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<div> <div>Form 990</div> <div>  </div> <div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> </div> </div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div> <div>▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.</div> <div>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div> </div>	<div>OMB No 1545-0047</div> <div>2013</div> <div>Open to Public Inspection</div>
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A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014									
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization MIDDLESEX SCHOOL				D Employer identification number 04-2103821			
		Doing Business As							
		Number and street (or P O box if mail is not delivered to street address) 1400 LOWELL ROAD			Room/suite	E Telephone number (978) 369-2550			
		City or town, state or province, country, and ZIP or foreign postal code CONCORD, MA 01742							
						G Gross receipts \$ 61,940,935			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Name and address of principal officer AUSTIN P OLNEY 1400 LOWELL ROAD CONCORD,MA 01742			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
					H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)				
					H(c) Group exemption number ▶				
J Website: ▶ WWW.MXSCHOOL.EDU									
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					L Year of formation 1901		M State of legal domicile MA		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities MIDDLESEX SCHOOL IS A COLLEGE-PREPARATORY SCHOOL FOR GRADES 9 THROUGH 12 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	288
	6 Total number of volunteers (estimate if necessary)	6	85
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	57,904
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,706,128	16,062,033
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,999,697	18,784,275
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,765,293	1,738,127
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,147,481	1,284,528
		30,618,599	37,868,963
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,018,735	4,494,379
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,869,989	13,597,970
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,104	58,200
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,748,976		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,308,470	13,225,410
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,221,298	31,375,959
	19 Revenue less expenses Subtract line 18 from line 12	397,301	6,493,004
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	230,220,512	260,247,732
	21 Total liabilities (Part X, line 26)	31,644,233	35,382,698
	22 Net assets or fund balances Subtract line 21 from line 20	198,576,279	224,865,034

Part II	Signature Block															
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> 2015-05-13 Date </div> </div>															
	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> MCGLADREY LLP CFO Type or print name and title </div> </div>															
Paid Preparer Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Print/Type preparer's name LYNNE JOHNSON</td> <td style="width: 33%;">Preparer's signature</td> <td style="width: 15%;">Date</td> <td style="width: 15%;">Check <input type="checkbox"/> if self-employed</td> <td style="width: 5%;">PTIN P00757336</td> </tr> <tr> <td colspan="3">Firm's name MCGLADREY LLP</td> <td colspan="2">Firm's EIN 42-0714325</td> </tr> <tr> <td colspan="3">Firm's address 80 CITY SQUARE BOSTON, MA 021293742</td> <td colspan="2">Phone no (617) 912-9000</td> </tr> </table>	Print/Type preparer's name LYNNE JOHNSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00757336	Firm's name MCGLADREY LLP			Firm's EIN 42-0714325		Firm's address 80 CITY SQUARE BOSTON, MA 021293742			Phone no (617) 912-9000	
	Print/Type preparer's name LYNNE JOHNSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00757336											
	Firm's name MCGLADREY LLP			Firm's EIN 42-0714325												
Firm's address 80 CITY SQUARE BOSTON, MA 021293742			Phone no (617) 912-9000													
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

Check if Schedule O contains a response or note to any line in this Part III ☐

MIDDLESEX SCHOOL IS AN INDEPENDENT, NON-DENOMINATIONAL, RESIDENTIAL, COLLEGE-PREPARATORY SCHOOL THAT, FOR OVER ONE HUNDRED YEARS, HAS BEEN COMMITTED TO EXCELLENCE IN THE INTELLECTUAL, ETHICAL, CREATIVE, AND PHYSICAL DEVELOPMENT OF YOUNG PEOPLE (SEE SCHEDULE O)

