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EXTENDED TO MAY 16, 2016

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury		Do not enter se	ocial secu	rity nu	mbers on thi	is form as it may b	e made p	ublic.	
nternal Revenue Service	<u> </u>	Information abou	ıt Form 9	90 an	d its instru	ctions is at www	.irs.gov/	form99	90 .
A For the 2014 calend	lar year, or ta	x year beginning	JUL	1,	2014	and ending	JUN	30,	
					•				_

Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning $$	ding J	<u>UN 30, 2015</u>			
	heck if pplicable	C Name of organization		D Employer identifi	cation number		
	Address change	ACADEMY HILL SCHOOL, INC.					
	Name change	Doing business as		04-3	016860		
<u></u>	Initial return	, , , , , , , , , , , , , , , , , , , ,	om/suite	E Telephone numbe			
L_	Final return/	1190 LIBERTY STREET		413-788-0300			
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>1,715,020.</u>			
\vdash	Amende	SPRINGFIELD, MA UIIU4		H(a) Is this a group re			
	Applica tion pending	F Name and address of principal officer: ROBERT ORLANDO		for subordinates	? Yes X No		
		1190 LIBERTY STREET, SPRINGFIELD, MA 01	1104	H(b) Are all subordinates i	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c) ()	527	If "No," attach a	list (see instructions)		
		e: ► WWW.ACADEMYHILL.ORG	1	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year o	of formation: 1988 N	M State of legal domicile: MA		
Pa		Summary		TT GOVEDOT D	DOUTDES IN		
9		Briefly describe the organization's mission or most significant activities: ACADEM					
nau	_	ENRICHED AND EDUCATIONALLY CHALLENGING LEA					
/eri	l	Check this box I if the organization discontinued its operations or disposed	d of more	1 .	l .		
Ĝ	l	lumber of voting members of the governing body (Part VI, line 1a)		3	12		
ಿ ರ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	1 <u>2</u> 55		
tie	l	otal number of individuals employed in calendar year 2014 (Part V, line 2a) otal number of volunteers (estimate if necessary)		5	60		
Activities & Governance	l	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		6			
Ă	i	Net unrelated business taxable income from Form 990-T. line 34		7a 7b	-1,070. -1,536.		
_	-	tot difference business taxable income north offit 550-1, line 54		Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		121,017.	194,995.		
J.	i	Program service revenue (Part VIII, line 2g)		1,343,450.	1,495,623.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,939.	2,427.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		393.	-1,070.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,467,799.	1,691,975.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		181,828.	221,220.		
		Benefits paid to or for members (Part IX, column (A) line[4) 2 9 2010		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)		1,012,027.	1,068,850.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe	bТ	otal fundraising expenses (Part IX, column (D), line 25) > ; - 70,518	3 <u>.</u>				
Ξ.	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		278,677.	367,426.		
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,472,532.	1,657,496.		
. (0	19 F	Revenue less expenses. Subtract line 18 from line 12		-4,733.	34,479.		
S or			Be	ginning of Current Year	End of Year		
Vet/Assets or und Balances	20 1	otal assets (Part X, line 16)		1,407,208.	1,365,395.		
et(A	21 7	otal liabilities (Part X, line 26)		<u>961,878.</u>	885,941.		
<u>-74</u>	22, 1	let assets or fund balances. Subtract line 21 from line 20 Signature Block		445,330.	479,454.		
		ties of perjury, I declare that I have examined this return, including accompanying schedules ai , and complete. Declaration of preparer (other than officer) is based on all information of which			y knowledge and belief, it is		
_		and complete. Declaration of preparer (officer than officer) is based on all information of which	ii preparer	nas any knowledge.			
⊃ Sígr	,	Signature of phicer		. Date			
Her		- Maria Gullani, Chairperson		3/25/16			
\$	`	Type or print name and title		<u> </u>			
3		Print/Type preparer's name Pregarer's signature	Ĺ	ate / Check	PTIN		
ි Paid		THOMAS TERRY	3	11/6 if self-employ			
	г	Firm's name WHITTLESEY & HADLEY, P.C.		Firm's EIN	06-0903326		
Use		Firm's address 14 BOBALA RD		9 2			
		HOLYOKE, MA 01040		Phone no. 41	3-536-3970		
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form 990 (2014)

