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DLN: 93493137079686

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	al <mark>endar year, or tax year beginn</mark>	ing 07-01-2014 , and ending 06	-30-2015					
B Che	eck ıf a	pplicable	C Name of organization TRUSTEES OF PHILLIPS ACADEMY	,			D Empl	oyer iden	tification number	
┌ Add	lress cl	nange					04-2	103579) 	
┌ Nai	ne cha	inge	% STEPHEN D CARTER Doing business as				—			
Init		_	boing business us							
			Number and street (or P O box	f mail is not delivered to street address)	Room/suite	e	E Teleph	none numb	per	
Fin-		mınated	180 MAIN STREET				(978)749-4	000	
┌ Am	ended	return	City or town, state or province, o	ountry, and ZIP or foreign postal code						
_		n pending	ANDOVER, MA 018104161				G Gross	receipts \$	519,750,121	
i API	nicatioi	i penung			ı					
			F Name and address of p John G Palfrey	orincipal officer		H(a) Is the				
			180 MAIN STREET			Subt	ordinates?	,	┌ Yes No	
			ANDOVER, MA 0181041	161		H(b) Are	all subord	lınates	┌ Yes ┌ No	
			<u> </u>				ıded?			
I Ta	x-exen	npt statu	s 501(c)(3) 501(c)()	◀ (insert no)	27	If"N	lo," attacl	h a list	(see instructions)	
J W	ebsite	e:► W	WW ANDOVER EDU			H(c) Gro	up exemp	tion nun	nber ►	
K Forr	n of or	ganızatıo	on Corporation Trust Associa	ation Other ►	l l	L Year of f	ormation 1	778 M	State of legal domicile MA	
Pa	rt I	Sur	nmary							
	1	Briefly	describe the organization's mis	sion or most significant activities						
			CHEDULE O							
2										
壹										
E .	,	Check	this how by if the organization	discontinued its operations or dis	nosed of	more than	2.5% of its	s net as	sets	
Activities & Governance	-	Oncon	ting box F If the organization	and the operations of an	posca or	more enam	23 70 01 10	5 1100 45.		
ب ×ة	3	Numbe	r of voting members of the gove	erning body (Part VI, line 1a) .				з	21	
80	4	Numbe	r of independent voting member	rs of the governing body (Part VI,	line 1b)			4	20	
Ě	5	Total n	umber of individuals employed	ın calendar year 2014 (Part V, lın	e 2a) .			5	1,063	
5	l			fnecessary)				6	3,337	
q.	7a	Total u	nrelated business revenue from	Part VIII, column (C), line 12				7a	-1,127,253	
				e from Form 990-T, line 34				7b	-2,125,289	
				·		1	or Year	<u> </u>	Current Year	
	8	Cont	ributions and grants (Part VIII	, line 1 h)			25,658	,271	32,550,771	
≅	9			, line 2g)	57,640,314		60,310,725			
Revenue	10			e (Part VIII, column (A), lines 3, 4, and 7d)				,777	56,666,670	
걆	11			A), lines 5, 6d, 8c, 9c, 10c, and 1:			653,024		654,076	
	12				-				•	
				<u> </u>			147,680	,386	150,182,242	
	13	Gran	ts and similar amounts paid (Pa	art IX, column (A), lines 1–3) .			19,725	,689	19,704,125	
	14	Bene	fits paid to or for members (Par	t IX, column (A), line 4)			0 51,292,095 48,503		0	
	15			oyee benefits (Part IX, column (A)), lınes				54,019,318	
Expenses	46-	5-10		V lun- (A) lun- 11-)						
কু	16a		essional fundraising fees (Part I	46,303		,503	32,951			
五	Ь	Total 1	fundraising expenses (Part IX, column							
	17	Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .			38,971	,575	45,041,956	
	18	Total	l expenses Add lines 13–17 (r	nust equal Part IX, column (A), lır	ne 25)		110,037	,862	118,798,350	
	19	Reve	enue less expenses Subtract lir	ne 18 from line 12		i	37,642	,524	31,383,892	
\$ \$ ∳ \$						_	g of Curre	ent	End of Year	
Not Assets or Fund Balances		_					Year			
Ass Ba	20		lassets (Part X, line 16)				382,712		1,394,826,856	
2 E	21						199,727		207,496,632	
	22	_		ct line 21 from line 20		1.	182,984	,726	1,187,330,224	
	t II	_	nature Block							
my kı	nowle	dge and	d belief, it is true, correct, and c	examined this return, including ac omplete Declaration of preparer (
hiebs	iei II	as ally l	knowledge							
							016-05-16			
Sign		Sigi	nature of officer				ate			
Here	9		EPHEN D CARTER COO/CFO							
		L LAb	pe or print name and title	Lower 1	Γ=			D====		
			Print/Type preparer's name ERIN COUTURE	Preparer's signature ERIN COUTURE	Da	011	eck lif f-employed	PTIN P01390	592	
Paid		ŀ	Firm's name PricewaterhouseCoo	opers LLP			n's EIN 🟲	1		
Pre		r					ano no 161	7) 520 50	00	
Use	On	ly	Firm's address ► 101 SEAPORT BOUL	LVAKU		Ph	one no (61	ij 530-50	00	
			Boston, MA 02210							

315,914) (Revenue \$

4e Total program service expenses ► 95,734,102

988,771 including grants of \$

ENGINEERING, SCIENCE, MEDICINE, COMPUTERS AND OTHER TECHNICAL FIELDS

Other program services (Describe in Schedule O)

4d

(Expenses \$

65,784)

Form 990 (2014) 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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II"</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	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^{\square}	9		No
.0	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	
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		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	
.2a	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
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
.4a	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	
.5	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
L 6	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
.7	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	
8.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
.9	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		

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

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	- 1	Yes	.l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 446			110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	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)?	4a		No
h	If "Yes," enter the name of the foreign country			
ט	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	 _		NI a
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
.	required?	7g		
п	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			1
_	• ,	8		
_	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b	. !	Ì

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			▽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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		N o
	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?	\vdash		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	3
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
L0a	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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	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)			
L6a	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		
Se	ection C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶ME, MA, NY			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	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, address, and telephone number of the person who possesses the organization's books and records

►STEPHEN D CARTER 180 MAIN STREET

ANDOVER, MA 018104161 (978) 749-4000

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
--	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

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

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

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	• [
d	Total (add lines 1b and 1c)	<u> </u>	2,975,467	0	761,618

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►46

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3	Yes	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes	ı
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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		
PERKINS AND WILL INC, PO BOX 71181 CHICAGO, IL 60694	ARCHITECTS	453,839		
MONTICELLO ASSOCIATES, 1800 LARIMER ST DENVER, CO 80202	INVESTMENT ADVISORS	350,000		
BEYER BLINDER BELLE ACHITECTS PLA, 120 BROADWAY 20TH FLOOR NEW YORK, NY 10271	ARCHITECTS	327,239		
GALANIS CONSULTING INC, 1 LILLIAN DRIVE IPSWICH, MA 01938	CONSTRUCTION MGMT	224,644		
SHEPLEY BULFINCH RICHARDSON ABB, 2 SEAPOART LANE BOSTON, MA 02109	ARCHITECTS	221,296		
2 Total number of independent contractors (including but not limited to those listed above) who received more than				

Part V	/++	Statement of	of Revenue ule O contains a respoi	ase or note to any lu	ne in this Part VIII			
		CHECK II SCHOOL	are o contains a respon	isc of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
Gra mo	c	Fundraising ev	ents 1c					
ts, r A	d		zations 1d					
Gif ila				44.200				
ons, Gifts, Grants Similar Amounts	e	Government grant	s (contributions) 1e	11,300	ļ	ļ		
itio er S	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	32,539,471				
tributio Other	g		ons included in lines	3,768,479	i	i		
Contr and (1a-1f \$			32,550,771			
CC ar	h	Total. Add lines	sla-lf	· · · ·	32,330,771			
e n				Business Code				
ven	2a	TUITION AND FEES	<u> </u>	900099	57,403,228	57,403,228		
쮼	Ь	OTHER INCOME		900099	2,907,497	2,907,497		
ИСе	C							
Seri	d							
E	е							
Program Service Revenue	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f	🕨	60,310,725			
	3		ome (including dividen		8,455,839		-2,357,542	10,813,381
	4		ar amounts) stment of tax-exempt bond	l-	0			
	5				0			
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	415,175,917	2,587,994				
	b	Less cost or other basis and sales expenses	368,980,176	572,904				
	С	Gain or (loss)	46,195,741	2,015,090				
	d		ss)		48,210,831		580,484	47,630,347
Other Revenue	8a	Gross income f events (not inc \$of contributions See Part IV, Iir	luding s reported on line 1c)					
	.		a .					
Ċţ.	l		penses b (loss) from fundraising	events	0			
•		Gross income f	from gaming activities ne 19	events p-	,			
	_	المحمد	a managa b					
	1		penses b (loss) from gaming acti	L vities⊾-	o			
		Gross sales of returns and allo	ınventory, less	19,070				
	h	less costofa	oods sold b	14,799				
	1		(loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·	4,271	4,271		
		Miscellaneou		Business Code				
	11a	HOCKEY RINK	<u> </u>	713940	563,117		563,117	
	ь	CHILD CARE	CENTER	624410	50,763		50,763	
	С	COURTS & CA	GE	713940	27,000		27,000	
	d	All other reven	ue		8,925		8,925	
	е	Total. Add lines	s 11a-11d		649,805			
	12	Total revenue.	See Instructions .	🕨	150,182,242	60,314,996	-1,127,253	58,443,728
	ı					20,211,200	1,121,233	30,173,720

