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DLN: 93493132069297

OMB No 1545-0047

Department of the

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

Return of Organization Exempt From Income Tax

▶ 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/foim990</u>

nterna	l Reven	nue Servic	ce						Inspection
\ F	or the 2	2015 ca	lendar year, or tax year b	eginning 07-01-2015 , and endin	g 06-30-2016				
Che	ck if ap	plicable	C Name of organization MIDDLESEX SCHOOL				D Emplo	yer i	dentification number
Ac	dress ch	nange					04-2	1038	321
_	me cha	-	Doing business as						
	tıal retu	irn					F. T. I.		
	nal termina	ted		box if mail is not delivered to street addre	ess) Room/suite	9	E Teleph	one ni	umber
Am	ended r	eturn	1400 LOWELL ROAD				(978)	369	-2550
Apı	olication	pending	City or town, state or provi CONCORD, MA 01742	nce, country, and ZIP or foreign postal cod	e				
			CONCORD, TIN 017 12				G Gross	receip	ts \$ 60,493,646
			F Name and address of	principal officer		H(a) Is th	ıs a group	retu	ırn for
			STEPHEN D LARI 1400 LOWELL ROAD				rdinates?		☐ Yes 🗸
			CONCORD,MA 01742	2		Nо н(ь) Are а	all subord	ınate	s —
Ta	c-exemp	pt status	√ 501(c)(3)	() ◀ (insert no)	527	inclu	ded?		l ies i Mo
w	ebsite:	. ► ww	/W MXSCHOOL EDU				o," attacl	n a lis	st (see instructions)
							ıp exemp		
Forr	n of orga	anızatıon	✓ Corporation Trust	Association Other >		L Year of fo	ormation 19	901	M State of legal domicile M
Da	rt I	Sum	mary						
ΓŒ				mission or most significant activiti					
				EGE-PREPARATORY SCHOOL FO		THROUGH	112		
ų.	_								
ŧ	_								
GOVERNATION	2 (heck th	us hov • 🗀 if the organiz	ation discontinued its operations o	r disposed of	more than	25% of it	c net	accets
Ž		neek tii	is box F If the organiza	ación discontinued les operacións o	r disposed of	more than	23 70 01 10	3 1100	433663
8	3 N	umber	of voting members of the	governing body (Part VI, line 1a)				3	35
À	4 N	umber	of independent voting mei	mbers of the governing body (Part '	VI, line 1b)			4	32
SAULAIIIA S	5 T	otal nur	mber of individuals emplo	yed in calendar year 2015 (Part V	, line 2a) .			5	288
֚֚֚֚֚֚֚֚֝֝֝֝֝֝֝֝֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֡	6 T	otal nur	mber of volunteers (estim	ate if necessary)				6	85
•	7 a ⊤∈	otal unr	elated business revenue	from Part VIII, column (C), line 12	<u>.</u>			7a	43,748
	ь Ne	t unrela	ated business taxable inc	ome from Form 990-T, line 34 .				7b	42,748
						Pric	or Year		Current Year
	8	Contri	butions and grants (Part	VIII, line 1h)			29,770	,544	15,762,412
ĒΕ	9	Progra	am service revenue (Part	VIII, line 2g)			19,604	,101	20,537,262
Ravenue	10	Invest	tment income (Part VIII,	column (A), lines 3, 4, and 7d) .			2,675	,256	3,017,909
ď	11	Other	revenue (Part VIII, colui	mn (A), lines 5, 6d, 8c, 9c, 10c, ar	d 11e)		1,484,	,212	970,103
	12		revenue—add lines 8 thro	ugh 11 (must equal Part VIII, colu	ımn (A), line		53,534	113	40,287,686
		12)		1/2			4.500	5.4.0	
	13		•	d (Part IX, column (A), lines 1-3)			4,598		5,345,340
	14		·	(Part IX, column (A), line 4) .				0	0
8	15	5-10)		employee benefits (Part IX, column	(A), lines		13,963,736		18,948,141
Expenses	16a	Profes	ssional fundraising fees (I	Part IX, column (A), line 11e) .			21,	,700	18,200
άx	ь	Total fu	indraising expenses (Part IX. co	olumn (D), line 25) ▶3,330,557					
ш	17		J ' ' '	nn (A), lines 11a-11d, 11f-24e)			15,012	195	15,482,274
	18	Total	expenses Add lines 13-	17 (must equal Part IX, column (A), line 25)		33,596		39,793,955
	19		ue less expenses Subtra		19,937	,833	493,731		
S 40						Beginning	of Current	Vear	End of Year
anc anc						Degilling	or current		Lina of real
Net Assets of Fund Balances	20		assets (Part X, line 16)				303,496	-	304,900,286
200	21		liabilities (Part X, line 26				51,582	-	54,902,087
	22			ubtract line 21 from line 20	<u> </u>		251,914,	,489	249,998,199
	t II		ature Block	ave examined this return, including		ına schedul	ec and et	atem	
				and complete Declaration of prepa					
repa	rer has	s any kr	nowledge						
	I	****	:**			า	017-05-12		
Sian			ature of officer				ate		
Sign Iere		, THE	RESE A CUNNINGHAM CFO						
			or print name and title						
			rint/Type preparer's name	Preparer's signature	Dat	te	eck 🗆 ıf	PTIN	
aic	i	L	YNNE JOHNSON	LYNNE JOHNSON			eck if -employed	P00	757336
	- pareı	r ⊢	irm's name 🕨 RSM US LLP			Firr	n's EIN 🟲 4	2-071	4325
	Only	1 -	irm's address ► 80 CITY SQUA	RE		Pho	one no (61	7) 912	-9000
	J	,	BOSTON, MA	021293742					