Part IV	Checklist of Required Schedules
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			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			1
_	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	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	па	1	<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			l
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
4E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	\vdash	^
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Form 990 (2014) ACADEMY HILL SCHOOL, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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		_X
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	_X_	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	l		_v
١.	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
234	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	25.		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	 -	 ^
_	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		x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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 IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	Li	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32		31	\vdash	
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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	L	X
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	X	
		Form	990 ((2014)

¦ . Form	990 (2014) ACADEMY HILL SCHOOL, INC. 04-3016	860	D	age 5
Par				age 🗸
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	· '		ĺ .
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			,
C	(gambling) winnings to prize winners?	1c	X	
20		-10	_==	<u> </u>
Za	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 55			1
_		 2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
a	If "Yes," enter the name of the foreign country.			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-	x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	١_		v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	(30 .00		, .
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		İ	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			,, -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>	├—	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	٠.		
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	ļ	-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12	, ,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		1
11	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders	4		*
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ
	amounts due or received from them.)	. .		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ		•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	
	organization is licensed to issue qualified health plans		1	1
С	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a		14a	<u> </u>	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion 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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing	3	,	,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12		* <i>X</i>	* **
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	~	X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	And the second s	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ	İ	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	S.		
	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		<u> </u>
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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:			
	ELIZABETH GIBBONS - 413-788-0300			
	1190 LIBERTY STREET, SPRINGFIELD, MA 01104			

Form	aan	(2014)	

ACADEMY HILL SCHOOL, INC.

04-3016860

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

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

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, and 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

(A) Name and Title	(B) Average	(40		(C Posi	tion	l than	200	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson	inan is bot ir/trus	ап ап	compensation	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Insututional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BALAJI ATHREYA	1.00]								0
TRUSTEE	1 00	X	<u> </u>		_	_		0.	0.	0 .
(2) JONATHAN BROOK	1.00	١.,							_	0
TRUSTEE	1 00	X			<u> </u>	<u> </u>	-	0.	0.	0 .
(3) AMEE KANTESARIA	1.00	X	l					0.	0.	0 .
TRUSTEE (4) MARK TILLEY	1.00	┼≏	╄	\vdash		┢		•	0.	
TRUSTEE	1.00	$ \mathbf{x} $						0.	0.	0 .
(5) MARIA GULLUNI	2.50	122	╁			 	<u> </u>			•
CHAIRPERSON	2.30	\mathbf{x}		х			ļ	0.	0.	0
(6) RONNY PRIEFER	1.00	╫	\vdash							
VICE CHAIRPERSON	~	\mathbf{x}		Х				0.	0.	0 .
(7) AMANDA ANDRESS	2.50									
TREASURER		X		X		<u> </u>		0.	0.	0.
(8) KRISTINA WEGRZYN	1.00							_		
SECRETARY		X	<u> </u>	X				0.	0.	0 .
(9) TARA BALISE	1.00	┧								
TRUSTEE	1 00	X	<u> </u>	<u> </u>	<u> </u>	 	Щ	0.	0.	0
(10) DEBRA CAUCHON	1.00	٠,	1					0.	0.	,
TRUSTEE	1.00	X	┢	├	├	╀	┢	· ·	<u> </u>	0 .
(11) LAURIE FLYNN	1.00	$ _{\mathbf{x}}$						0.	0.	0
TRUSTEE (12) DAVID WELLS	1.00		\vdash	\vdash	┼	╁	╁		· ·	
TRUSTEE	1.00	$ \mathbf{x} $						0.	0.	0
(13) ROBERT ORLANDO	40.00		T	\vdash	\vdash	╁┈┈	t^-			_
HEAD OF SCHOOL		1		x				75,528.	0.	14,656
		1	1							
-		+	+			-	\vdash			
		+-	\vdash	1	_	┼	\vdash			
		1_	_				L			
		\dashv								
		—	ــــــــــــــــــــــــــــــــــــــ				_			Form 990 (201/

Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	•	es (continued)	 ,			
	(A)	(B)			() Pos	C) .ition	,		(D)	(E)	1	_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		!	stimate nount	
		week	offı	cer an					from	from related			other	
		(list any hours for	rector						the	organization			pensa	
		related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th janizat	
		organizations	truste	al trus		ıyee	la de	1	(** 2) 1000 (**)			_	d relat	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	퍨				org	anızatı	ons
		line)	프	ξ	흉	-Ke	물등	횬						
			Г				t							
		<u> </u>		_	L		-							
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			<u> </u>	<u> </u>		-	-	_						
			H		-	-		┝						
		<u> </u>	⊢	\vdash			+	\vdash						
			1	1	•									
1b	Sub-total _							>	75,528.		0.	1	4,6	
	Total from continuation sheets to Part V	II, Section A			-				75,528.		0.		4,6	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed a	boy	e) w	ho r		L 0.000 of reportab			4,0	50.
_	compensation from the organization						-,							0
_											,		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the s		-	omp	ens	atıor	n an	d ot	her compensation from	the organization		3		_
	and related organizations greater than \$15	0,000? If "Yes,	, " cc	mpl	ete S	Sch	edul	e J i	for such individual	_		4		X
5	Did any person listed on line 1a receive or	-					-	relat	ted organization or indiv	idual for services	;	_		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J	ioi s	ucn	pers	SON		-	-		_ 5	<u> </u>	
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of cor	npens	ation	from	
	the organization. Report compensation for	the calendar y	/ear	end	ing v	vith	or w	vithii		year.				
	(A) Name and business	address	N	ON	E			ļ	(B) Description of s	services	С		C) :nsatio	n
								_			<u> </u>			_
		· <u>-</u>		•										· · · · · · · · · · · · · · · · · · ·
								_						
2	Total number of independent contractors	(including but i	not i	ımıte	ed to	the	ose i	sted	ld above) who received r	nore than				
	\$100,000 of compensation from the organ						0				l			

	1 990 () rt VII					04-3016	860 Page 9
		Check if Schedule O contains a respons	se or note to any lir	ne in this Part VIII			
	*		`	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f	194,995.	194, 995.			**************************************
Program Service Revenue		TUITION SCHOOL FEES / PROGRAMS All other program service revenue	611710	1,391,534. 104,089.	104,089.	, , , , , , , , , , , , , , , , , , ,	4 5
	3 4 5 6 a b c d	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	erest, and d proceeds (ii) Personal	2,427. 2,070.	, , , , , , , , , , , , , , , , , , ,	** ** -1,070.	2,427.
	7 a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	s (ii) Other	M 5 P P P N M N N N N N N N N N N N N N N N	C W A W W W W W W W W W W W W W W W W W	Se Se Se Se Se Se Se Se Se Se Se Se Se S	A 26 M M M M M M M M M M M M M M M M M M
Other Revenue	b c 9 a b c 10 a	including \$ of contributions reported on line 1c). See Part IV, line 18 Less direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	a b	X 72 X 7 X 7 X 7 X 7 X 7 X 7 X 7 X 7		A N P P N N N N N N N N N N N N N N N N	* * * * * * * * * * * * * * * * * * *
	b c d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		1,691,975.	1,495,623.	-1,070.	2,427.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 221,220. 221,220. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 106,456. 106,456. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 776,123. 643,503. 109,592. 23,028. 7 Other salaries and wages Pension plan accruals and contributions (include 29,908. 24,089. 4,645. 1,174. section 401(k) and 403(b) employer contributions) 75,295. 91,382. 11,987. 4,100. 9 Other employee benefits 64,981. 48,150. 15,104. 1,727. 10 Payroll taxes 11 Fees for services (non-employees): a Management 4,382. 4,382. Legal 10,043. 10,043. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 5,500. 5,500. column (A) amount, list line 11g expenses on Sch O.) 13,269. 13,269. Advertising and promotion 12 7,817. 1,610. 6,207. 13 Office expenses Information technology 14 15 Royalties 97,093. 93,518. 2,979. 596. Occupancy 16 11,200. 11,200. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 26,760. 26,760. Interest 20 Payments to affiliates 21 38,965. 38,965. 22 Depreciation, depletion, and amortization 17,857. 17,857. 23 Other expenses. Itemize expenses not covered 24 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.) EDUCATIONAL SUPPLIES 46,247. 46,247. FUNDRAISING 39,893. 39,893. 32,493. FIELD TRIPS 32,493. 7,608. 5,863. 1,745. EQUIP. RENT/MAINTENANCE 8,299. 1,738. 6,561. All other expenses 274,878. 1,657,496. 1,312,100. 70,518. Total functional expenses. Add lines 1 through 24e 25 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)