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
--	----------------	----

	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, o, 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 domestic organizations and				
	domestic governments See Part IV, line 21	271,564	271,564	<u> </u>	
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	19,432,561	19,432,561		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,381,613	218,473	1,583,640	579,500
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	48,420			48,420
7	Other salaries and wages	40,194,509	31,437,839	5,822,825	2,933,845
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,674,948		511,190	263,324
9	Other employee benefits	4,487,829	3,547,630	603,739	336,460
10	Payroll taxes	3,231,999	2,463,032	504,573	264,394
11	Fees for services (non-employees)	, , , , , , , , , , , , , , , , , , , ,	· · · · · ·	<u> </u>	, ::
а	Management	0			
b	Legal	219,059		219,059	
С	Accounting	129,574		129,574	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	32,951			32,951
f	Investment management fees	1,663,473		1,663,473	<u> </u>
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	385,370	195,901	184,469	5,000
12	Advertising and promotion	92,720	92,720		
13	Office expenses	4,811,550	3,077,468	1,022,767	711,315
14	Information technology	371,622	185,811	111,487	74,324
15	Royalties	47,641	47,641		
16	Occupancy	4,031,390	3,567,372	396,375	67,643
17	Travel	718,512	417,882	62,818	237,812
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	321,864	205,127	44,295	72,442
20	Interest	6,228,586	4,464,755	1,135,599	628,232
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,080,842	6,781,896	1,116,983	181,963
23	Insurance	813,833	680,778	102,656	30,399
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)				
а	REPLACEMENT & RENEWAL	4,959,404	4,959,404		
b	FOOD SERVICE	2,802,035	2,802,035		
c	INSTRUCTION	3,048,603	3,048,603		
d	OFFICE OF ACADEMY RESOURCES	851,832			851,832
e	All other expenses	5,464,046	4,935,176	528,109	761
25	Total functional expenses. Add lines 1 through 24e	118,798,350	95,734,102	15,743,631	7,320,617
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	e in this Part X			· · · · <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		16,638,968	1	23,809,725
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		42,260,537	3	36,515,344
	4	Accounts receivable, net		4,662,479	4	2,145,618
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees. Com Schedule L	s, directors, trustees, plete Part II of	20,500	5	0
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)(beneficiary organizations (see instructions) Complete Part	(3)(B), and contributing 9) voluntary employees'	20,300		0
82	7	Notes and loans receivable, net		651,572	<u> </u>	440,605
₹	8	Inventories for sale or use		629,858		592,686
	9	Prepaid expenses and deferred charges		4.126.895		3,549,812
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 353,043,447	, ,		-,,
	Ь	Less accumulated depreciation	10b 102,336,854	240,731,205	10c	250,706,593
	11	Investments—publicly traded securities		173,854,419	11	147,414,078
	12	Investments—other securities See Part IV, line 11		838,705,673	12	878,937,112
	13	Investments—program-related See Part IV, line 11		81,229	13	34,852
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		60,348,682	15	50,680,431
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,382,712,017	16	1,394,826,856
	17	Accounts payable and accrued expenses		10,384,733	17	15,657,104
	18	Grants payable	0	18	0	
	19	Deferred revenue	17,791,506	19	18,612,486	
	20	Tax-exempt bond liabilities		141,080,000		141,080,000
	21	Escrow or custodial account liability Complete Part IV of S		0	21	0
Ilities	22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqu				
Liabilit		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third pa	rties	0	23	0
	24	Unsecured notes and loans payable to unrelated third partic	es	0	24	0
	25	Other liabilities (including federal income tax, payables to rand other liabilities not included on lines 17-24) Complete				
		D		30,471,052		32,147,042
	26	Total liabilities. Add lines 17 through 25		199,727,291	26	207,496,632
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	► ✓ and complete			
lan L	27	Unrestricted net assets		370,553,081	27	376,856,696
Ba	28	Temporarily restricted net assets		483,517,300	28	470,088,152
Ξ	29	Permanently restricted net assets		328,914,345	29	340,385,376
or Fu		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	k here ► ┌ and			
9	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fur	nd		31	
Ą	32	Retained earnings, endowment, accumulated income, or oth	er funds		32	
Net	33	Total net assets or fund balances		1,182,984,726	33	1,187,330,224
_	34	Total liabilities and net assets/fund balances	· · · · ·	1,382,712,017	34	1,394,826,856

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		150,	182,242
2	Total expenses (must equal Part IX, column (A), line 25)	2		118	798,350
3	Revenue less expenses Subtract line 2 from line 1			110,	- 30,330
		3		31,3	383,892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,182,9	984,726
5	Net unrealized gains (losses) on investments	_			
_	Donated services and use of facilities	5		-22,6	579,747
6	Donated Services and use of lacinities	6			
7	Investment expenses	7			
8	Prior period adjustments	$\stackrel{\hspace{0.1cm}\boldsymbol{\prime}}{+}$			
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,3	358,647
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,187,3	330,224
Par	t XII Financial Statements and Reporting	<u> </u>			
	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ו			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:**

EIN: 04-2103579

Name: TRUSTEES OF PHILLIPS ACADEMY

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, Hig	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso and a	ion (han o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(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
	righest compensated amployee (e) employee Institutional Trustee or director dotted line or director		Former	2,1033 11130)	2/1033 11130)	related organizations				
(1) JOHN G PALFREY	60 0	x		×				377,054	0	177,925
HEAD OF SCHOOL/TRUSTEE (1) CHARLOTTE E BIERN	0 0									
ALUMNI TRUSTEE	0 0	X						0	0	0
(2) ROBERT J CAMPBELL	3 0									
TRUSTEE	0 0	X						0	0	0
(3) DANIEL P CUNNINGHAM	3 0	x						0	0	0
TRUSTEE	0 0							Ů		
(4) PETER L S CURRIE	3 0	X						0	0	О
TRUSTEE/PRESIDENT (5) LOUIS G ELSON	0 0									
TRUSTEE	0 0	Х						0	0	0
(6) AMY C FALLS	3 0									
TRUSTEE/Treasurer	0 0	X		×				0	0	0
(7) SHELLY D GUYER	3 0	×						0	0	0
TRUSTEE	0 0	^						Ů	Ŭ	<u> </u>
(8) CHIEN LEE	3 0	X						0	0	0
TRUSTEE (9) GARY LEE	0 0									
	0 0	Х						0	0	0
TRUSTEE (10) TRISTIN MANNION	3 0									
TRUSTEE	0 0	X						0	0	0
(11) TAMMY SNYDER MURPHY	3 0	×						0	0	0
TRUSTEE	0 0							, and the second		
(12) STEPHEN C SHERRILL	3 0	X						0	0	0
TRUSTEE (13) JOSHUA L STEINER	0 0									
TRUSTEE	0 0	×						0	0	0
(14) THOMAS BEATON	3 0							_	_	_
ALUMNI TRUSTEE	0 0	X						0	0	0
(15) REJJI P HAYES	3 0	x						0	0	0
ALUMNI TRUSTEE	0 0									
(16) MARJORIE W KING	3 0	X						0	0	0
ALUMNI TRUSTEE (17) PETER T HETZLER	3 0									
ALUMNI TRUSTEE	0 0	X						0	0	0
(18) ALLISON E PICOTT	3 0	, , , , , , , , , , , , , , , , , , ,								
ALUMNI TRUSTEE	0 0	Х						0	0	0
(19) TAMARA E ROGERS	3 0	x						0	0	0
TRUSTEE	0 0									
(20) SCOTT MEAD	3 0	х						0	0	0
TRUSTEE (21) STEPHEN D CARTER	0 0 55 0									
CHIEF OPERATING & FIN OFFICER	0 0			×				256,793	0	82,134
(22) MICHAEL REIST	55 0							F34.667	_	44.005
CHIEF INVEST OFFICER	0 0				X			534,667	0	41,985
(23) Thomas P Lockerby	55 0				х			197,285	0	34,262
Secretary of the academy (24) J LAWRENCE MUENCH	0 0 55 0						-			
DIRECTOR OF FACILITIES					х			160,543	0	20,516
DIRECTOR OF FACILITIES	0 0	<u> </u>	<u> </u>	<u> </u>	1		<u> </u>			L

