return Reference	Explanation						
	,	THE HEAD MASTER RECEIVED THE FOLLOWING (1) COMPANION TRAVEL, TRAVEL WITH WIFE FOR ALUMNI EVENTS, (2) RESIDENCE, ON CAMPUS HOUSING IS REQUIRED FOR HEAD OF SCHOOL, (3) SOCIAL DUES SOCIAL CLUB DUES FOR BUSINESS MEETINGS WITH COMMUNITY LEADERS, POTENTIAL DONORS AND CULTIVATING ONGOING ALUMNI RELATIONS, (4) PERSONAL SERVICES CLEANING SERVICES FOR CAMPUS HOUSING						
	·	NO WRITTEN POLICY IS IN PLACE FOR THE BENEFITS PROVIDED TO THE HEAD OF THE SCHOOL LISTED ABOVE HOWEVER, THESE ARE LONG STANDING PRACTICES OF THE SCHOOL						

Schedule J (Form 990) 2012

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DLN: 93493118006014 OMB No 1545-0047

2012

Open to Public

## **Supplemental Information on Tax Exempt Bonds**

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

Department of the Treasury Internal Revenue Service

(Form 990)

Internal Revenue Service													Inspe		
	e of the organization									Emp	oloyer id	lentifica	ation nun	ıber	
	RCESTER ACADEMY									04-	21058	55			
Pa	art I Bond Issues	, ,		1											
										(m) Do	foood		On life	(i)	Pool
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue	price	(f	Descriptio	n of purpose	(g) De	feased		behalf of financi		ncıng
										Yes	No	Yes	No	Yes	No
'	MASSACHUSETTS DEV						DEETI	NANCEOE	2010 BOND						
Α	FINANCE AGENCY -SERIES 2013A	04-3431814		05-01-2013	20,26			CONTROUT			Х		X		X
	2013A						PROJ	JECT FINAN	CINGS						
Pa	rt III Proceeds					'									
						١		E	•		С			D	
1_	A mount of bonds retired					7,658,	,283								
2	A mount of bonds legally defeas	sed													
3	Total proceeds of issue					7,822,	,593								
4	Gross proceeds in reserve fund	ds													
5	Capitalized interest from proce	eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds					164,	,310								
8	Credit enhancement from proce	eeds													
9	Working capital expenditures fr	rom proceeds													
10	Capital expenditures from proc	eeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion														
-					Yes	No	. [	Yes	No	Yes		lo	Yes		No
14	Were the bonds issued as part	of a current refundın	g issue?		Х										
15	15 Were the bonds issued as part of an advance refunding issue?					Х									
16 Has the final allocation of proceeds been made?						Х									
Does the organization maintain adequate books and records to support the final allocation of proceeds?					×										
Pa	rt IIII Private Business Us	se													
						١		E	]		С			D	
					Yes	No		Yes	No	Yes	N	lo	Yes	$\perp \!\!\! \perp$	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					х									

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

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				A		В		C		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or 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 b other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			X						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?		x							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unce Regulations sections 1 141-12 and 1 145-2?			х						
D										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?		X	1	1					
2	If "No" to line 1, did the following apply?									
<u>-</u> а	Rebate not due yet?		X							
b	Exception to rebate?		X							
c	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				l		I			
3	Is the bond issue a variable rate issue?	X								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider				-		•			
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		<u> </u>								

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

		A		В		C		J D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		x						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
P	art VI Supplemental Information. Complete this part to pr	ovide addition	ıal ınformatı	on for respor	nses to quest	tions on Sche	edule K (see	instructions)	١.

Schedule K (Form 990) 2012

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493118006014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

vallie of the organization
WORCESTER ACADEMY

Employer identification number

04-2105855

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC COPY OF THE RETURN IS PROVIDED TO A SUBCOMMITTEE OF THE BOARD VIA SECURE FILE TRANSFER
	FORM 990, PART VI, SECTION B, LINE 12C	THE SCHOOL HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES EACH DIRECTOR, PRINCIPA L OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DESIGNATED POWERS TO ANNUALLY SIG N A STATEMENT WHICH AFFIRMS THEY HAVE RECEIVED A COPY OF THE POLICY, UNDERSTAND THE POLICY , AGREE TO COMPLY WITH THE POLICY AND UNDERSTANDS THAT THE SCHOOL IS CHARITABLE AND IN ORD ER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCO MPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE POLICY DEFINES INTEREST PERSON, FINANCI AL INTEREST AND DISCUSSES VARIOUS FORMS OF COMPENSATION AND THEIR DUTIES TO DISCLOSE IF CO NFLICTS EXIST
	FORM 990, PART VI, SECTION B, LINE 15	THE SCHOOL COMPARES INFORMATION AVAILABLE WITH NAIS AND SIMILIAR POSITIONS IN OTHER ORGANIZATIONS
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL GENERALLY DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 872,978 LOSS ON RECEIVABLE -45,000 CHANGE IN VALUE OF INTEREST RATE SWAP 156,000