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$	22,296,308	including grants of \$	4,494,379) (Revenue \$	19,883,411)
	<p>MIDDLESEX SCHOOL IS A NON-SECTARIAN COLLEGE PREPARATORY BOARDING AND DAY SCHOOL FOR BOYS AND GIRLS IN GRADES 9-12. MIDDLESEX HAS ALWAYS PRIDED ITSELF IN ATTRACTING A DIVERSE, HIGHLY MOTIVATED GROUP OF STUDENTS FROM ACROSS THE COUNTRY AND MORE RECENTLY THE WORLD. CURRENT ENROLLMENT IS ABOUT 375 STUDENTS FROM MANY STATES AND COUNTRIES. FOUNDED IN 1901, THE SCHOOL HAS A LONG TRADITION OF PLACING STUDENTS IN THE MOST SELECTIVE COLLEGES. MIDDLESEX OFFERS A CHALLENGING ACADEMIC PROGRAM. IN ADDITION TO ITS SCHOOL YEAR PROGRAM, MIDDLESEX MAKES USE OF ITS CAMPUS FACILITIES FOR SUMMER AUXILIARY PROGRAMS CONSISTENT WITH ITS PRIMARY MISSION.</p>					

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	22,296,308
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	134	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	288	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
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)?		Yes	
b If "Yes," enter the name of the foreign country: CJ 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?		9a	
9b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.		11a	
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
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.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a 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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THERESE A CUNNINGHAM CFO 1400 LOWELL ROAD CONCORD,MA 01742 (978) 371-6589

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,148,646	0	401,057

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ERLAND CONSTRUCTION INC 71 THIRD AVE BURLINGTON MA 01803	GENERAL CONTRACTOR	1,931,639
BW KENNEDY & CO 77 MYSTIC ST ARLINGTON MA 02474	GENERAL CONTRACTOR	1,544,139
FLIK PO BOX 417632 BOSTON MA 022417632	DINING SERVICES	1,534,489
NEXGEN MECHANICAL INC PO BOX 8005 CRANSTON RI 02920	GAS CONVERSION CONTRACTOR	1,297,007
CHILDS BERTMAN TSECKARES INC 110 CANAL STREET BOSTON MA 02114	ARCHITECTS	534,885

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	4,294			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	16,057,739			
	g	Noncash contributions included in lines 1a-1f \$	2,909,292			
	h	Total. Add lines 1a-1f	16,062,033			
Program Service Revenue	2a	TUITION REVENUE	Business Code 611600	18,449,231	18,449,231	
	b	INSTRUCTIONAL	611710	335,044	335,044	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	18,784,275			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,884,925		57,904	1,827,021
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 275,584	(ii) Personal		
	b	Less rental expenses	67,977			
	c	Rental income or (loss)	207,607			
	d	Net rental income or (loss)	207,607			207,607
	7a	Gross amount from sales of assets other than inventory	(i) Securities 23,692,962	(ii) Other		
	b	Less cost or other basis and sales expenses	23,839,760			
	c	Gain or (loss)	-146,798			
	d	Net gain or (loss)	-146,798			-146,798
	8a	Gross income from fundraising events (not including \$ 4,294 of contributions reported on line 1c) See Part IV, line 18	a 19,350			
	b	Less direct expenses b	18,330			
	c	Net income or (loss) from fundraising events	1,020			1,020
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a 122,670			
	b	Less cost of goods sold b	145,905			
	c	Net income or (loss) from sales of inventory	-23,235			-23,235
		Miscellaneous Revenue	Business Code			
	11a	PROGRAM TRIP INCOME	611710	175,890	175,890	
	b	OUTSIDE MUSIC LESSONS	611600	135,535	135,535	
	c	COMMUNICATION FEES	900099	110,100	110,100	
	d	All other revenue		677,611	677,611	
	e	Total. Add lines 11a-11d	1,099,136			
	12	Total revenue. See Instructions	37,868,963	19,883,411	57,904	1,865,615