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

pendent con	1						1	1	1 1
(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
55 0				х			152,055	0	87,823
55 0				х			151,504	0	89,445
55 0					х		191,709	0	35,886
55 0 0 0					х		288,006	0	30,290
55 0 0 0					х		187,899	0	84,618
55 0					х		178,532	0	55,392
55 0					х		183,420	0	21,342
0 0						х	116,000	0	0
	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 0 0 55 0	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 0 0 55 0	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0	(B) A verage hours per week (list any hours for related organizations below dotted line) C) Position (do no more than one bo person is both a and a director/ Or director Or director Or director Or office Institutional Trustee Or office Or office	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0 0 0 55 0 0 0	(B) A verage hours per week (list any hours for related organizations below dotted line) 55 0	Column C

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

Open to Public Inspection

Name of the organization **Employer identification number** TRUSTEES OF PHILLIPS ACADEMY 04-2103579 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 26,960,742 46,114,578 30,632,966 25,658,271 32,550,771 161,917,328 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 26,960,742 46,114,578 30,632,966 25,658,271 32,550,771 161,917,328 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 8,998,211 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 152,919,117 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 46,114,578 25,658,271 Amounts from line 4 26,960,742 30,632,966 32,550,771 161,917,328 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,389,772 4,848,711 5,192,833 11,422,342 8,455,839 37,309,497 and income from similar sources Net income from unrelated business activities, whether or 0 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 VI) 11 Total support Add lines 7 199,226,825 through 10 12 Gross receipts from related activities, etc (see instructions) 12 37,309,497 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 14 15 16

S	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	76 756 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	77 649 %
	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1		<u> </u>
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and sto in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a organization	p here	. Explain
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualif supported organization.	stop h	nere.
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this binstructions	ox and	d see ▶┌
	Schedul	e A (Fo	orm 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
0	Minimum Assat Amount (add line 7 to line 6)	Q				

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exemp	anızatıons						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	ICTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
b From 2010							
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
Applied to underdistributions of prior years							
b Applied to 2014 distributable amount			1				
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 31 and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493137079686

OMB No 1545-0047

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.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** TRUSTEES OF PHILLIPS ACADEMY 04-2103579 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. 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 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, 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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par		Organizations Maintaining Co	llections of Art,	His	torical T	reas	ures, or Ot	the	r Similar <i>I</i>	sset	S (co	ntınued)
3		ne organization's acquisition, access on items (check all that apply)	ion, and other record	ls, ch	eck any of	the fo	llowing that a	re a	sıgnıfıcant u	se of ı	ts	
а	▼ Pub	olic exhibition		d	√ Loan	orex	change progra	ams				
b	▼ Sch	nolarly research		e	┌ Othe	r						
c	▽ Pre	servation for future generations										
4	Provide Part XII	a description of the organization's co	ollections and explai	n hov	v they furth	er the	organization'	's ex	empt purpos	e ın		
5		the year, did the organization solicit of the sold to raise funds rather than the							ıılar	Γ γ	'es	√ No
Par	t IV E	escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the organ	ızatıc			es" to Form	990,		
1a	Is the o	rganization an agent, trustee, custoo d on Form 990, Part X?					or other asse	ets i	not	Г	'es	┌ No
b	If"Yes,	explain the arrangement in Part XII	I and complete the t	follov	ving table		_			_	_	
_	_							_		\mour	<u>it</u>	
C	-	ng balance						1c				
d		ns during the year 					<u> </u>	1d				
e		utions during the year					-	1e				
f		balance						1f				
2a	Did the	organization include an amount on Fo	orm 990, Part X, line	21,	for escrow o	orcus	todial accoun	it lia	bility?	⊢ Y	'es	□ No
		explain the arrangement in Part XII										<u> </u>
Pa	rt V E	Endowment Funds. Complete						_				
1a	Reginnir	ng of year balance	(a)Current year 1,002,653,135	(D)	Prior year 868,803,535		Two years back 787,015,333	_	805,549,08			ars back 3,422,473
b	_	itions	24,362,256		24,196,911	+	19,147,421		23,590,63	+		3,544,789
c		estment earnings, gains, and losses	,,		,,		,,					
			29,292,721		143,301,506	+	104,817,883		-334,28			0,245,872
d	Grants	orscholarships	11,446,610		9,525,902	2	12,381,257		11,297,47	'2	1	1,862,027
e	and prog	xpenditures for facilities grams	28,021,121		24,122,915	5	29,795,845		30,492,63	.2	2	9,802,021
f		trative expenses	1 016 010 001		1 002 652 125	_	060 000 505		707.045.20			F F40 006
g	•	earbalance [1,016,840,381		1,002,653,135		868,803,535		787,015,33	3	80	5,549,086
2	Provide	the estimated percentage of the cur	•	e (lın	e 1g, colum	nn (a))) held as					
а	Board d	esignated or quasi-endowment ►	26 170 %									
b	Perman	ent endowment ► 73 830 %										
c	·-	arıly restrıcted endowment ► centages ın lınes 2a, 2b, and 2c sho	uld equal 100%									
За		re endowment funds not in the posse	ssion of the organiza	tion	that are hel	d and	admınıstered	for	the	_		
	organiza	•							Г-	-(:)	Yes	No
		lated organizations				•		•		a(i) a(ii)	Yes	No
b	` ,	ted organizations to 3a(ii), are the related organizatio						•	· · · <u> </u>	3b		140
4		e in Part XIII the intended uses of th	· · · · · · · · · · · · · · · · · · ·			-		•				
Par	t VI L	and, Buildings, and Equipme 1a. See Form 990, Part X, line	ent. Complete if the			n ans	wered 'Yes'	to	Form 990,	Part I	V, lır	ne
		Description of property	10.		(a) Cost or basis (invest		(b) Cost or oth basis (other)		(c) Accumulat		(d) Boo	ok value
	Land .				 		1,457,	175				1,457,175
							312,356,		89,928,	372		2,427,517
	_	d improvements					, · · · ·		, -,			· ·
		nt					7,863,	638	4,335,4	101	;	3,528,237
				-			31,366,		8,072,	_		3,293,664
		es 1a through 1e <i>(Column (d) must e</i>			mn (B), line	10(c)			-			0,706,593
									Schedule	D (Fo	orm 9	90) 2014

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives		Cost of the of year	market variat
(2)Closely-held equity interests			
(3)Other (A)PRIV REAL ASSTS/ABSLT RTN/OTHR	142,272,208	F	
(B) CASH AND CASH EQUIVALENTS	15,325,186	F	
(C) DOMESTIC EQUITIES	12,555,507	F	
(D)INTERNATIONAL EQUITIES	140,893,782	F	
(E) HEDGE FUNDS	280,447,815	F	
		F	
(F) PRIVATE EQTY & VENTURE CAPITAL	216,816,035		
(G) REAL ESTATE	35,568,200	F	
(H) DOMESTIC FIXED INCOME	35,058,379	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	878,937,112		
Part VIII Investments—Program Related. Cor		I answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Pook value	(a) Mathad af us	Juntion
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization		Part IV line 11d See F	Form 990 Part X line 15
(a) Descrip		, , , , , , , , , , , , , , , , , , , ,	(b) Book value
			_
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organ			ine 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
Federal income taxes	0		
ASSET RETIREMENT OBLIGATION	1,645,699		
INTEREST RATE SWAPS	14,121,773		
PREMIUM ON BONDS PAYABLE	2,727,111		
LIABILITY FOR SPLIT-INTEREST G	13,652,459		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	32,147,042		