Par	<u> </u>	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	501,986.	1	370,059.
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net	37,900.	3	35,000.
	4	Accounts receivable, net	34,613.	4	41,663.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	## 400 A 64044###### ## 0.0 P.0.10 July 2000 Acceptable	5	ാഗത്തെ സ് സ് സ് സ് സ് സ് വ
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	*		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ā	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,044.	9	6,332.
	10a				
		basis. Complete Part VI of Schedule D 10a 1,419,191.			* * *
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,419,191. 10b 524,395.	826,665.	10c	894,796.
	11	Investments - publicly traded securities	0.	11	17,545.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,407,208.	16	1,365,395.
	17	Accounts payable and accrued expenses	105,398.	17	113,379.
	18	Grants payable		18	
	19	Deferred revenue	294,216.	19	250,548.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,	· · · · · · · · · · · · · · · · · · ·		T 200 - 200 -
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	560,564.	23	521,166.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,700.	25	848.
	26	Total liabilities. Add lines 17 through 25	961,878.	26	885,941.
		Organizations that follow SFAS 117 (ASC 958), check here			(
es		complete lines 27 through 29, and lines 33 and 34.	rm mar vir v		*******
auc	27	Unrestricted net assets	392,430.	27	418,554.
Net Assets or Fund Balances	28	Temporarily restricted net assets	35,000.	28	43,000.
Pa I	29	Permanently restricted net assets	17,900.	29	17,900.
교	1	Organizations that do not follow SFAS 117 (ASC 958), check here		l	l '
ō		and complete lines 30 through 34.			* * * * ******************************
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>e</u>	32	Retained earnings, endowment, accumulated income, or other funds	447 000	32	
Z	33	Total net assets or fund balances	445,330.	33	479,454.
	34	Total liabilities and net assets/fund balances	1,407,208.	34	1,365,395.

	990 (2014) ACADEMY HILL SCHOOL, INC.	04-301	6860	_ Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,69 1,65		
2	Total expenses (must equal Part IX, column (A), line 25)				$\frac{90.}{79.}$
3 4	Revenue less expenses. Subtract line 2 from line 1	3 4			$\frac{79.}{30.}$
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			55.
5 6	Net unrealized gains (losses) on investments Donated services and use of facilities	 			
7	**	7			
•	Investment expenses	 			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	40	47	Q A	54.
Pai	rt XII Financial Statements and Reporting] 10]	/	<i>,</i>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
	Officer if Schedule O contains a response of flote to any line in this Fart An			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduli	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		,		3
	Separate basis Consolidated basis Both consolidated and separate basis		,		n- ma
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:		3 '		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of ti	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.			-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ACADEMY HILL SCHOOL, INC. **Employer identification number** 04-3016860