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	43,246	43,246		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	4,451,133	4,451,133		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	634,004	435,960	139,591	58,453
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	8,744,792	6,305,982	1,556,450	882,360
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,874,453	1,288,930	412,704	172,819
9	Other employee benefits.	1,635,834	985,215	315,458	335,161
10	Payroll taxes.	708,887	492,128	152,782	63,977
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	82,651		82,651	
c	Accounting.	105,658		105,658	
d	Lobbying.	5,267		5,267	
e	Professional fundraising services. See Part IV, line 17.	58,200			58,200
f	Investment management fees.	1,106,801		1,090,000	16,801
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	900,588	635,365	201,805	63,418
12	Advertising and promotion.	105,443	39,702		65,741
13	Office expenses.	564,799	310,085	147,834	106,880
14	Information technology.	648,383	271,966	345,331	31,086
15	Royalties.	5,771	5,771		
16	Occupancy.	2,378,781	1,784,086	475,756	118,939
17	Travel.	780,214	495,817	112,922	171,475
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	62,992	45,549	12,375	5,068
20	Interest.	411,362	282,865	90,571	37,926
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,133,564	2,350,173	626,713	156,678
23	Insurance.	206,423	141,942	45,449	19,032
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	FOOD	1,779,537	1,494,596	113,765	171,176
b	EQUIPMENT	217,187	142,892	60,118	14,177
c	FACILITY RENTAL	53,872	15,342		38,530
d	MEMBERSHIP FEES	44,596	43,416	172	1,008
e	All other expenses	631,521	234,147	237,303	160,071
25	Total functional expenses. Add lines 1 through 24e.	31,375,959	22,296,308	6,330,675	2,748,976
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,871,474	1	9,344,866
	2	Savings and temporary cash investments		4,594,264	2	1,865,637
	3	Pledges and grants receivable, net		24,135,063	3	29,207,103
	4	Accounts receivable, net		123,245	4	125,188
	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(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		26,093	7	30,293
	8	Inventories for sale or use		64,868	8	80,233
	9	Prepaid expenses and deferred charges		721,800	9	847,087
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a117,020,798			
	b	Less accumulated depreciation	10b50,733,058	61,618,855	10c	66,287,740
	11	Investments—publicly traded securities		37,875,327	11	44,772,244
	12	Investments—other securities See Part IV, line 11		92,204,659	12	102,838,396
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,984,864	15	4,848,945
	16	Total assets. Add lines 1 through 15 (must equal line 34)		230,220,512	16	260,247,732
Liabilities	17	Accounts payable and accrued expenses		13,144,177	17	15,480,941
	18	Grants payable			18	
	19	Deferred revenue		6,020,863	19	6,561,145
	20	Tax-exempt bond liabilities		8,746,681	20	10,542,523
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,732,512	25	2,798,089
	26	Total liabilities. Add lines 17 through 25		31,644,233	26	35,382,698
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		72,555,319	27	73,909,450
	28	Temporarily restricted net assets		44,971,949	28	59,758,149
	29	Permanently restricted net assets		81,049,011	29	91,197,435
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		198,576,279	33	224,865,034
	34	Total liabilities and net assets/fund balances		230,220,512	34	260,247,732

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,868,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,375,959
3	Revenue less expenses Subtract line 2 from line 1	3	6,493,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,576,279
5	Net unrealized gains (losses) on investments	5	17,249,275
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,546,476
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	224,865,034