Sched	ule D (Form 990) 2014			Page 4
Par		Revenue per Audited Financial Statements With Revenue	er F	leturn Complete If
1	-	wered 'Yes' to Form 990, Part IV, line 12a.	1	103,979,794
2	· - ·	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a -22,679,747		
b	Donated services and use of f	acılıtıes		
C		s		
d	,		-	42.067.265
е 3	Add lines 2a through 2d .		2e 3	-43,967,265 147,947,059
4		O, Part VIII, line 12, but not on line 1		147,547,035
a		uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b 2,235,183		
c	Add lines 4a and 4b		4c	2,235,183
5		d 4c. (This must equal Form 990, Part I, line 12)	5	150,182,242
Part		nswered 'Yes' to Form 990, Part IV, line 12a.	, hei	Keturn. Complete
1		r audited financial statements	1	99,634,297
2		it not on Form 990, Part IX, line 25		
a b		acilities		
C	· •			
d				
e	Add lines 2a through 2d		2e	1,272,870
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	98,361,427
4		0, Part IX, line 25, but not on line 1:		
a		uded on Form 990, Part VIII, line 7b 4a 2,514,761	1	
b c	Add lines 4a and 4b		4c	20,436,923
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	118,798,350
Part	XIII Supplemental In		1	· · · · · · · · · · · · · · · · · · ·
		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b		
	v, line 4, Part X, line 2, Part XI mation	, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provi	de any additional
	Return Reference	Explanation		
SCHE	DULE D, PART III, LINE 1A	THE ACADEMY RECORDS GIFTS OF SECURITIES AND OTHER NON-		
		VALUE AT THE DATE OF CONTRIBUTION, WITH THE EXCEPTION O ACADEMY'S COLLECTIONS OF ART, ARTIFACTS, ANTIQUES, AND F		
		ACADEMY DOES NOT CAPITALIZE ITS COLLECTIONS, THEREFORE	, GIF	TS OR ADDITIONS TO
		THE COLLECTIONS ARE NOT REFLECTED IN THE ACADEMY'S FINA ACADEMY'S COLLECTIONS COMPRISE PRIMARILY OF ITS TWO MU		
		GALLERY OF AMERICAN ART AND THE ROBERT S PEABODY MUSEU OPEN AND FREE TO THE PUBLIC, BOTH ARE ACADEMIC MUSEUMS		
		RESOURCES FOR ACADEMY STUDENTS, STUDENTS FROM SURROUI	NDIN	G COMMUNITIES AND
		THE GENERAL PUBLIC THE COLLECTION OF THE ADDISON GALLE INCLUDES MORE THAN 17,000 WORKS OF ART AND IS RECOGNIZE		
		CENTER OF AMERICAN ART THE ROBERT S PEABODY MUSEUM OF	ARC	HAEOLOGY IS ONE
		OF THE NATION'S MAJOR REPOSITORIES OF NATIVE AMERICAN A MORE THAN 500,000 OBJECTS, REPRESENTING NEARLY EVERY INI		
SCHE	DULE D, PART III, LINE 4	NORTH AMERICA THE ACADEMY MAINTAINS THE ADDISON GALLERY OF AMERICAN	A D T	/THE "ADDISON") AN
SCHE	DULE D, PART III, LINE 4	ACADEMIC ART MUSEUM DEDICATED TO THE COLLECTION OF AM	ERIC	AN ART THE
		MUSEUM'S PURPOSE IS TO ACQUIRE, PRESERVE, INTERPRET, AND FOR THE EDUCATION AND ENJOYMENT OF LOCAL, REGIONAL, NAT		
		INTERNATIONAL AUDIENCES, INCLUDING THE STUDENTS, FACUL	ΓΥ, Α	ND COMMUNITY OF
		PHILLIPS ACADEMY, AND OTHER STUDENTS, TEACHERS, SCHOLAF PUBLIC THE ACADEMY ALSO MAINTAINS THE ROBERT S PEABOD		
		ARCHAEOLOGY (THE "PEABODY") WHICH IS COMPRISED OF COLLI DOCUMENTS, AND IMAGES CATALOGING THE INDIGENOUS CULTU		•
		PAST AND PRESENT, A COMPARATIVE COLLECTION, AS WELL AS E	0 O K	S, MONOGRAPHS
		AND SERIALS ON ARCHAEOLOGY AND NATIVE CULTURES OF THE MATERIALS SERVE THE EDUCATION AND RESEARCH NEEDS PRIMA		
		ACADEMY COMMUNITY AND, TO A LESSER EXTENT, REGIONAL SCI	100L	S AND THE BROADER
		COMMUNITY OF ARCHAEOLOGISTS AND SCHOLARS THE PEABOD FIFTY SINGLE-CLASS CURRICULUM UNITS AND TEACHES AN INTE		
		IN HUMAN ORIGINS WITH THE BIOLOGY DEPARTMENT, DRAWING		
		ITS LIBRARY, RESEARCH, IMAGE AND ARCHIVES COLLECTIONS P SUPERVISE THE HISTORY AND ARCHAELOGY CLUBS AND STUDEN	ΓIND	PEPENDENT
		PROJECTS FURTHER USE OF THE COLLECTIONS BY STUDENTS WITH ARCHAEOLOGY AND ANTHROPOLOGY TAKES PLACE AS SENIOR IN		
SCHE	DULE D, PART V, LINE 3A	THE ACADEMY IS AN INCOME-ONLY BENEFICIARY OF CERTAIN PE		
<u></u>	DILLE D. DART V. LINE 4	AGGREGATE MARKET VALUE AT JUNE 30, 2015 WAS \$6,526,841	ртиі	E A C A DEMY THE
SCHE	DULE D, PART V, LINE 4	ANDOVER'S ENDOWMENT IS A CRITICAL SOURCE OF SUPPORT FO ENDOWMENT COMPRISES A WIDE VARIETY OF FUNDS WITH A WID	E VAI	RIETY OF PURPOSES,
		INCLUDING UNRESTRICTED FUNDS, FINANCIAL AID, FACULTY CHA GALLERY, THE PEABODY MUSEUM AND OTHER SPECIAL INTENTS		
		MILLION AT JUNE 30, 2015, THE ENDOWMENT CURRENTLY SUPPO		
SCHE	DULE D, PART X, LINE 2	OF THE ACADEMY'S BUDGET THE ACADEMY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN T	ΔΧΡί	OSITIONS USING A
00112		"MORE LIKELY THAN NOT" THRESHOLD FOR THE RECOGNITION O	THE	TAXPOSITIONS
		BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE PO BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR		
		TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNREC		
		ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENTHE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITION		
		PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXI IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS (
		REVENUE AS RELATED OR UNRELATED AS A TAX POSITION, HOWE	VER,	THE ACADEMY HAS
		DETERMINED THAT THIS TAX POSITION DOES NOT RESULT IN UN RECOGNITION THE ACADEMY IS NOT CURRENTLY UNDER EXAMIN		-
		JURISDICTION ITS FEDERAL AND STATE INCOME TAX RETURNS A EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED		
SCHE	DULE D, PART XI, LINE 2D	FINANCIAL AID (17,922,162) CHANGE IN VALUE OF SPLIT-INTERE		
		(1,122,448) INVESTMENT EXPENSE (2,242,908) TOTAL LINE 2D (21,287,518)		
SCHE	DULE D, PART XI, LINE 4B	CHANGE IN BAD DEBT EXPENSE 2,256,909 COST OF GOODS SOLD	(21,7	'26) TOTAL
	<u> </u>	TO SCHEDULE D, PART XI, LINE 4B 2,235,183		<u> </u>

Part XIII Supplemental In	formation (continued)
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	UNREALIZED LOSS ON SWAP MARKET VALUE 1,251,144 COST OF GOODS SOLD 21,726 TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,272,870
SCHEDULE D, PART XII, LINE 4B	FINANCIAL AID 17,922,162 TOTAL TO SCHEDULE D, PART XII, LINE 4B 17,922,162
	-

Schedule D (Form 990) 2014

Additional Data

(H) DOMESTIC FIXED INCOME

Software ID:

Software Version:

EIN: 04-2103579

Name: TRUSTEES OF PHILLIPS ACADEMY

Form 990, Schedule D, Part VII - Investments Other Securities								
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value						
(3)Other								
(A) PRIV REAL ASSTS/ABSLT RTN/OTHR	142,272,208	F						
(B) CASH AND CASH EQUIVALENTS	15,325,186	F						
(C) DOMESTIC EQUITIES	12,555,507	F						
(D) INTERNATIONAL EQUITIES	140,893,782	F						
(E) HEDGE FUNDS	280,447,815	F						
(F) PRIVATE EQTY & VENTURE CAPITAL	216,816,035	F						
(G) REAL ESTATE	35,568,200	F						

35,058,379

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137079686

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Schools

► 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.

Open to Public Inspection

Name of the organization **Employer identification number** TRUSTEES OF PHILLIPS ACADEMY 04-2103579 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Νo a Students' rights or privileges? 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo 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 h Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	PHILLIPS ACADEMY'S NON-DISCRIMINATION POLICY IS STATED ON THE FINAL PAGE OF THE 2014 - 2015 SCHOOL CATALOG THE TEXT OF THIS NOTICE IS AS FOLLOWS PHILLIPS ACADEMY ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, DISABILITY STATUS, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, GENETIC INFORMATION, RELIGION, AND NATIONAL AND ETHNIC ORIGIN AND PROVIDES THEM ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL IT DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, DISABILTY STATUS, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, OR NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS
SCHEDULE E, PART I, LINE 6	STATE ADDISON GALLERY A MASSACHUSETTS CULTURAL COUNCIL \$11,300 TOTAL GOVERNMENT CONTRIBUTIONS (GRANTS) \$11,300

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493137079686

Statement /

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

ıntemai	Revenue Service					Inspection		
	e of the organization STEES OF PHILLIPS ACADEMY				Employer ident	ification number		
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. Co		ation answered		
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?							
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	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	See Add'l Data							
(2)								
(3)								
(4)								
(5)								
	Sub-total Total from continuation sheets to Part I					247,906,912		
c	Totals (add lines 3a and 3b)					247,906,912		

Pā						ited States. Comp duplicated if additioi			to Form 990,		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount 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 num	nber of other or	ganızatıons or ent	ities							

Schedule F (Form 990) 2014

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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
	1			l .				