. ✓Yes No

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 9}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
	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	11 c		No
	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 3	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		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, Pait 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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8 a		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?	24 c		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, Pait 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, Pait 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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \ref{Main}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \ref{Main}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No

	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait 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	33		No

	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \ref{Main}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		check if Schedule o contains a response of flote to any line in this	rait	<u> </u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	158			140
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		Lie organization comply with backup withholding rules for reportable payments to		dors and reportable			
		ig (gambling) winnings to prize winners?			1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2-	200			
	•	s return	2a	288	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 63	
3a		e organization have unrelated business gross income of \$1,000 or more during	•	·	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	•	<i>*</i>	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a sig					
	over,	a financial account in a foreign country (such as a bank account, securities acc			4-		
	accou	int)?			4a		No
b		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
5a	•	·' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t					No
			an on	refres transaction	5b		
С	II Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
	_	ization solicit any contributions that were not tax deductible as charitable cont					
Ь		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6 b		
7		izations that may receive deductible contributions under section 170(c).					
а	Did th	ie organization receive a payment in excess of \$75 made partly as a contribution	on an	d partly for goods and	7a		No
		ces provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for	which it was required to	7 c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				
	5 . 4.0			-116112			
е	Dia th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	iai benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		No
g		organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	- -		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles		the organization file a	7 g		
"		1098-C?		· · · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines	s holdings at any time	_		
_	_	,			8		
		e sponsoring organization make any taxable distributions under section 49667			9a		
		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations. Enter	itea p	erson/	9b		
10		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
_	faciliti	1 7					
11	Section	on 501(c)(12) organizations. Enter		1			
		Income from members or shareholders	11a				
Ь		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
17-	_	·	. no 1.	u of Form 10413	13-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	111 116	:u 01 F01111 1041/	12a		
U	year	5, enter the amount of tax-exempt interest received of accrued during the	12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N o	ote. S	See the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves of fland	13c	7	14a		l No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana:	•		14b		110
		, , , , , , , , , , , , , , , , , , ,		=	_		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	35			
	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	1 b	32			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	red by the Internal R	even	ue Cod	e.)
					Yes	No
10-	Did the organization have local chapters, branches, or affiliates?			100		No

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records

(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)

▶THERESE A CUNNINGHAM CFO 1400 LOWELL ROAD CONCORD, MA 01742 (978) 371-6589

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

MΑ

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

interest policy, and financial statements available to the public during the tax year

Part VII

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o on is	one l both	oox, an	heck unless officer stee)	5	(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 trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
Sub-TotalTotal from continuation sidesTotal (add lines 1b and 1c)	heets to Part VII, S		١.	•	 · .	. •		1,273,132	0	749,971
2 Total number of individuals							- \		L	,