Рa	rt 📗	Reason for Public (harity Status	All organizations must be	amplete th	io port \ Ci	no inet initiana			
_										
	organi	ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
_	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	\vdash	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ш	A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state.						<u>.</u>		
5		An organization operated for	or the benefit of a co	illege or university owner	d or opera	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6		A federal, state, or local government	vernment or governm	mental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	intial part of its support f	from a gov	emmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	lly receives. (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from		
		activities related to its exen						-		
		income and unrelated busin								
		See section 509(a)(2). (Cor				•	, ,	,		
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
11		An organization organized						purposes of one or		
		more publicly supported or								
		lines 11a through 11d that	_							
а		Type I. A supporting orga				•		r aivina		
		the supported organization								
		organization. You must o			···- , -··-,			-apporting		
b		Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	iving		
_		control or management of						-		
		organization(s). You mus			arric perso	orio triat ot	orthor or manage the sup	ported		
_		Type III functionally inte			in connec	tion with	and functionally intograt	ad with		
Ŭ	_	its supported organizatio						eu witti,		
d		Type III non-functionally								
u							_			
		that is not functionally int						iveness		
_		requirement (see instruct	•	•						
e	Ь	Check this box if the orga					ı Type I, Type II, Type III			
		functionally integrated, or		nally integrated support	ing organi	zation.				
1		er the number of supported of	•							
_ 9		vide the following information i) Name of supported	ii) EIN		(IV) Is the o	rnanization	(v) Amount of monetary	(vi) Amount of		
		organization	(11) 2.11		listed i		support (see	other support (see		
		•		above or into accition	Yes	No No	Instructions)	Instructions)		
				(see instructions))	162	NO				
					-					
					<u> </u>					
					 					
					 					
					<u> </u>					
r										
Γota	li .		1	ı		ı	i	ı		

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions			_			
	by each person (other than a	,	*				
	governmental unit or publicly	*	y.			,	
	supported organization) included				1 h.		
	on line 1 that exceeds 2% of the				, ** ,		
	amount shown on line 11,						
	column (f)				'		
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	-					
	dividends, payments received on	İ					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					· ·	
	activities, whether or not the						
	business is regularly carried on	i		l I	-		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				<u> </u>		
11	Total support. Add lines 7 through 10					1	
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	١.,			
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	ed organization	•	▶∟
t	10% -facts-and-circumstances tes	i t - 2013. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	d stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cir-	cumstances" test.	The organization	qualifies as a pub	licly supported orga	anızatıon	. ▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨

Part III | 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.)

Se	ction A. Public Support	<u> </u>						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	_						
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7:	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					:		
,	Add lines 7a and 7b							
_8	Public support (Subtract line 7c from line 6.)	,	<u> </u>					
	ction B. Total Support				_			
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
I	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include 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	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,	
	check this box and stop here						▶□	
Se	ction C. Computation of Publ	ic Support Pe	rcentage	·				
15	Public support percentage for 2014 (line 8, column (f) d	ivided by line 13,	column (f))		15	%	
16				<u></u>		16	%	
Se	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 20)14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	%	
19	a 33 1/3% support tests - 2014. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not	
	more than 33 1/3%, check this box a		-		•		. ▶∟	
	b 33 1/3% support tests - 2013. If the	_						
	line 18 is not more than 33 1/3%, che		_	· ·			▶⊨	
20	O 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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.
- 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
- 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
- **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.
- 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)? 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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 I of Schedule L (Form 990).
- 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.
- **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? If "Yes," provide detail in Part VI.
- 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.
- 10a 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
 - **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.)

	Yes	No
1	h	
2		
3a	- makeshaddi asaa daa	
3b		
3c		
4a		
4b	· — -	7 (70
4c		
		٠
5a		
5b		
5c		
6		
7		
 8	***	
9a		
9b		
9c		
10a		
10b		

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		01000	U Pa	age 5
Par	t IV Supporting Organizations (continued)			
4.4	Lies the assessment as agent of a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
а	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations	110	L	Щ.
			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,			1
	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		1	1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	,,		٠,
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
	,, - 11		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		ļ	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		Ì	*
	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			П
	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		<u> </u>
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			l
	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	s)	_
2	Activities Test Answer (a) and (b) below.		Yes	No
а			1	
	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	~	mmer.	
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	i	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	_2b_	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	- 1		
а	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	 	4_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		1