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>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)</i>	₽	Yes	Γ	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; do not file with Form 990)	Γ	Yes	।⊽	Νo
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)	ঘ	Yes	Г	Νo
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)	অ	Yes	Γ	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)	্ব	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ব	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE ORGANIZATION IDENTIFIES THE EXPENSES DISCLOSED ON PART I BY REVIEWING ITS GENERAL LEDGER

Additional Data

Software ID: Software Version:

EIN: 04-2103579

Name: TRUSTEES OF PHILLIPS ACADEMY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
East Asia and the Pacific			Program Services	Off-campus learning	358,558
Europe (Including Iceland and Greenland)			Program Services	Off-campus learning	300,014
South America			Program Services	Off-campus learning	131,420

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region						
Russia and the Newly Independent States			Program Services	Off-campus learning	49,490						
Central America and the Caribbean			Investments		246,297,643						
Europe (Including Iceland and Greenland)			Investments		672,942						

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region						
East Asia and the Pacific		Fundraising		61,430							
Europe (Including Iceland and Greenland)			Fundraising		35,415						

DLN: 93493137079686

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

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

Open to Public Inspection

	ne of the organization	DEMY					Employer iden	tification number
IKU	STEES OF PHILLIPS ACA	JEM T					04-2103579	
Pa	rt I Fundraising Acti filers are not requi			janızatıo	n answered "Yes" to	Form	990, Part IV, l	line 17. Form 990-EZ
1	Indicate whether the organ	nization raised funds	through ar	ny of the f	following activities Ch	eck all th	nat apply	
а	Mail solicitations			е	Solicitation of nor	n-govern	ment grants	
b	✓ Internet and email sol	ıcıtatıons		f	Solicitation of gov	ernment/	t grants	
c d	Phone solicitations In-person solicitations	S		g	Special fundraising	ig events	5	
2a	Did the organization have a or key employees listed in							Γ _{Yes} Γ No
b	If "Yes," list the ten higher to be compensated at leas			fundraıse	rs) pursuant to agreem	ents und	der which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	MARTS LUNDY INC	Fundraising	Yes	No No			27,951	
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	al			>			27,951	
3	List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from
ME,	MA							

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List					
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))					
			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts									
Ф.ДФ	2	Less Contributions									
<u>~</u>	3	Gross income (line 1 minus line 2)									
	4	Cash prizes									
£O.	5	Noncash prizes									
Expenses	6	Rent/facility costs									
ă	7	Food and beverages .									
Direct	8	Entertainment									
ā	9	Other direct expenses .									
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()					
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)							
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than					
<u>Ф</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add					
Revenue				bingo/progressive bingo		col (a) through col (c))					
<u>~</u>	1	Gross revenue									
Expenses	2	Cash prizes									
xper	3	Non-cash prizes									
Dreat E	4	Rent/facility costs									
چ	5	Other direct expenses									
	6	Volunteer labor			│ Yes						
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)							
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)							
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities							
a Is the organization licensed to conduct gaming activities in each of these states?											
b		If "No," explain									
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?						
U	If "Yes," explain										

Address

Name ▶

Gaming manager compensation ► \$

Description of services provided 🟲

Director/officer Employee Independent contractor

7 Mandatory distributions

Gaming manager information

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

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 provide any additional information (see instructions).

Return Reference Explanation

SCHEDULE G, PART I, LINE 2B LIST OF TEN HIGHEST PAID FUNDRAISERS MARTS & LUNDY, INC 1200 WALL STREET W, LYNDHURST NJ 07071

 Γ_{Yes} Γ_{No}

DLN: 93493137079686

OMB No 1545-0047

Schedule I (Form 990)

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF PHILLIPS ACADEMY

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

Employer identification number

04-2103579

Part T	General Information on Grants and Assistance
	deneral inividuation on drants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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 Domestic Organizations and Domestic Governments. 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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TOWN OF ANDOVER 36 BARTLETT ST ANDOVER, MA 01810	04-6001069	GOVERNMENT	242,000				SEE PART IV
(2) CITY OF METHUEN 41 PLEASANT ST METHUEN, MA 01844	04-6001220	GOVERNMENT	29,564				SEE PART IV

Enter total number of section	E01/c1/21 and	government erganizations	licted in the line 1 table
Eliter total number of Section	SULICIOIANA	uoveriillelli orualiizatiolis	iisteu iii tile iiile 1 table .

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

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID 9-MONTH PROGRAM	487		17,572,043		FINANCIAL AID
(2) OTHER AID TO 9-MONTH PROGRAM STUDENTS	487	178,454	1,046,186		SEE PART IV
(3) TUITION REMISSION FACULTY CHILDREN OFF CAMPUS	4		114,463		SEE PART IV
(4) FINANCIAL AID SUMMER SESSION	70	170,695	350,720		FINANCIAL AID

Part IV Supplemental I	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									
SCHEDULE I, PART I, LINE 2	MOST AID TO ACADEMY STUDENTS IS IN-KIND IN THE FORM OF TUITION REMISSION AND PAYMENT OF MANDATORY AND OTHER ACADEMY FEES OTHER NON-CASH AID DISCLOSED IN SCHEDULE I, PART III IS MONITORED THROUGH THE USE OF THE ACADEMY'S STUDENT DEBIT CARD OR STORE VOUCHERS, WHICH ARE RECEIPTED CASH GRANTS IN PART III ARE STUDENT STIPENDS AND ARE DISBURSED DIRECTLY TO STUDENT BANK ACCOUNTS OR ARE PROVIDED DIRECTLY BY THE ACADEMY'S FINANCIAL AID OFFICE IN CASE OF EMERGENCY									
SCHEDULE I, PART II, LINE 1	UNDER THE TERMS OF AN AGREEMENT BETWEEN THE ACADEMY AND THE TOWN OF ANDOVER ("ANDOVER"), THE ACADEMY MAKES AN ANNUAL VOLUNTARY CONTRIBUTION TO ANDOVER THE PAYMENT IS NOT RESTRICTED TO ANY PARTICULAR USE BY ANDOVER AND IS MADE WITHOUT CONSIDERATION OF THE TAX STATUS OF ACADEMY PROPERTY SCHEDULE I, PART II, LINE 2 THE ACADEMY ACQUIRED AND DEVELOPED A PARCEL IN THE TOWN OF METHUEN ("METHUEN") THAT IT USES TO FURTHER ITS TAX-EXEMPT PROGRAMS THE ACADEMY MAKES AN ANNUAL VOLUNTARY PAYMENT TO METHUEN, THE AMOUNT OF WHICH APPROXIMATES THE TAX REVENUE METHUEN DERIVED FROM THE PARCEL BEFORE THE ACADEMY ACQUIRED IT THE PAYMENT IS NOT RESTRICTED TO ANY PARTICULAR USE BY METHUEN									
SCHEDULE I, PART III	STATED IN THE ACADEMY'S CONSTITUTION OF 1778, AND REAFFIRMED IN ITS STATEMENT OF PURPOSE, THE SCHOOL IS CHARGED TO EDUCATE "YOUTH FROM EVERY QUARTER" THE ACADEMY PROVIDES ALL ASSISTANCE ON A NON-DISCRIMINATORY BASIS AND IN FURTHERANCE OF THE OBJECTIVE OF ATTRACTING A DIVERSE STUDENT BODY A TOTAL OF 487 STUDENTS RECEIVED SOME COMPONENT OF THE TOTAL AID DISCLOSED ON LINES 1 AND 2 OF PART III OTHER NON-CASH ASSISTANCE TO 9-MONTH PROGRAM STUDENTS CONSISTS OF STUDENT TRAVEL TO AND FROM CAMPUS, SPECIALIZED INSTRUCTION AND TUTORING TO INCLUDE MUSIC GRANTS, TECHNOLOGY, TEXTBOOKS, COLLEGE APPLICATIONS, MEDICAL EXPENSES, CLOTHING, LAUNDRY SERVICE, PHONE, ATHLETIC EQUIPMENT, SCHOOL SUPPLIES, PARTICIPATION IN OFF - CAMPUS PROGRAMS AND MISCELLANEOUS PERSONAL EXPENSES									

DLN: 93493137079686

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization TRUSTEES OF PHILLIPS ACADEMY **Employer identification number**

04-2103579

Pa	rt I Questions Regarding Compensation	1	·			
					Yes	No
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u>~</u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	<u> -</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		No
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	V	
	an octors, trasteos, omicers, merading the ero, rives	40,702	Theodor, regarding the realist checked in line 14		Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at appl	y Do not check any boxes for methods			
	Compensation committee	\sqcap	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