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES C ALEXANDER TRUSTEE	5 00	X						0	0	0
ALEXANDER C BANKER TRUSTEE	5 00	X						0	0	0
ANNE T BASS VICE PRESIDENT	5 00	X		X				0	0	0
ROBERT M BASS VICE PRESIDENT	5 00	X		X				0	0	0
ANSON H BEARD TRUSTEE	5 00	X						0	0	0
MARY LOU BOUTWELL TRUSTEE	5 00	X						0	0	0
JOHN BROOKE TRUSTEE	5 00	X						0	0	0
JOY CONNOLLY TRUSTEE	5 00	X						0	0	0
WILLIAM COASH TRUSTEE	5 00	X						0	0	0
SCOTT F CONANT TRUSTEE	5 00	X						0	0	0
JAMES F CURTIS III TRUSTEE	5 00	X						0	0	0
ABIGAIL MARR DOFT TRUSTEE	5 00	X						0	0	0
JOHN H DYETT TRUSTEE	5 00	X						0	0	0
KATHLEEN C GILES HEAD OF SCHOOL	80 00	X		X				378,714	0	88,541
ARCHIBALD L GWATHMEY TRUSTEE	5 00	X						0	0	0
KIMBERLY GWINNLANDRY TRUSTEE	5 00	X						0	0	0
COREY HAJIM TRUSTEE	5 00	X						0	0	0
KATHLEEN HALEY TRUSTEE	5 00	X						0	0	0
EDWIN D HETZ TRUSTEE	5 00	X						0	0	0
COLEMAN HOYT TRUSTEE	5 00	X						0	0	0
CHIVAS CHI-WAH LAM TRUSTEE	5 00	X						0	0	0
STEPHEN D LARI TREASURER	5 00	X		X				0	0	0
ROBERT SM LAWRENCE TRUSTEE	5 00	X						0	0	0
SARAH C LEARY VICE PRESIDENT	5 00	X		X				0	0	0
DAVID MCKENNA TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN J MODEL VICE PRESIDENT	5 00	X		X				0	0	0
HUNTER MOORMAN TRUSTEE	5 00	X						0	0	0
AUSTIN P OLNEY PRESIDENT	5 00	X		X				0	0	0
MARGARET H PIERCE TRUSTEE	5 00	X						0	0	0
ANDREW PITTS TRUSTEE	5 00	X						0	0	0
SCOTT F POWERS TRUSTEE	5 00	X						0	0	0
KATHERINE STEARNS SYMONDS TRUSTEE	5 00	X						0	0	0
JULIA FRENCH VEGHTE TRUSTEE	5 00	X						0	0	0
WANJI BARRINGTON WALCOTT SECRETARY	5 00	X		X				0	0	0
THERESE A CUNNINGHAM CFO	80 00			X				130,463	0	56,458
MATTHEW E CROZIER COO	70 00					X		152,710	0	52,699
HEATHER J PARKER DIRECTOR OF DEVELOPMENT	70 00					X		139,184	0	43,475
GEORGE NOBLE DIRECTOR OF ADVANCEMENT	70 00					X		134,108	0	32,197
DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	60 00					X		107,659	0	101,399
ROLAND DAVIS ASSISTANT HEAD OF SCHOOL	60 00					X		105,808	0	26,288

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization MIDDLESEX SCHOOL	Employer identification number 04-2103821
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated 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 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. 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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, SPECIAL RULE IN SCH B	THE SCHOOL HISTORICALLY HAS USED THE GREATER THAN \$5,000 OR 2% RULE IN REPORTING CONTRIBUTORS IN COMPLIANCE WITH THE SCHEDULE B INSTRUCTIONS, THEREFORE, DUE TO THE BROADLY SUPPORTED NATURE OF THE ORGANIZATION AND DEEMED MEETING THE PUBLIC SUPPORT TEST UNDER CURRENT GUIDANCE, CONTRIBUTORS OVER THE 2% RULE FOR SECTION 509(A)(1) BROADLY SUPPORTED ORGANIZATIONS ARE REPORTED

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MIDDLESEX SCHOOL	Employer identification number 04-2103821
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?	Yes	
j	Total. Add lines 1c through 1i.		0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b	If "Yes," enter the amount of any tax incurred under section 4912.		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	MIDDLESEX SCHOOL IS A MEMBER OF MASSACHUSETTS ASSOCIATION OF NONPROFIT SCHOOLS & COLLEGES, A GROUP THAT MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES AND AS SUCH NO DETERMINATIVE AMOUNT IS LISTED IN THE SCHEDULE

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization MIDDLESEX SCHOOL	Employer identification number 04-2103821
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☒ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form 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
b	Total acreage restricted by conservation easements
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 not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____ 8 00

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____ 2,701

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☒ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 114,367,673 | 96,011,346 | 94,468,439 | 78,448,358 | 73,301,746 |
| b Contributions | 7,455,752 | 11,012,015 | 4,394,338 | 1,841,144 | 937,038 |
| c Net investment earnings, gains, and losses | 17,889,858 | 11,794,122 | 1,778,609 | 17,451,654 | 7,574,532 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,463,533 | 4,449,810 | 4,630,040 | 3,272,717 | 3,364,958 |
| f Administrative expenses | | | | | |
| g End of year balance | 135,249,750 | 114,367,673 | 96,011,346 | 94,468,439 | 78,448,358 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 16 650 %

b Permanent endowment ▶ 46 640 %

c Temporarily restricted endowment ▶ 36 710 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations
- | | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		424,021		424,021
b Buildings		103,040,717	44,932,276	58,108,441
c Leasehold improvements				
d Equipment		7,553,128	5,800,782	1,752,346
e Other		6,002,932		6,002,932
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				66,287,740