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

Section B. Independent Contractors

QUINCY, MA 02169

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)	(B)	(C)
Name and business address	Description of services	Compensation
WINDOVER CONSTRUCTION	GENERAL CONTRACTOR	10,176,596
66 CHERRY HILL DRIVE		
BEVERLY, MA 01915		
CBT CHILDS BERTMAN TSECKARES INC	ARCHITECT	1,901,237
110 CANAL STREET		
BOSTON, MA 02114		
BW KENNEDY & CO LLC	GENERAL CONTRACTOR	1,744,733
77 MYSTIC STREET		
ARLINGTON, MA 02474		
FLIK	FOOD SERVICE	1,670,449
PO BOX 417632		
BOSTON, MA 02241		
INFRANET SOLUTIONS	IT CONSULTANTS	324,162
2 BATTERYMARCH PARK SUITE 102		

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

Yes

No

Form 99								Page 9
Part V	Ш	Statement o			and the David Milit			_
		Check if Schedi	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 Y	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	es 1b					
Ę,	с	Fundraising eve	ents 1c	2,767				
ifts. ar ⊿	d	Related organiz	zations 1d					
 EG	e	Government grants	s (contributions) 1e					
ons Sil	f	All other contribution	ons, gifts, grants, and 1f	15,759,645				
Contributions, Gifts, and Other Similar A		similar amounts no						
	g	1a-1f \$	ons included in lines	5,621,276				
Sol and	h	Total. Add lines	s 1a-1f	· · · •	15,762,412			
<u>ı</u>				Business Code				
સંસ	2a	TUITION REVENUE		611600	20,112,968	20,112,968		
å	ь	INSTRUCTIONAL		611710	424,294	424,294		
ΝC	С							
₹	d							
ram	e f	All other progra	am service revenue					
Program Service Revenue				_				
	g 3		s 2a-2f		20,537,262			
			ar amounts)		1,457,168		43,748	1,413,420
	4		stment of tax-exempt bond p	proceeds >				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	176,454	(II) I CISOIIII				
	ь	Less rental	77,341					
	_	expenses Rental income	99,113					
	,	or (loss)			99,113			99,113
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther	33,113			33,113
	7a	Gross amount from sales of assets other than inventory	21,557,006	(ii) o chei				
	ь	Less cost or						
		other basis and sales expenses	19,949,023	47,242				
	C	Gain or (loss)	1,607,983	-47,242	1,560,741			1,560,741
Other Revenue	6 8a	Gross income f events (not inc \$2	rom fundraising luding ,767 s reported on line 1c)		2,500,7 12			1,500,7 11
e		,	а	23,053				
€			penses b	18,188	4 965			4.965
	c 9a	Gross income f	(loss) from fundraising of from gaming activities ne 19	events •	4,865			4,865
	h	less directer	penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of	inventory less	<u> </u>				
		returns and allo						
	١.		a	119,758				
		_	oods sold . . b [(loss) from sales of inve	114,166 entory ►	5,592			5,592
	<u> </u>	Miscellaneous		Business Code	5,552			
	11a	PROGRAM TRI	PINCOME	611710	149,269	149,269		
	ь	OUTSIDE MUS	SIC LESSONS	611600	133,915	133,915		
	С	COMMUNICAT	TION FEES	900099	111,300	111,300		
	d	All other reven	L		466,049	466,049		
	е	Total. Add lines	s 11a-11d	•	860,533			
	12	Total revenue.	See Instructions	•	40,287,686	21,397,795	43,748	3,083,731

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)