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

A 130 Complete this part for any addition	
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE JOHN G PALFREY, STEPHEN D CARTER, PATRICK J FARRELL, JAMES F VENTRE AND AMY PATEL RECEIVED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER THE ACADEMY HAS VALUED HOUSING AT 5% OF THE APPRAISED VALUE OF THE HOME AS DETERMINED BY THE ASSESSOR'S OFFICE OF THE TOWN OF ANDOVER, MASSACHUSETTS, WHERE THE ACADEMY IS LOCATED SUCH AMOUNTS ARE NOT TAXABLE COMPENSATION PERSONAL SERVICES THE RESIDENCE OF THE HEAD OF SCHOOL IS USED THROUGHOUT THE YEAR FOR NUMEROUS FUNDRAISING EVENTS, PARTIES, MEETINGS AND OTHER ACADEMY-RELATED GATHERINGS A HOUSEKEEPER CLEANS THE RESIDENCE THE SERVICE IS ALLOCATED BASED UPON PUBLIC VERSUS PRIVATE SPACE IN THE RESIDENCE CLEANING OF THE PRIVATE SPACE IS INCLUDED IN THE HEAD OF SCHOOL'S TAXABLE COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ONE OFFICER RECEIVED A TAX INDEMNIFICATION AND GROSS-UP PAYMENT RELATED TO LIFE-INSURANCE PAYMENTS THE AMOUNT PAID IN 2014 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) SCHEDULE J, PART I, LINE 4A EFFECTIVE UPON HER RETIREMENT ON JUNE 30, 2012, THE ACADEMY AND MRS CHASE AGREED SHE WOULD RECEIVE PAYMENTS UNDER A CONFIDENTIALITY, NON-COMPETITION AND NON-SOLICITATION AGREEMENT IN 2014, SHE RECEIVED TOTAL PAYMENTS OF \$116,000 ASSOCIATED WITH THIS AGREEMENT THAT ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B) (III) EFFECTIVE JUNE 6, 2014, IN ASSOCIATION WITH HIS SEVERANCE FROM THE ACADEMY, THE ACADEMY FORGAVE THE \$20,500 BALANCE OF PETER RAMSEYS FACULTY MORTGAGE THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)
SCHEDULE J, PART I, LINE 4b	DURING CALENDAR YEAR 2014 MR PALFREY PARTICIPATED IN A DEFERRED COMPENSATION PLAN, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, TO WHICH CERTAIN AMOUNTS WERE CREDITED BY THE ACADEMY THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART III, COLUMN (C)
SCHEDULE J, PART I, LINE 7	MR REIST AND MR SHAY RECEIVED NON-FIXED PAYMENTS APPROVED BY THE COMPENSATION COMMITTEE

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 04-2103579

Name: TRUSTEES OF PHILLIPS ACADEMY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	C	(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JOHN G PALFREY, HEAD OF SCHOOL/TRUSTEE	(1) (11)	356,180 0	0	20,874 0	105,290 0	72,635 0	554,979 0	0 0
STEPHEN D CARTER, CHIEF OPERATING & FIN OFFICER	(I) (II)	256,793 0	0 0	0	30,196 0	51,938 0	338,927 0	0 0
MICHAEL REIST, CHIEF INVEST OFFICER	(I)	359,667 0	175,000 0	0	30,290 0	11,695 0	576,652 0	0
PETER R RAMSEY, SENIOR PHILANTHROPIC OFFICER	(I) (II)	171,209 0	0 0	20,500 0	18,103 0	17,783 0	227,595 0	0
MICHAEL SHAY, DIRECTOR OF INVESTMENTS	(I) (II)	188,006 0	100,000 0	0	30,290 0	0	318,296 0	0
BARBARA L CHASE, FMR HEAD OF SCH (Ret 6 30 12)	(I) (II)	0 0	0 0	116,000 0	0	0	116,000 0	0
AMY PATEL, MEDICAL DIRECTOR	(I)	187,899 0	00	0 0	21,675 0	62,943 0	272,517 0	0 0
Thomas P Lockerby, Secretary of the academy	(I)	197,285 0	0 0	0	17,610 0	16,652 0	231,547 0	0
J LAWRENCE MUENCH, DIRECTOR OF FACILITIES	(I) (II)	160,543 0	0 0	0 0	17,615 0	2,901 0	181,059 0	0 0
PATRICK J FARRELL, DEAN OF FACULTY	(I)	152,055 0	0 0	0	17,550 0	70,273 0	239,878 0	0 0
JAMES F VENTRE, DEAN OF ADMN AND FIN AID	(I)	151,504 0	0 0	0	17,293 0	72,152 0	240,949 0	0
DAVID A FLASH, DIRECTOR OF INTL ADVANCEMENT	(I) (II)	178,532 0	0	0	19,592 0	35,800 0	233,924 0	0
GAIL M MANSFIELD, DIRECTOR OF MAJOR GIFTS	(I) (II)	183,420 0	0	0	20,525 0	817 0	204,762 0	0

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.

►Information about Schedule K (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493137079686

2014

Open to Public Inspection

Part I Bond Issues

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

17

allocation of proceeds?

Part IIII Private Business Use

Employer identification number

04-2103579

С

No

Yes

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	(f) Description of purpose		(f) Description of purpose		f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(g) De	feased				Pool ncing
										Yes	No	Yes	uer No	Yes	No								
A	MA DEVELOPMENT FINANCE AGENCY	04-3431814	57583UZZ4	01-14-2014	53,83			FUNDING OF ONST	les	X	163	X	163	X									
В	MA DEVELOPMENT FINANCE AGENCY	04-3431814	57583FL25	02-04-2013	59,9:			UNDING OF ONST		Х		Х		Х									
Pa	rt III Proceeds													·									
					-	\		E	3		С			D									
1	A mount of bonds retired						0		0														
2	A mount of bonds legally defeas	ed					0		0														
3	Total proceeds of issue					53,875,	221	!	59,910,000														
4	Gross proceeds in reserve fund	ls					0		0														
5	Capitalized interest from proce	eds			0 0		0																
6	Proceeds in refunding escrows					29,818,149 0		0															
7	Issuance costs from proceeds				456,159		59 671,812																
8	Credit enhancement from proce	eeds					0		0														
9	Working capital expenditures fr	om proceeds					0		0														
10	Capital expenditures from proc	eeds				10,840,	871	:	20,013,672														
11	Other spent proceeds						0	:	39,224,516														
12	Other unspent proceeds					9,159,	129		0														
13	Year of substantial completion							ı				<u> </u>											
					Yes	No		Yes	No	Yes	N	<u> </u>	Yes		No								
14	Were the bonds issued as part	of a current refundır	ng issue?			Х			Х														
15	Were the bonds issued as part	of an advance refun	ding issue?		Х			Х							,								
16	Has the final allocation of proce	eeds been made?				Х		Х															

Χ

Yes

Α

property financed by tax-exempt bonds?

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

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Χ

Х

Yes

В

No

Χ

Χ

Yes

D

No

Par	Till Private Business Use (Continued)										
				4		В		(С		D
			Yes	No	Yes	No	<u> </u>	es	No	Yes	No
3a	Are there any management or service contracts that may result in private bu of bond-financed property?		х			Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot outside counsel to review any management or service contracts relating to the property?		×								
С	Are there any research agreements that may result in private business use of financed property?	of bond-		Х		х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot outside counsel to review any research agreements relating to the financed p										
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government	entities ►		0 %		•) %	,	•		
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Does the bond issue meet the private security or payment test?			Х		Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			х		Х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of		•		•					
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1 141-12 and 1 145-2?	ections		х		Х					
9	Has the organization established written procedures to ensure that all nonquibonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		Х						
Par	t IV Arbitrage										
		Α	1		В			c		D	
	Land the convertible of Fermi 2020, T. Arthotomore Behade, World	Yes	No	Yes	No	<u> </u>	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		Х						
2	If "No" to line 1, did the following apply?										
	Rebate not due yet?	X		Х				Т			
	Exception to rebate?		Х		Х						
С	No rebate due?		Х	X				+			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				I				<u> </u>	L	
3	Is the bond issue a variable rate issue?		Х	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х	Х							
b	Name of provider 0			MORGAN BANK	STANLEY						
С	Term of hedge				1	7 2					
d	Was the hedge superintegrated?				Х			\Box			
	Was the hedge terminated?				×			+			

		A B			С		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	0 0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	x		X					
Pai	rt V Procedures To Undertake Corrective Action								
		Α	_	В		С	·	D	
		W	N		B.I.	W	N	W	N

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

Part VI	Supplemental Info	rmation. Provide additiona	I information for responses to	questions on Schedule K (see instructions).

Return Reference Explanation

BONDB

ARBITRAGE ANALYSIS OPINION LETTER ISSUED ON 11/20/2014 FOR BOND B

DLN: 93493137079686

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

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.