Sobo	, dule A (Form 990 or 990-EZ) 2014 ACADEMY HILL SCHOOL, IN	C		04-3016860 Page 6
Pai			izations	04-3010000 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions All
	other Type III non-functionally integrated supporting organizations must co			2 2000113.711
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(5) 3.5(14.)
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		1
7	Other expenses (see instructions)	7	· .	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	·	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	<u> </u>		\
	instructions for short tax year or assets held for part of year):		•	` }
a	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		
е	Discount claimed for blockage or other		1	
	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		8	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	3	
2	Enter 85% of line 1	2 ,		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	/ 1	
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	;	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			<u></u>
2	Underdistributions, if any, for years prior to 2014	· .		
	(reasonable cause required-see instructions)	*3>> ×	-	
3	Excess distributions carryover, if any, to 2014:			
<u>a</u> b	, 49			
C	, ,	*	*	
c d	······································	,	· · · · · · · · · · · · · · · · · · ·	,
	From 2013		*	· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e	<u> </u>		
	Applied to underdistributions of prior years	 		
	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)		· ,	,
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,	 		;
~	line 7. \$	^*, *^ _*	x x ;	, x
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2014 distributable amount	3 *		
	Remainder Subtract lines 4a and 4b from 4.			,
	Remaining underdistributions for years prior to 2014, if			<u> </u>
-	any. Subtract lines 3g and 4a from line 2 (if amount	»		,
	greater than zero, see instructions).	v, },		,
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 3	†		
•	and 4c.			
8	Breakdown of line 7:	+	·	
a	1			-
b			f	
<u> </u>			· ·	
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 ACADI Supplemental Information.	EMY HILL	SCHOOL,	INC.	04-3016860 Page 8
Part VI					10; Part II, line 17a or 17b, and Part III, line 12.
	Also complete this part for any additional and additional additional and additional addit	tional informatio	on (See instruction	ons)	
				·	
		· · · · · · · · · · · · · · · · · · ·			·
				•••	
					
					
					
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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.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

ACADEMY HILL SCHOOL, INC.

Employer identification number 04-3016860

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	-	
2	Aggregate value of contributions to (during year)	-	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor as		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	denot advisor, or for any other purposi	Yes No
Pai		ganization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		1 (11)
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	·	rtified historic structure
	Preservation of open space	Trosorvation of a dol	tilled historic structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation eacoment on the last
_	day of the tax year.	ned conservation contribution in the form	roi a conservation easement on the last
	and of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` ' '	
_	listed in the National Register	and of 17700, and not on a matoric struc	2d
3	Number of conservation easements modified, transferred, rel	 leased extinguished or terminated by th	
_	year ▶	is a second of the second of t	ie organization during the tax
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		•
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	- · ·	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion of manda statements that describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		and or public service, provide, in hart Alli,
b	If the organization elected, as permitted under SFAS 116 (AS		ot and halance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items.	ducation, or research in furtherance of p	ublic service, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X	• •	•
2	If the organization received or held works of art, historical treations	acures or other cimilar access for financial	and goin, provide
~	the following amounts required to be reported under SFAS 1		ar gairi, provide
а	Revenue included in Form 990, Part VIII, line 1	To poo 300) relating to these items:	*
	Assets included in Form 990, Part X	-	
U	r woodd ii oldded iii i Ollii oou, Fall A		▼ 35

		HILL SCHO	OL, INC.			04-3	016860	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other:	Similar As	sets(contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a sign	ificant use of	ts collection	rtems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange program:	s			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization'	's exemp	t purpose ın F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	sımılar as	sets		
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Ye	es" to Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asset	ts not inc	luded		
	on Form 990, Part X?		•			_ [Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance			-		1c		
d	Additions during the year					1d		
е	Distributions during the year	- •				1e		
f	Ending balance	-		-				
2a	Did the organization include an amount on Fe					? l	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years b		Three years ba		years back
1a	Beginning of year balance	17,900.	17,900.	17,9	900.	17,90	<u> </u>	12,300.
b	Contributions		-					5,600.
C	Net investment earnings, gains, and losses		<u>. </u>					
a	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
T	Administrative expenses	12 000	17 000	15		15.00		15 222
g	End of year balance	17,900.	17,900.	17,9	900.	17,90	0.	17,900.
2	Provide the estimated percentage of the cur	rent year end balanc	· ·	a)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment 100.00	%						
С	Temporarily restricted endowment	<u></u> %						
2-	The percentages in lines 2a, 2b, and 2c should be a seen and a see		-4 4b4 b1.d -					
Sa	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na aaministered	o for the	organization	Г,	<u> </u>
	by: (i) unrelated organizations							Yes No
			-	-	-		3a(i)	$\frac{\hat{x}}{x}$
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	e lieted as required a	n Schodula P2	•		-	3a(ii)	- ^-
4	Describe in Part XIII the intended uses of the					•	3b	
	rt VI Land, Buildings, and Equipm		wment junus					
	Complete if the organization answere		Part IV line 11a S	ee Form 990 P	art V line	. 10		
	Description of property	(a) Cost or o					(d) Daal	
	pescription of property	basis (investr	1 ' '	or other (other)		imulated ciation	(d) Book	value
12	Land	2000 (11140301		5,296.	achie	J.A.I.OII	115	,296.
b	Land Buildings			8,118.	3.8	8,436.		,682.
	Leasehold improvements	-		-,		0, 200	,, 1, 2	,002.
d	Equipment		1 1 2	1,319.	1 2	1,734.	50	,585.
	Other			4,458.		4,225.		233.
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part				_,,	894	796.