	Г				
	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	55,867	55,867		
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,289,473	5,289,473		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	645,000	443,521	142,012	59,467
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,674,414	6,230,385	2,432,778	1,011,251
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	6,009,572	4,132,360	1,323,147	554,065
9	Other employee benefits	1,904,314	1,309,463	419,279	175,572
10	Payroll taxes				
		714,841	495,807	154,385	64,649
11	Fees for services (non-employees)				
a	Management				
b	Legal	186,724		162,622	24,102
C C	Accounting	105,630		105,630	
d	Lobbying			500	10 200
e f	-	18,200		1,580,000	18,200 6,032
g	Investment management fees	1,386,032		1,560,000	6,032
g	amount, list line 11g expenses on Schedule O)	787,791	567,984	145,491	74,316
12	Advertising and promotion	183,382	40,365	95	142,922
13	Office expenses	673,909	350,534	179,407	143,968
14	Information technology	640,312	284,819	318,728	36,765
15	Royalties	5,797	5,797		
16	Occupancy	2,352,725	1,746,037	496,086	110,602
17	Travel	796,031	533,221	116,015	146,795
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	93,610	62,611	9,914	21,085
20	Interest	604,917	415,959	133,186	55,772
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,234,495	3,175,871	846,899	211,725
23	Insurance	264,830	182,105	58,308	24,417
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	FOOD	2,010,813	1,579,307	175,300	256,206
b	EQUIPMENT	188,767	56,116	121,461	11,190
c	MEMBERSHIP FEES	56,130	14,336	39,012	2,782
d	BOOKS	45,499	43,061	1,531	907
e	All other expenses	664,380	361,620	124,993	177,767
25	Total functional expenses. Add lines 1 through 24e	39,793,955	27,376,619	9,086,779	3,330,557
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)				

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

(B)

End of year

5,807,989

2,481,287

36,404,449

85,173

13,652

68,475

833,117

83,751,673

58,440,605

104,292,121

12,721,745

304,900,286

21,780,168

7,077,512

17,500,000

8,544,407

54,902,087

77,627,966

70.953.267

101,416,966

249,998,199

304,900,286 Form 990 (2015)

Part X	Balance Sh
	Check if Sche

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10a

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34

Balances

Fund

ō

Net Assets

t X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X					•	
			(A))			

Page	1:

Beginning of year

5,583,921

1.855.731

38,674,222

69,144

25.501

57,471

1,001,075

72,262,677

61,324,239

109,258,908

13 383 621

303,496,510

17,773,262

7,107,872

17 500 000

9,200,887

51,582,021

72,414,870

74,353,228

105,146,391

251.914.489

303.496.510

138 458 274

54,706,601

10a

10b

1

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10c

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1 01111 9 9 0 (2013)		
Part X	Balance Sheet		

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

1 01111 3 30 (2	2013)	Pag
Part X	Balance Sheet	

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

10

249,998,199

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Software ID: Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	tees	, Ke	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours	Pos more pers	sition than on is	(C) (do one bot	not box h an	checl c, unle office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHARLES C ALEXANDER TRUSTEE	5 00	х						0	0	(
ALEXANDER C BANKER TRUSTEE	5 00	x						0	0	(
ANNE T BASS VICE PRESIDENT	5 00	х		х				0	0	(
ROBERT M BASS VICE PRESIDENT	5 00	х		х				0	0	(
ANSON H BEARD TRUSTEE	5 00	x						0	0	(
MARY LOU BOUTWELL TRUSTEE	5 00	х						0	0	(
JOHN BROOKE TRUSTEE	5 00	х						0	0	(
SCOTT F CONANT TRUSTEE	5 00	x						0	0	(
JOY CONNOLLY TRUSTEE	5 00	×						0	0	(
JAMES F CURTIS III TRUSTEE	5 00	x						0	0	(

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

Compensated Employees, and Inde	pendent co	illi a c	LOTE	•			1	Ī	i '
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe offic direct	than ersoi icer tor/t	not one on is and trust	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM DANOFF TRUSTEE	5 00	x					0	0	0
BRICKSON DIAMOND TRUSTEE		x					0	0	0
ABIGAIL MARR DOFT TRUSTEE	5 00	x					0	0	0
JOHN H DYETT TRUSTEE	5 00	×					0	0	0
KATHLEEN C GILES HEAD OF SCHOOL	80 00	x		x			407,542	. 0	150,140
ARCHIBALD L GWATHMEY TRUSTEE	5 00	x					0	0	C

5 00

5 00

5 00

5 00

Х

Χ

KIMBERLY GWINNLANDRY

TRUSTEE

TRUSTEE

TRUSTEE

COREY HAJIM

......