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	51,871,824
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	17,249,275
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-3,478,626
e	Add lines 2a through 2d	2e	13,770,649
3	Subtract line 2e from line 1	3	38,101,175
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-232,212
c	Add lines 4a and 4b	4c	-232,212
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	37,868,963

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,583,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	232,212
e	Add lines 2a through 2d	2e	232,212
3	Subtract line 2e from line 1	3	25,350,857
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	6,025,102
c	Add lines 4a and 4b	4c	6,025,102
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	31,375,959

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART II, LINE 5	THE SCHOOL MEETS ANNUALLY WITH THE TRUSTEES OF RESERVATIONS WHO ADMINISTER THE EASEMENTS AND TOUR THE SITE
PART II, LINE 9	CONSERVATION EASEMENTS ON THE MIDDLESEX CAMPUS ARE RELATED TO THE PROTECTION/PRESERVATION OF WETLANDS AND THE PROTECTION OF RESIDENT WILDLIFE ON A PORTION OF THE MIDDLESEX PROPERTY. MIDDLESEX USES AN ENVIRONMENTAL CONSULTING FIRM ANNUALLY TO TEST THE WATER QUALITY OF THE WETLANDS ON THE MIDDLESEX CAMPUS WHERE AMPHIPODS (SALAMANDERS) RESIDE. THE LAND IS RECORDED AS AN ASSET ON THE BALANCE SHEET AND THE EXPENSES RELATED TO THE ENVIRONMENTAL CONSULTING SERVICES ARE CHARGED TO FACILITIES AND OPERATIONS.
PART III, LINE 4	THE SCHOOL MAINTAINS AND PRESERVES THE FOLLOWING ITEMS THAT WERE DONATED TO THE SCHOOL FOR DISPLAY AT THE SCHOOL'S LIBRARY: -CIVIL WAR FLAG -SWORD FROM THE CIVIL WAR -WORKS OF ART -RARE COLLECTION OF BOOKS
PART V, LINE 4	THE SCHOOL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE SCHOOL MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PURPOSES AS WELL AS BOARD DESIGNATED FUNDS. THE SCHOOL EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN THAT WILL ALLOW THE PURCHASING POWER OF THE ENDOWMENT TO BE MAINTAINED. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES. THE SCHOOL RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE SCHOOL TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED A POLICY INDEX.
PART X, LINE 2	THE SCHOOL FOLLOWS THE FASB ASC 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD. A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE SCHOOL RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE SCHOOL'S TAX POSITIONS AND CONCLUDED THAT THE SCHOOL HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES. THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2011. THE SCHOOL WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,803,411. INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AUDITED FS -1,090,000. FINANCIAL AID NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS -4,347,800. OTHER CHANGES IN PENSION OBLIGATION -1,316,465. CAPITAL CAMPAIGN EXPENSES -443,135. LOSS ON EXTINGUISHMENT OF DEBT -84,637.
PART XI, LINE 4B - OTHER ADJUSTMENTS	COSTS OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -145,905. FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -18,330. RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -67,977.

[illegible]

SCHEDULE E
(Form 990 or 990-EZ)

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.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number

04-2103821

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

Part III Supplemental Information. 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).

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			FUNDRAISING		57,335
(2) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		11,028,765
(3)					
(4)					
(5)					
3a Sub-total	0	0			11,086,100
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			11,086,100

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BOARDMAN CONSULTING 521 HAMMOND STREET CHESTNUT HILL, MA 02467	CAPITAL CAMPAIGN CONSULTING		No	0	23,000	-23,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					23,000	-23,000

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF OUTING</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	23,644		23,644
	2	Less Contributions . . .	4,294		4,294
	3	Gross income (line 1 minus line 2)	19,350		19,350
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	18,143		18,143
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	187		187
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(18,330)
					1,020

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TOWN OF CONCORD - CONCORD CARES 133 KEYES ROAD CONCORD, MA 01742	04-6001121	115	37,500				DONATION TO SUPPORT THE NEW AMBULANCE EQUIPMENT GIFT ACCOUNT

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

3 Enter total number of other organizations listed in the line 1 table 0

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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	104		4,451,133	FMV	FINANCIAL ASSISTANCE OFFSETS AGAINST THE STUDENTS' ACCOUNTS