Internal Revenue Service Name of the organization TRUSTEES OF PHILLIPS ACADEMY

Department of the Treasury

Employer identification number

						04-2103579			
Pa	rt I	Types of Property			Γ	T			
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of d noncash contrib	etermı		ts
1	Art—V	Works of art	Х	83		N/A			
2	Art—H	Historical treasures .							
3	Art—F	ractional interests							
4	Books	and publications							
5		ing and household							
_	goods								
		and other vehicles							
		and planes							
		ectual property		476	2.762.472	AV.C. 05.117.011.41.0	W DDI		
		rities—Publicly traded .	X	176	3,/68,4/9	AVG OFHIGH/LO	WPRI		
		ities—Closely held stock .							
	or tru	ities—Partnership, LLC, st interests							
		ities—Miscellaneous							
13	contri	fied conservation bution—Historic tures							
14	-	fied conservation bution—Other							
15	Reale	estate—Residential .							
16	Reale	estate—Commercial							
		estate—Other							
18	Collec	ctibles							
19	Food	inventory							
20	Drugs	and medical supplies .							
21	Taxid	ermy							
		rıcal artıfacts							
		tific specimens							
24	Arche	ological artifacts							
25	Other	· • ()							
26	Other	► ()							
		·► ()							
		· • ()							
29		er of Forms 8283 received ich the organization comple				29		I	1
30-	Durin	ng the year, did the organiza	tion receive	a by contribution any propa	arty reported in Part I lines	1 through 20 that		Yes	No
Sua									
		st hold for at least three ye				rea to be usea			
		cempt purposes for the enti					30a		No_
b	If"Y	es," describe the arrangeme	ent in Part 1	II					
31		the organization have a gif					31	Yes	
32a		the organization hire or use abutions?	e third parti • • •	-	to solicit, process, or sell i	noncash • • •	32a		No
ь	If"Y	es," describe in Part II							
33		e organization did not report ribe in Part II	an amount	in column (c) for a type of	property for which column (a) ıs checked,			

	hether the organization is reporting in Part I, column (b), the number of contributions, the ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	THE ACADEMY REPORTS THE NUMBER OF ITEMS CONTRIBUTED IN PART I, COLUMN (B) SCHEDULE M, LINE 33 THE ACADEMY REPORTED ZERO VALUE ON FORM 990, PART VII, STATEMENT OF REVENUE LINE 1G AS PERMITTED UNDER SFAS 116 IT DOES NOT

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137079686

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 990-EZ 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

2014

Open to Public Inspection

Name of the organization TRUSTEES OF PHILLIPS ACADEMY	Employer identification number
	04-2103579

Return Reference	Explanation
, ,	PHILLIPS ACADEMY IS A COEDUCATIONAL, BOARDING SCHOOL LOCATED IN ANDOVER, MASSACHUSETTS FOR STUDENTS IN GRADES NINE THROUGH TWELVE AND POST-GRADUATES THE SCHOOL STRIVES TO HELP YOUNG PEOPLE FROM DIVERSE BACKGROUNDS ACHIEVE THEIR POTENTIAL NOT ONLY INTELLECTUALLY, BUT ALSO ARTISTICALLY, ATHLETICALLY AND MORALLY, SO THAT THEY MAY LEAD RESPONSIBLE AND FULFULLING LIVES

Return Reference	Explanation
FORM 990, PART III, LINE 4D	TOTAL OF ALL OTHER PROGRAM SERVICES EXPENSES \$988,771 INCLUDING GRANTS OF \$315,914 REVENUE \$65,784 THE INSTITUTE FOR RECRUITMENT OF TEACHERS (IRT) ADDRESSES THE LACK OF DIVERSITY IN THE NATIONS TEACHING FACULITIES BY RECRUITING OUTSTANDING STUDENTS OF COLOR AND OTHER SCHOLARS COMMITTED TO DIVERSITY, COUNSELING THEM THROUGH THE GRADUATE SCHOOL APPLICATION PROCESS, AND ADVOCATING FOR SUFFICIENT FUNDING FOR ADVANCED STUDY SINCE 1999, THE IRT HAS BUILT A NATIONAL CONSORTIUM OF COLLEGES AND UNIVERSITES THAT ARE EAGER TO BIRROLL IRT STUDENTS TO DIVERSITY THEM GRADUATE STUDENT BODIES AND TO EXPAND THE PIPELINE OF EDUCATORS TO TEACH (COUNSEL, AND ADMINISTRATE IN AMERICAN SCHOOLS, COLLEGES, AND UNIVERSITES IRT URGES ITS STUDENTS TO EARN THEIR ADVANCED DEGREES AND TEACHING SCHOOLS, COLLEGES, AND UNIVERSITIES IRT URGES ITS STUDENTS OF EARN THEIR ADVANCED DEGREES AND TEACHING SCHOOLS, COLLEGES, AND THE SUMMER WORKSHOP FOR RISINS AND GRADUATING COLLEGE SENIORS, AND TEACHING SCHOOLS, COLLEGES, AND THE SUMMER WORKSHOP FOR RISINS AND GRADUATING COLLEGE SENIORS, AND THE ASSOCIATION FOR GRADUATES WHO WISH TO CONTINUE THEIR EDUCATIONAL STUDIES SINCE ITS INCEPTION NEARLY EVERY IRT APPLICANT HAS BEEN ADMITTED TO AT LEAST ONE GRADUATE SCHOOL WITHIN THE IRT CONSORTIUM OF 42 COLLEGES AND UNIVERSITIES, MOST HAVE BEEN ADMITTED TO FOUR OR MORE APPROXIMATELY 90 PERCENT OF THESE STUDENTS HAVE RECEIVED FULL TUTION WANDERS AND PARTITIL. TO-FULL FELLOWSHIP FUNDING FOUR TO INSTITUTION OF A SECRET STUDY. TO DATE, THE RITH AS WORKED WITH OVER 2000 INTERNS AND ASSOCIATES OF THAT TUMBER, OVER 900 PARTICIPANTS HAVE RECEIVED FULL SCHOOLS WITHOUT SCHOOLS AND UNIVERSITIES AS WELL AS NUMBER, OVER 900 PARTICIPANTS HAVE RECEIVED FULL SCHOOLS OF READ LADS AND ASSOCIATES OF THAT TUMBER, OVER 900 PARTICIPANTS HAVE RECEIVED FULL SCHOOLS OF READ LADS AND ASSOCIATES OF THAT TUMBER, OVER 900 PARTICIPANTS HAVE ADDRESSED AND ASSOCIATES OF THAT TUMBER, OVER 900 PARTICIPANTS HAVE ADDRESSED AND ASSOCIATES OF THAT TUMBER, OVER 900 PARTICIPANTS AND THE COMING SCHOOLS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE PHILIPS ACADEMY BOARD OF TRUSTEES HAS FIFTEEN CHARTER TRUSTEES, IDENTIFIED AS MEMBERS OF THE CORPORATION IN THE AMENDED AND RESTATED BY-LAWS OF THE TRUSTEES OF PHILLIPS ACADEMY, AND SIX ALUMNI TRUSTEES CHARTER TRUSTEES HAVE FULL VOTING PRIVILEGES ALUMNI TRUSTEES VOTE ON ALL MATTERS EXCEPT THE ELECTIONS OF MEMBERS OF THE CORPORATION, OFFICERS OF THE CORPORATION, AND THE HEAD OF SCHOOL THE TRUSTEE BY-LAWS EMPOWER THE CORPORATION TO APPOINT AN EXECUTIVE COMMITTEE WITH ALL OF THE POWERS OF THE TRUSTEES EXCEPT AS SPECIFICALLY LIMITED BY THE BOARD THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD PRESIDENT, THE HEAD OF SCHOOL AND CHAIRPERSONS OF EACH OF THE OTHER STANDING COMMITTEES OF THE BOARD THE COMMITTEE HAS BEEN DELEGATED ALL OF THE POWERS OF THE TRUSTEES IN CIRCUMSTANCES WHERE THE ENTIRE BOARD IS UNABLE TO CONVENE TO RENDER A DECISION THE EXECUTIVE COMMITTEE MET ONCE DURING THE ACADEMY'S 2015 FISCAL YEAR

Return Reference	Explanation						
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEES PETER LS CURRIE AND LOUIS GELSON HAVE A RELATIONSHIP IN A BUSINESS ENTITY THE ACADEMY HAS NO RELATIONSHIP WITH THIS ENTITY						

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	IN ACCORDANCE WITH THE AMENDED AND RESTATED BY-LAWS OF TRUSTEES OF PHILLIPS ACADEMY, ONLY THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE ACADEMY'S GOVERNING BODY, ITS BOARD THE ACADEMY DOES NOT MAINTAIN MINUTES OF ANY EXECUTIVE COMMITTEE MEETINGS, WHICH ARE RARE, AND GENERALLY CONVENE TO VOTE ON AN ISSUE THAT HAS BEEN DELEGATED TO THIS COMMITTEE BY THE FULL BOARD BECAUSE INSUFFICIENT INFORMATION WAS AVAILABLE AT THE REGULARLY SCHEDULED MEETING OF THE FULL BOARD AND A DECISION IS NEEDED BEFORE THE NEXT SCHEDULED BOARD MEETING HOWEVER, IF THE EXECUTIVE COMMITTEE UNDERTAKES ANY ACTION, SUCH ACTION IS INCLUDED IN THE MINUTES OF THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD THE BOARD MEETS AT LEAST THREE TIMES ANNUALLY ALL BOARD MINUTES ARE APPROVED BY THE BOARD, THEREFORE, APPROVAL OF SUCH MINUTES CONSTITUTES APPROVAL AND ACCEPTANCE OF ANY ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MET ONCE IN FISCAL YEAR 2015