KATHLEEN HALEY

EDWIN D HETZ TRUSTEE

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		MISC)	organization and related organizations
JUDITH KAYE TRUSTEE	5 00	х						0	0	0
CHIVAS CHI-WAH LAM TRUSTEE	5 00	х						0	0	0
STEPHEN D LARI PRESIDENT	5 00	х		×				0	0	0
ROBERT SM LAWRENCE TRUSTEE	5 00	×						0	0	0
SARAH C LEARY VICE PRESIDENT	5 00	×		×				0	0	0
DAVID MCKENNA TREASURER	5 00	х		×				0	0	0
ALLEN J MODEL	5 00							_	_	_

5 00

5 00

5 00

Х

Χ

VICE PRESIDENT

TRUSTEE

TRUSTEE

TRUSTEE

PAUL PARISI

HUNTER MOORMAN

MARGARET H PIERCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

155,283

168,015

156,533

152,959

122,557

0

175,494

114,483

124,310

35,442

104,813

Compensated Employees, and Inde					ilus	stee:	3, R			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore th ss pe	(C) than ersoi	o not n one on is and		,	organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
ANDREW PITTS TRUSTEE	5 00	x						0	0	С
SCOTT F POWERS TRUSTEE	5 00	x						0	0	C
KATHERINE STEARNS SYMONDS TRUSTEE	5 00	x						0	0	(
JULIA FRENCH VEGHTE TRUSTEE	5 00	x						0	0	(
WANJI BARRINGTON WALCOTT SECRETARY	5 00	х		×				0	0	(

60 00

60 00

60 00

60 00

60 00

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Χ

Χ

Χ

THERESE A CUNNINGHAM

MATTHEW E CROZIER

HEATHER J PARKER

GEORGE NOBLE

DOUGLAS C PRICE

DIRECTOR OF DEVELOPMENT

DIRECTOR OF ADVANCEMENT

DIRECTOR OF ADMISSIONS

CFO

COO

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S			•	1	
(A)	(B)			(0	:)		(D)	(E)	(F)
Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t	n (do :han erso icer	not one on is and	e Highest compensat	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
	1	1	ı	1	1	1 2 1	I	1	ı

60 00

................

RYAN DUBRAY

DIR, TECH THEATRE & SUMMER ART PROG

ompensation from the organization and related rganizations

45,289

110,243

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

DLN: 93493132069297 OMB No 1545-0047

Employer identification number

04-2103821

Treasury Internal Revenue Service Name of the organization MIDDLESEX SCHOOL

SCHEDULE A

(Form 990 or

990EZ)

Part I

✓

1

2

3

Department of the

www.irs.gov/form990.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

9		receipts from activitie from gross investmen	es related to it it income and	ts exempt functions—s	subject to certa xable income (l	In exceptions ess section 5	tributions, membership , and (2) no more than : 11 tax) from businesse	331/3% of its support
10	_	An organization organ					on 509(a)(4).	
11	<u> </u>	An organization organ one or more publicly s the box in lines 11a th	ized and opera upported orga irough 11d tha	ated exclusively for the inizations described in at describes the type o	e benefit of, to p section 509(a of supporting or	oerform the fu)(1) or section ganization an	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical	n 509(a)(3). Check 1f, and 11g
а		supported organization organization You mus	n(s) the power t complete Pa	to regularly appoint o	r elect a majori B.	ty of the direc	ctors or trustees of the	supporting
b	Γ	management of the su must complete Part IV	pporting orgar /, Sections A a	nization vested in the sand C.	same persons t	hat control or	oorted organization(s), t manage the supported	organization(s) You
C							h, and functionally integ	grated with, its
d e f g	☐ Ente	not functionally integr (see instructions) Yo o Check this box if the contegrated, or Type III r the number of support Provide the following i	ally integrater ated The orga unust comple organization re [non-function ed organization about the complete organization and complete	d. A supporting organication generally muster Part IV, Sections Acceived a written determined in the supportions and the supported organically integrated supported organically integrated supported organically integrated organical	zation operated st satisfy a distant of the state of the	in connection require V. the IRS that it on	n with its supported org irement and an attentiv : is a Type I, Type II, T	eness requirement ype III functionally
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	ı							
or F	aperw	vork Reduction Act Noti	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 10,724,508 8,706,128 16,062,033 29,770,544 15,762,412 81,025,625 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 10,724,508 8,706,128 16,062,033 29,770,544 15,762,412 81,025,625 The portion of total contributions by each person (other than a governmental unit or publicly 24.428.596 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 56,597,029 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total 10,724,508 8,706,128 16,062,033 29,770,544 15,762,412 81,025,625 Amounts from line 4 Gross income from interest, dividends, payments received