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		No
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHLEEN C GILES HEAD OF SCHOOL	(i)	358,645	20,000	69	47,930	40,611	467,255	21,697
	(ii)	0	0	0	0	0	0	0
(2) THERESE A CUNNINGHAM CFO	(i)	120,433	10,000	30	-8,829	65,287	186,921	0
	(ii)	0	0	0	0	0	0	0
(3) MATTHEW E CROZIER COO	(i)	122,665	10,000	20,045	9,630	43,069	205,409	0
	(ii)	0	0	0	0	0	0	0
(4) HEATHER J PARKER DIRECTOR OF DEVELOPMENT	(i)	129,139	0	10,045	1,884	41,591	182,659	0
	(ii)	0	0	0	0	0	0	0
(5) GEORGE NOBLE DIRECTOR OF ADVANCEMENT	(i)	124,078	0	10,030	12,914	19,283	166,305	0
	(ii)	0	0	0	0	0	0	0
(6) DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	(i)	107,590	0	69	11,976	89,423	209,058	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 1A	SINCE THE SCHOOL IS A BOARDING SCHOOL, THE MAJORITY OF THE FACULTY ARE REQUIRED TO LIVE ON CAMPUS FOR THE PURPOSE OF SUPERVISING THE STUDENTS. THE ESTIMATED VALUE OF THIS BENEFIT WAS \$20,000 DURING THE YEAR WHICH IS INCLUDED IN THE ESTIMATE OF OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J. THE HEAD OF SCHOOL'S RESIDENCE HAS A COMBINATION OF PUBLIC AND PRIVATE SPACE. THE ESTIMATED VALUE REFLECTS THE PRIVATE PORTION OF THE RESIDENCE.
PART I, LINE 1B	THE SCHOOL HAS A WRITTEN POLICY IN REGARDS TO THE ALLOCATION OF FACULTY MEMBERS TO AVAILABLE ON-CAMPUS HOUSING AS PART OF THE FACULTY HANDBOOK. WHILE THE SCHOOL WOULD LIKE TO HOUSE ALL MEMBERS OF THE FACULTY ON CAMPUS, THE NUMBER OF FACULTY MEMBERS EXCEEDS THE NUMBER OF AVAILABLE HOUSING UNITS. UNITS ARE ALLOCATED BASED ON AVAILABILITY AND FIT (FEMALE/MALE FACULTY IN FEMALE/MALE DORMS, DORM RESPONSIBILITIES COMPARED WITH FACULTY RESPONSIBILITIES). THE ESTIMATED NON-TAXABLE VALUE FOR THIS ON-CAMPUS HOUSING IS INCLUDED IN PART VII FOR THE HEAD OF SCHOOL, CFO, AND DIRECTOR OF ADMISSIONS. IN SOME INSTANCES WHERE ON-CAMPUS HOUSING IS NOT AVAILABLE, TAXABLE STIPENDS ARE ADDED TO FACULTY MEMBER CONTRACTS AND ARE REPORTED IN PART VII, COLUMN (F) UNDER OTHER COMPENSATION AND IN SCHEDULE J, COLUMN (B)(III).
PART I, LINE 4B	KATHLEEN C. GILES - THE ORGANIZATION HAS ENTERED INTO A DEFERRED COMPENSATION ARRANGEMENT WITH ITS HEAD OF SCHOOL. UNDER THE TERMS OF THE AGREEMENT, AN AMOUNT DETERMINED BY THE COMPENSATION COMMITTEE WILL BE CREDITED TO THE INDIVIDUAL'S ACCOUNT ON A YEARLY BASIS. PURSUANT TO THE AGREEMENT, THE INDIVIDUAL BECOMES VESTED IN THE ACCOUNT UPON THE EARLIER OF THE FOLLOWING: (A) THE FIFTH JULY 1ST FOLLOWING THE CREDITING OF THE AMOUNT, AND (B) THE ATTAINMENT OF THE AGE OF 62, PROVIDED IN EACH CASE THAT THE INDIVIDUAL REMAINS EMPLOYED WITH THE ORGANIZATION. THE VESTING AND PAYMENT OF CREDITED AMOUNTS IS ACCELERATED IN THE EVENT OF THE INDIVIDUAL'S DEATH, DISABILITY, OR THE ORGANIZATION'S TERMINATION OF THE INDIVIDUAL'S EMPLOYMENT WITHOUT CAUSE. PART II: KATHLEEN C. GILES. FOR THE CALENDAR YEAR 2013, KATHLEEN C. GILES, HEAD OF SCHOOL, RECEIVED NON-TAXABLE ON-CAMPUS HOUSING, VALUED AT \$20,000. IN ADDITION, SHE RECEIVED EMPLOYER-PROVIDED HEALTH INSURANCE OF \$12,198, NON-TAXABLE EMPLOYER-PROVIDED LIFE INSURANCE TOTALING \$153, AND NON-TAXABLE EMPLOYER-PROVIDED HEALTH SAVINGS ACCOUNT OF \$1,250. IN ADDITION, SHE PAID NON-TAXABLE HEALTH INSURANCE PREMIUM PAYMENTS WHICH TOTALLED \$4,616, AND SHE MADE NON-TAXABLE CONTRIBUTIONS TO QUALIFIED TRANSPORTATION FRINGE BENEFIT OF \$1,925 AND NON-TAXABLE CONTRIBUTIONS TO LIFE INSURANCE OF \$469. ALL OF THESE AFOREMENTIONED NON-TAXABLE BENEFITS ARE OFFERED TO FACULTY MEMBERS AND ARE NOT EXCLUSIVE TO KATHLEEN C. GILES' CONTRACT.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDDLESEX SCHOOL