Schedule D (Form 990) 2014 ACADEMY HIL	L_SCHOOL, I	NC.	04-	3016860	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11b. See Form 990, Pa	rt X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation. Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)				-	
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	·				-
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11c. See Form 990, Pa	rt X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valu	uation: Cost or end-	of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)	-				
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1				
Part IX Other Assets.		•			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, Pa	ırt X, line 15.		
	Description	·		(b) Book va	alue
(1)		=			
(2)					-
(3)					
(4)					
(5)			Ī		
(6)					
(7)					
(8)				=	
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.) .	_	•		·
Part X Other Liabilities.		·			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form 9	90, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) SECURITY DEPOSITS		848.			
(3)					
(4)					
(5)					
(6)	<u> </u>				
(7)					
(8)					
	1				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

848.

Sche	edule D (Form 990) 2014 ACADEMY HILL SCHOOL, INC.			04-	3016860 Page 4	ļ
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	ì.	-
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	١.				
1	Total revenue, gains, and other support per audited financial statements	_		1	1,493,445.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					_
а	Net unrealized gains (losses) on investments	2a	-355.			
b	Donated services and use of facilities	2b]		
С	Recoveries of prior year grants	2c		1		
đ	Other (Describe in Part XIII.)	2d	-198,175.	1		
e	Add lines 2a through 2d			2e	-198,530.	
3	Subtract line 2e from line 1		•	3	1,691,975.	-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	•	•		· · · · · · · · · · · · · · · · · · ·	_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b		4b]		
С				4c	0.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	5	1,691,975.	-
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	ırn.	_
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1 .				
1	Total expenses and losses per audited financial statements			1	1,459,321.	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-		_
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
С	Au I	2c		1		
d	Other (Describe in Part XIII.)	2d	-198,175.	1 1		
e	Add lines 2a through 2d			2е	-198,175.	•
3	Subtract line 2e from line 1		-	3	1,657,496.	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		-			_
а		4a				
b		4b		1 '		
C				4c	Ο.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,657,496.	-
Pa	rt XIII Supplemental Information.					_
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	rt IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,	_
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac					
						_
PA	RT V, LINE 4:					
						_
TH	E ENDOWMENT FUNDS ARE INTENDED TO PRODUCE	INCOM	E TO BE USE	D A	T THE	_
					·	
B0.	ARD'S DISCRETION.					
						_
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:					_
	THE PROPERTY PURPLY AND ALL MUTHERS AT	a a o i n i m	~			
KE.	NTAL PROPERTY EXPENSES \$23,045 TUITION DI	SCOUNT	<u> </u>			_
/ A	221 220)					
(\$	221,220)		<u> </u>			_
						_
PA.	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
						-
RE	NTAL PROPERTY EXPENSES \$23,045 TUITION DI	SCOUNT	5			
						_
(\$	221,220)					
						_

Schedule D (Form 990) 2014	ACADEMY HILL	SCHOOL,	INC.	04-3016860 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	ormation (continued)			
			-	
-				
· · · · · ·		<u> </u>		
			-	
				