(or fiscal year beginning in) ▶ on securities loans, rents, 2,828,070 2,358,678 2,102,605 1,443,137 1,590,345 10,322,835 royalties and income from similar sources Net income from unrelated business activities, whether or 18,267 57,904 145,046 43,277 264,494 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 374,706 257.755 142,020 371,276 142,811 1,288,568 capital assets (Explain in Part VI) 11 Total support. Add lines 7 92,901,522 through 10 Gross receipts from related activities, etc. (see instructions) 12 99,271,422 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		.▶	
S	ection C. Computation of Public Support Percentage			
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14		60 9

20 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 56 670 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction 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	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3 c		
4 a	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?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	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		
9 a	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? If "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 .	9 c		
0a	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	10 a		
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)	10 b		
1	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		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

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

Par	t IV Supporting Organizations (continued)			
Se	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		
Se	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		
Se	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		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
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 r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

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

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A (Form 990 or 990-EZ) 2015

Page 8

DLN: 93493132069297

Employer identification number

04-2103821

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

MIDDLESEX SCHOOL

1

2

3

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

	A.T. D. Commisso if the ou		section FO1/s	- \(2\)	
		ganization is exempt under			
1	,	e tax incurred by the organization un			\$
2	•	e tax incurred by organization manag		1 4 9 5 5	\$
3	<u> </u>	ection 4955 tax, did it file Form 472	20 for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	· · · · · · · · · · · · · · · · · · ·	ganization is exempt under	-		1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to of	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments if amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ie amount paid fro Iirectly delivered	m the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	D-EZ.	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
Lobbying Expe	nditures During	4-Year Avera	ging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
Lobbying nontaxable amount								
Lobbying ceiling amount (150% of line 2a, column(e))								
Total lobbying expenditures								
Grassroots nontaxable amount								
Grassroots ceiling amount (150% of line 2d, column (e))								
Grassroots lobbying expenditures								
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))			

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	тои				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	1	(b)	
	response on times 14 timody. It below, provide in variety a detailed description of the loopying	V	No		A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				
j	Total Add lines 1c through 1i					
!a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
a.	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
С _	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
4	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\vdash				
4 5	Taxable amount of lobbying and political expenditures (see instructions)	5				

2 (see instructions), and Part II-B, lin	2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information					
Return Reference	Return Reference Explanation					
,	MIDDLESEX SCHOOL IS A MEMBER OF THE MASSACHUSETTS ASSOCIATION OF NONPROFIT SCHOOLS & COLLEGES, A GROUP THAT MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES AND AS SUCH NO DETERMINATIVE AMOUNT IS LISTED IN THE SCHEDULE					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

DLN: 93493132069297

Inspection

	DDLESEX SCHOOL			Empi	byer identifica	icion numb	51
				04-2	103821		
Pa	Organizations Maintaining Dono Complete if the organization answere			nds c	r Accounts	5.	
		(a) Donor advised funds		(b)	unds and oth	eraccounts	;
L	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	_		radvis	ed	Yes	┌ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				purpose	Yes	┌ No
Pa	rt III Conservation Easements. Comple	ete if the organization answ	ered "Yes" on	Form	1 990, Part I	V, line 7.	
L	Purpose(s) of conservation easements held by th	e organization (check all that a	ipply)				
	Preservation of land for public use (e g , recreducation)		servation of an	hıstor	cally importar	nt land area	
	▼ Protection of natural habitat	Pre	servation of a c	ertifie	d historic stru	cture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation co	ontribution in the	e form	of a conserva	tion	
			L		Held at the	End of the	Year
а	Total number of conservation easements		L	2a			
b	Total acreage restricted by conservation easeme	ents	L	2b			160 0
c	Number of conservation easements on a certified	historic structure included in ((a)	2 c			
d	Number of conservation easements included in (on historic structure listed in the National Register	c) acquired after 8/17/06, and i	not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguishe	d, or terminated	by the	e organization	during the	
	tax year ▶						
1	Number of states where property subject to cons	ervation easement is located >	1	_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	3 .	spection, handl	ng of	┌	es ✓ N	o
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violation	ns, and enforcing	g cons	ervation ease	ments duri	ng the
	8 0 0						
7	A mount of expenses incurred in monitoring, inspersely. \$ 2,962	ecting, handling of violations, a	nd enforcing cor	ıserva	tion easement	ts during th	e year
3	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requir	rements of secti	on 17	0(h)(4)	'es	o
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation early	of the footnote to the organizat					
ar	t III Organizations Maintaining Collect Complete if the organization answere			r Oth	er Similar	Assets.	