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
04-2103821

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		10-15-2013	17,500,000	REFINANCE OUTSTANDING 2003 MIFA BONDS AND FINANCE CAPITAL CONSTRUCTIONS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	17,500,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	7,816,975							
7	Issuance costs from proceeds	170,500							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,550,111							
11	Other spent proceeds								
12	Other unspent proceeds	6,962,414							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
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 a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	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								
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?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	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?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MASSACHUSETTS DEVELOPMENT FINANCE AGENCY DATE THE REBATE COMPUTATION WAS PERFORMED 10/31/2014

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) OAK HILL CAPITAL PARTNERS II LP	SEE PART V	506,730	SEE PART V		No
(2) OAK HILL CAPITAL PARTNERS III LP	SEE PART V	1,047,347	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS II, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS 0 082% ROBERT AND ANNE, BASS, TRUSTEES OF THE BOARD, HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$506,730 (D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E) SHARING OF ORGANIZATION'S REVENUES NO(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS III, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS 0 109% ROBERT AND ANNE, BASS, TRUSTEES OF THE BOARD, HAVE MORE THAN 5% INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$1,047,347(D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS(E) SHARING OF ORGANIZATION'S REVENUES NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		21,255	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	87	2,885,637	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	3	2,400	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS FOR SECURITIES IS BASED ON THE NUMBER OF GIFTS THE NUMBER OF CONTRIBUTIONS FOR OTHER NON-CASH GIFTS ARE BASED ON THE NUMBER OF CONTRIBUTORS

SCHEDULE 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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization MIDDLESEX SCHOOL	Employer identification number 04-2103821
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ROBERT M BASS AND ANNET BASS HAVE A FAMILY RELATIONSHIP