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	WORKING WITH A PAID PREPARER, THE RETURN WAS PREPARED PRIMARILY IN THE ACADEMY'S COMPTROLLER'S OFFICE AND THEN REVIEWED INTERNALLY BY TWO SENIOR FINANCIAL MANAGERS A DRAFT VERSION OF SELECTED SECTIONS OF THIS FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT ITS JANUARY 2016 MEETING FOR PRELIMINARY REVIEW THE FINAL VERSION OF THIS ENTIRE FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AT ITS MAY 2016 MEETING IMMEDIATELY AFTER THE MAY AUDIT COMMITTEE MEETING, THIS FORM 990 WAS POSTED TO THE BOARD OF TRUSTEES WEBSITE WHERE IT COULD BE VIEWED BY ALL TRUSTEES UNTIL THE FILING DATE OF MAY 16, 2016

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ACADEMY HAS TWO SEPARATE CONFLICT OF INTEREST POLICIES ITS POLICY FOR INTERESTED PERSONS ADDRESSES TRANSACTIONS BETWEEN THE ACADEMY AND ANY CURRENT OR FORMER OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ANY OTHER PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ACADEMY, FAMILY MEMBERS AND OTHER RELATED ENTITIES THIS POLICY IS DESIGNED TO ELICIT DISCLOSURE OF TRANSACTIONS WHICH WOULD HAVE TO BE INCLUDED IN THE ACADEMY'S FORM 990. AS SUCH, THE THRESHOLDS FOR REPORTING AND DEFINITIONS OF TRANSACTIONS REQUIRED TO BE REPORTED ARE ALIGNED WITH THOSE IN FORM 990. THE ACADEMY ALSO HAS A SECOND POLICY FOR FACULTY, STAFF AND OTHER DECISION MAKERS ACTING ON BEHALF OF THE ACADEMY WHILE THIS SECOND POLICY ALSO SEEKS TO IDENTIFY AND ADDRESS CONFLICTS, THE INQUIRIES ARE LESS EXTENSIVE THAN THOSE IN THE POLICY FOR INTERESTED PERSONS ANNUALLY IN THE FALL, THE POLICIES ARE DISTRIBUTED AND ALL RECIPIENTS MUST DISCLOSE IN WRITING ALL POTENTIAL CONFLICTS OF INTEREST CONFLICTS DISCLOSED ARE ADDRESSED IN ACCORDANCE WITH THE POLICIES, EITHER BY THE TRUSTEE AUDIT COMMITTEE, THE BOARD OF TRUSTEES OR THE CONFLICT OF INTEREST OFFICER, THE ACADEMY'S CHIEF FINANCIAL OFFICER THE POLICIES CLEARLY STATE THAT ALL RECIPIENTS OF THE POLICY ARE OBLIGED THROUGHOUT THE YEAR TO ABIDE BY ITS TERMS AND TO TAKE NO STEPS TO ENTER INTO ANY TRANSACTION WHICH MIGHT GIVE RISE TO A CONFLICT OF INTEREST WITHOUT FIRST DISCLOSING SUCH TRANSACTION TO AND RECEIVING APPROVAL TO ENTER INTO THE TRANSACTION FROM THE CONFLICT OF INTEREST OFFICER DURING THE YEAR, IF APPROPRIATE, NEWLY-HIRED PERSONNEL ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE DURING THE COURSE OF THE YEAR, IF THE CONFLICT OF INTEREST OFFICER BECOMES AWARE OF POTENTIAL CONFLICTS THROUGH ANY OTHER MEANS, HE INVESTIGATES THE TRANSACTION IN ACCORDANCE WITH THE POLICY AND MAINTAINS RECORDS TO EVIDENCE THE RESULTS OF HIS INVESTIGATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE ACADEMY'S HEAD OF SCHOOL, CHIEF OPERATING AND FINANCIAL OFFICER, AND ITS KEY EMPLOYEES IS REVIEWED AND APPROVED IN ACCORDANCE WITH THE ACADEMY'S AMENDED AND RESTATED COMPENSATION PHILOSOPHY STATEMENT (THE "STATEMENT"), ADOPTED AT A MEETING OF THE ACADEMY'S BOARD OF TRUSTEES IN JANUARY, 2006, WHEREIN THE BOARD DECLARES ITS SUPPORT FOR FULL DISCLOSURE OF ALL EXECUTIVE COMPENSATION AND BENEFITS AS LEGALLY REQUIRED IN IRS FORM 990 THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH IMPLEMENTING THE PHILOSOPHY AND PRACTICES ARTICULATED IN THE STATEMENT THE STATEMENT REQUIRES THAT COMPENSATION FOR ITS SENIOR ADMINISTRATORS BE BASED UPON COMPARISONS WITH COMPENSATION AT PEER INSTITUTIONS, ALL COMPENSATION DECISIONS BE BASED UPON ETHICAL CONSIDERATIONS, ALL PARTICIPATION IN COMPENSATION DECISIONS COMPLETE THE ACADEMY'S CONFLICT OF INTEREST STATEMENT AND RECUSE THEMSELVES FROM PARTICIPATION IF THEY HAVE ANY DIRECT OR INDIRECT FINANCIAL INTEREST WITH THE ACADEMY, ALL ACADEMY COMPENSATION PRACTICES ARE TO BE IN ACCORDANCE WITH APPLICABLE LAWS AND ALL BOARD MEMBERS AND THOSE ADMINISTRATORS THAT PARTICIPATE IN DETERMINING COMPENSATION FOR THE ACADEMY'S OFFICERS AND KEY EMPLOY ESS BE FAMILIAR WITH INTERNAL REVENUE CODE (IRC) SECTION 4958, WHICH IMPOSES INTERMEDIATE SANCTION PENALTIES FOR EXCESS BENEFIT TRANSACTIONS ANNUALLY, THE COMPENSATION COMMITTEE REPORTS ITS COMPENSATION DECISIONS TO THE FULL BOARD MEMBERSHIP THE COMPENSATION COMMITTEE REVIEWS AND APPROVES ALL BASE COMPENSATION ARRANGEMENTS EXCEEDING \$150,000 A YEAR, EXCLUDING HOUSING, IN COMPENSATION ARRANGEMENTS EXCEEDING \$150,000 A YEAR, EXCLUDING HOUSING, INCLUDING, IN PARTICULAR, THE HEAD OF SCHOOL'S AND THE CHIEF OPERATING AND FINANCIAL OFFICERS' THE COMPENSATION COMPARISON SURVEYS FROM VARIOUS ENTITIES, INCLUDING BUT NOT LIMITED TO, THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS), THE ASSOCIATION OF BUSINESS OFFICERS OF PREPARATORY SCHOOLS (ABOPS), OTHER INSTITUTIONS' CURRENT SPECIAL PROPOSES AND THE PARTICIPATION IN THE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ACADEMY MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION THROUGH GUIDESTAR ORG AND THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE FORM 990, PART VI, SECTION C, LINE 19 THE ACADEMY DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IT WILL FURNISH ITS FINANCIAL STATEMENTS UPON REQUEST, EITHER VIA EMAIL OR IN HARD COPY THROUGH THE MAIL

Return Reference	Explanation
XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$(1,122,448) UNREALIZED LOSS ON SWAP MARKET VALUE \$(1,251,144) CHANGE IN BAD DEBT EXPENSE \$(2,256,909) UNREALZED GAIN ON DEPOSIT WITH TRUSTS \$271,854 TOTAL TO FORM 990, PART XI, LINE 9 \$(4,358,647)

DLN: 93493137079686

OMB No 1545-0047

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entity

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.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

or foreign country)

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
TRUSTEES OF PHILLIPS ACADEMY

04-2103579

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

(a)

(b)

(c)

(d)

(e)

(f)

Direct controlling

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.

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))	(g Section (13) cor entil	512(b) ntrolled
					Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, line 3	34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	((i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	lor P	Percentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	tions?	amount in box	manag	ing d	ownership
		(state or	entity	unrelated,		assets			20 of	partne	r?	
		foreign		excluded from					Schedule K-1	İ		
		country)		tax under					(Form 1065)	İ		
				sections 512-						İ		
				514)						L		
				,			Yes	No		Yes I	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)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	512 l3) lled
							Yes	No
(1) CHARITABLE TRUSTS (34) 180 MAIN STREET ANDOVER, MA 01810	FUNDRAISING	MA	NA	TRUST				No

hedule R (Form 990) 2014			ge 3
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 351	p, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1 c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
• Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No
Beimburg amont haid by related arganization/s) for avanage	10		No

- **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)

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	on thresholds
--	---------------

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE LEAD TRUST - RECEIPT OF TRUST DIST	R	361,744	CASH

1r Yes 1s

No

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Schedule R (Form 990) 2014

Page **5**

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART IV	CHARITABLE TRUSTS ARE LOCATED IN THE FOLLOWING JURISDICTIONS IL, FL, MA, GA, NY, NC, VA, WA, AND CA

Schedule R (Form 990) 2014