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

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$ __

Pari	31111	Organizations Maintaining (continued)	Collections of	Art, His	torica	al Tı	reasures,	or O	ther Simila	r Ass	ets	
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other re		ieck an	y of t	the following t	hat a	re a sıgnıfıcan	t use o	fits	
а		Public exhibition		d		Loan	or exchange	progr	rams			
b		Scholarly research		e		O the	ır.					
c	V	Preservation for future generations										
4		de a description of the organizatior		xplaın hov	v they f	furthe	er the organiz	ation'	s exempt purp	ose in		
5		g the year, did the organization sol								Yes	√ No	,
Par	t IV	Escrow and Custodial Arra Complete if the organization	angements.									
1 a		Part X, line 21. e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary	for cor	ntrıbu	itions or othe	rasse		Yes		
b	If'	"Yes," explain the arrangement in F	Part XIII and comple	ete the fol	lowina	table				A mou		
c		ginning balance	are XIII and compre	cte the for	ioming	CUDIC	I	1 c				
d		ditions during the year						1d				
e		stributions during the year						1e				
f		ding balance						1f				
2 a		ne organization include an amount o	on Form 990, Part X	, line 21,	for esc	row o	ı or custodial a	ccoun	nt liability?	Yes	∏ No	•
b		es," explain the arrangement in Par										
Pa	rt V	Endowment Funds. Comple						—-			\-	
	Begir	nning of year balance	(a)Current year 138,695,857	(b) Prior	r year 5,249,75		(c)Two years b. 114,367,		(d) Three years ba 96,011,			ears back 4,468,439
La	•	· · ·	100,030,007		0,2 .5,7		11.,557,		30,011,			.,
b	Conti	ributions · · · · · · ·	4,551,461		3,624,43	39	7,455,	752	11,012,	015		4,394,338
C	Net II Iosse	nvestment earnings, gains, and es	-77,919		5,293,82	26	17,889,	858	11,794,	122		1,778,609
d	Grant •	ts or scholarships · · · ·										
e		r expenditures for facilities programs 	5,727,256		5,472,15	58	4,463,	533	4,449,	810		4,630,040
f	A dmı	nistrative expenses										
g	End o	of year balance	137,442,143	13	8,695,85	57	135,249,	750	114,367,	673	9	6,011,346
2	Provi	de the estimated percentage of the	current year end ba	alance (lın	e 1g, c	olum	n (a)) held as					
а	Board	d designated or quasi-endowment 🕨	16 010 %									
b	Perm	anent endowment ► 51 520 %										
c		porarily restricted endowment >	32 470 %									
		percentages on lines 2a, 2b, and 2c	should equal 100%	, 0								
За	A re tl	here endowment funds not in the po	ssession of the orga	anızatıon t	that are	e held	d and adminis	tered	for the			
	_	nization by									Yes	No
	• •	related organizations			•					3a(i)	Yes	N.o.
b		elated organizations es" on 3a(ii), are the related organi		· · ·	 Schadu	ام D2	• •			3a(ii)	'	No I
4		ribe in Part XIII the intended uses						•		35		<u> </u>
Par	t VI	Land, Buildings, and Equip										
		Complete if the organization		Form 99		rt IV		ee F				
		Description of property			(a) st or othe (investm		(b) Cost or other		Accumula (c)deprecia		(d)Boo	k value
1 a	Land							479,87	0			479,870
b	Buildin	ngs								T		
							117,	094,30	8 50,44	6,196	6	6,648,112
		nold improvements		•				202 ::		20.425		2 22 2 2 2 2
		nent		•			6,:	282,17	3 4,26	0,405		2,021,768
е	O ther						14.	601,92	3		1	4,601,923
Tota	I. A dd	lines 1a through 1e <i>(Column (d) mu</i>		art X, colur	nn (B),	line 1		•		>		3,751,673
-		·							Sched	lule D (Form 9	90) 2015