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AN INDEPENDENT COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH ANNUALLY EVALUATING THE JOB PERFORMANCE OF THE PRINCIPAL SALARIED OFFICER (HEAD OF SCHOOL). THE PRESIDENT OF THE BOARD APPOINTS FOUR INDIVIDUALS TO SERVE ON THE COMPENSATION COMMITTEE. THE PRACTICE HAS BEEN TO APPOINT THE PRESIDENT, TREASURER, AND CHAIR/VICE-CHAIR OF THE TRUSTEES AND GOVERNANCE COMMITTEE. THE COMMITTEE IS ADVISED BY OUTSIDE COUNSEL WHO ATTENDS THE MEETINGS, TAKES MINUTES, AND ADVISES THE COMMITTEE MEMBERS OF ANY LEGAL ISSUES OR QUESTIONS THAT ARISE IN THE PROCESS. THE PRESIDENT OF THE BOARD ASKS ALL TRUSTEES TO COMPLETE EVALUATION FORMS AT THE SPRING BOARD MEETING. THE PRESIDENT OF THE BOARD ALSO SOLICITS ORAL COMMENTS FROM THE TRUSTEES DURING AN EXECUTIVE SESSION AT THE SPRING BOARD MEETING. IN PREPARATION FOR THE INTERVIEW WITH THE HEAD OF SCHOOL IN JUNE, THE COMPLETED TRUSTEE EVALUATION FORMS ARE SUMMARIZED FOR THE MEMBERS OF THE COMPENSATION COMMITTEE. THE HEAD OF SCHOOL ALSO PREPARES A SUMMARY OF ACCOMPLISHMENT OF THE PRIOR SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND ESTABLISHED FOR THE COMING SCHOOL YEAR. AFTER THE INTERVIEW WITH THE HEAD, THE HEAD IS EXCUSED, AND THE COMMITTEE (NOT INCLUDING ANY MEMBER WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED) DELIBERATES IN EXECUTIVE SESSION TO DISCUSS THE PERFORMANCE REVIEW AND TO REVIEW A COMPILATION OF COMPENSATION AND BENEFIT DATA ASSEMBLED ON A BLIND BASIS BY THE ASSOCIATION OF BUSINESS OFFICERS OF PRIVATE SCHOOLS IN ORDER TO ESTABLISH A BASIS FOR ADJUSTING THE HEAD'S COMPENSATION AND BENEFITS FOR THE COMING SCHOOL YEAR. AFTER REACHING A CONCLUSION ON ADJUSTMENTS FOR THE COMPENSATION AND BENEFIT ARRANGEMENTS FOR THE COMING YEAR THAT WOULD REPRESENT COMPENSATION BASED ON THE COMMITTEE'S REVIEW OF THE COMPARABILITY DATA, THE HEAD IS INVITED TO HEAR THE RESULTS. THE DECISIONS ARE RECORDED IN THE MINUTES OF THE COMMITTEE, AND THE CHANGES IN COMPENSATION (IF ANY) ARE MEMORIALIZED IN A LETTER AND WHERE NECESSARY IN AMENDMENTS TO THE EMPLOYMENT CONTRACT. THE RESULTS ARE REPORTED TO THE FULL BOARD IN EXECUTIVE SESSION (WITHOUT THE HEAD PRESENT) AT THE FALL BOARD MEETING. KEY EMPLOYEE JOB PERFORMANCE IS EVALUATED BY THE HEAD OF SCHOOL- INCLUDING CFO, COO AND DIRECTORS OF DEVELOPMENT, ADVANCEMENT AND ADMISSIONS. THE ANNUAL COMPENSATION PROCESS INVOLVES ATTENTION TO AND AVOIDANCE OF CONFLICTS OF INTEREST, USE OF COMPARABILITY DATA GATHERED AND PRESENTED BY AN OUTSIDE COMPENSATION EXPERT AND CONTEMPORANEOUS DOCUMENTATION OF THE MEETINGS, DELIBERATIONS AND DECISIONS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MIDDLESEX SCHOOL MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) CURRENTLY, THE SCHOOL HAS NOT MADE PUBLIC ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, AS THIS IS NOT REQUIRED BY FEDERAL TAX LAW UNLESS THEY WERE INCLUDED ON A FORM THAT IS PUBLICLY AVAILABLE SUCH AS FORM 1023

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,803,411 OTHER CHANGES TO PENSION OBLIGATION -1,256,935

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MIDDLESEX SCHOOL

Employer identification number
04-2103821

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUND (1)	POOLED INCOME FUND	MA		T				Yes	
(2) CHARITABLE REMAINDER TRUSTS (6)	CHARITABLE REMAINDER TRUSTS	MA		T				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUST (1)	S	69,548	FMV

Schedule R (Form 990) 2013

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment
Sequence No **179**

Name(s) shown on return
MIDDLESEX SCHOOL

Business or activity to which this form relates
FORM 990 PAGE 10

Identifying number

04-2103821

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,133,564

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,133,564
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

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

TY 2013 Functional Currency and Exchange Rate QBU Statement

Name: MIDDLESEX SCHOOL

EIN: 04-2103821

QBU Id	Country of Operation	Functional Currency
US DOLLAR		0.00000