				
			· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·				

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ACADEMY HILL SCHOOL, INC.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number** 04-3016860

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X 2 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. X If you need more space, use Part II 3 SEE PART II Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? X X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? 4c $\overline{\mathbf{X}}$ d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 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 toa Students' rights or privileges? 5a X **b** Admissions policies? 5b X c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? 5d X e Educational policies? 5e Use of facilities? X 5f X g Athletic programs? 5g h Other extracurricular activities? 5h 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 b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

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

Schedule E (Form 990 or 990-EZ) (2014) ACADEMY HILL SCHOOL, INC. 04-3016860 Page 2 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.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE FOLLOWING STATEMENT IS ON THE HOMEPAGE OF THE SCHOOL'S
WEB PAGE: ACADEMY HILL SCHOOL ADMITS STUDENTS OF ANY RACE,
COLOR, SEXUAL ORIENTATION AND NATIONAL OR ETHNIC ORIGIN.
ACADEMY HILL SCHOOL DOES NOT DISCRIMINATE IN THE SELECTION OF
ITS GOVERNING BOARD, IN THE EMPLOYMENT OF PERSONNEL, IN THE
ADMISSION OF STUDENTS, IN THE ADMINISTRATION OF THE SCHOOL'S PROGRAMMING,
OR USE OF THE SCHOOL'S FACILITIES BECAUSE OF RACE, COLOR, RELIGION,
NATIONAL ORIGIN, SEX, VETERAN STATUS, GENDER IDENTIFICATION, AGE, SEXUAL
ORIENTATION, OR QUALIFIED HANDICAPPED STATUS IN VIOLATION OF EXISTING
STATE OR FEDERAL LAW OR REGULATIONS. FOR OUR FULL POLICY, CONTACT THE
SCHOOL BY PHONE AT 413-788-0300 OR BY MAIL AT 1190 LIBERTY STREET,
SPRINGFIELD, 01104.

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 2014

Inspection

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

▶ Attach to Form 990.

≗ □ Schedule I (Form 990) (2014) Employer identification number 04 - 3016860(h) Purpose of grant or assistance X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. Enter total number of other organizations listed in the line 1 table ACADEMY HILL SCHOOL, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

432101 10-15-14

Schedule I (Form 990) (2014) (f) Description of non-cash assistance TUITION REDUCTION (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2014) ACADEMY HILL SCHOOL, INC.

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. 221,220.FMV (d) Amount of non-cash assistance 0. (c) Amount of cash grant 58 (b) Number of recipients AID PROVIDED TO STUDENTS BASED ON FINANCIAL NEED (a) Type of grant or assistance 432102 10-15-14

Page 2

04-3016860

Schedule I (Form 990) (2014)

Part III

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

ACADEMY HILL SCHOOL, INC.

Employer identification number 04-3016860

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GIFTED AND HIGH-POTENTIAL STUDENTS FROM PRE-KINDERGARTEN THROUGH THE EIGHTH GRADE. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES WITH THE ANNUAL AUDITED FINANCIAL STATEMENTS. THE FORM 990 IS REVIEWED BY THE ENTIRE BOARD OF TRUSTEES PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD TRUSTEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST, INCLUDING RELATED PARTY TRANSACTIONS, AND TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THE HEAD OF SCHOOL MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ON-GOING BASIS THOUGHOUT THE YEAR. THE ORGANIZATION DISCLOSES ANY RELATED PARTY TRANSACTIONS IN THE ANNUAL FINANCIAL STATEMENTS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES THE HEAD OF SCHOOL'S SALARY DURING THE ANNUAL BUDGETING PROCESS. THERE ARE NO OTHER COMPENSATED OFFICERS AND NO

FORM 990, PART VI, SECTION C, LINE 19:

KEY EMPLOYEES.

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

WRITTEN REQUEST OF THE INTERESTED PARTY.

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization ACADEMY HILL SCHOOL, INC.	Employer identification number $04-3016860$
PART 1, LINE 3	
01104. 2012 ACADEMY HILL	
	