CAB Frem ddii maee o	ne 12.			
See Form 990, Part X, II (a) Description of sec (including name	urity or category		(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives	or security,			Cost of Cita of year market valu
(2)Closely-held equity interests (3)Other				
(A) DOMESTIC EQUITY			30,168,028	F
(B) INTERNATIONAL EQUITY			4,411,587	F
(C) PRIVATE EQUITY			15,321,454	F
(D) ABSOLUTE RETURN			32,856,955	F
(E) DIRECTIONAL HEDGE			53,955	F
(F) REAL ASSETS			9,252,352	F
(G) OTHER			12,227,790	F
Total. (Column (b) must equal Form 990, Part X		•	104,292,121	
Part VIII Investments—Progra Complete if the organiz (a) Description o	ation answered 'Yes	on Form 99	O, Part IV, line 11c. _{Se}	e Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market valu
				_
Total. (Column (b) must equal Form 990, Part X Part IX Other Assets. Complete			Form 990, Part IV, line 1	L1d See Form 990, Part X, line 15 (b) Book value
	ıf the organization ans	wered 'Yes' on	Form 990, Part IV, line 1	
	ıf the organization ans	wered 'Yes' on	Form 990, Part IV, line 1	
	ıf the organization ans	wered 'Yes' on	Form 990, Part IV, line 1	
	ıf the organization ans	wered 'Yes' on	Form 990, Part IV , line 1	
	ıf the organization ans	wered 'Yes' on	Form 990, Part IV, line 1	
	Part X, col (B) line 15) plete if the organization ans	wered 'Yes' on		(b) Book value
Total. (Column (b) must equal Form 990, F	Part X, col (B) line 15) plete if the organiza	wered 'Yes' on	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, II	Part X, col (B) line 15) plete if the organiza	wered 'Yes' on	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, II 1. (a) Description of III	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, li 1. (a) Description of lia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value	d 'Yes' on Form 990, F	(b) Book value
Total. (Column (b) must equal Form 990, F Part X Other Liabilities. Com See Form 990, Part X, Ii 1. (a) Description of Iia Federal income taxes	Part X, col (B) line 15) plete if the organiza ne 25. abbility	wered 'Yes' on tion answere (b) Book value		(b) Book value

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Schedule D (Form 990) 2015

1

2

information

PART II, LINE 5

Return Reference

27,069,994

-13,427,387	2e		Add lines 2a through 2d	e
40,497,381	3		Subtract line 2e from line 1	3
		t on line 1	A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		I, line 7b . 4a	Investment expenses not included on Form 990, Part VIII, line 7b .	а
		4b -209,695	Other (Describe in Part XIII)...............	b
-209,695	4c		Add lines 4a and 4b	c
40,287,686	5	990, Part I, line 12)	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lir	5
turn.	per		t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered 'Yes' on Form 990	Part
28,986,284	1	ts	Total expenses and losses per audited financial statements	1
		line 25	Amounts included on line 1 but not on Form 990, Part IX, line 25	2
		2a	Donated services and use of facilities	а
		2b	Prior year adjustments	b
		2c	Other losses	c
		2d 209,695	Other (Describe in Part XIII)..............	d
209,695	2e	 	Add lines 2a through 2d	e
28,776,589	3		Subtract line 2e from line 1	3
		on line 1:	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4
		I , line 7 b 4a	Investment expenses not included on Form 990, Part VIII, line 7b	а
		. 4b 11,017,366	Other (Describe in Part XIII)...............	b
11,017,366	4c		Add lines 4a and 4b	c
39,793,955	5	n 990, Part I, line 18)	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	5

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

THE SCHOOL MEETS ANNUALLY WITH THE TRUSTEES OF RESERVATIONS WHO ADMINISTER

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

THE EASEMENTS AND TOUR THE SITE

2a

2b

2c

2d

-1,568,179

-11,859,208

Return Reference	Explanation
PART III, LINE 4	THE SCHOOL MAINTAINS AND PRESERVES THE FOLLOWING ITEMS THAT WERE DONATED TO THE SCHOOL FOR DISPLAY AT THE SCHOOL'S LIBRARY -CIVIL WAR FLAG -SWORD FROM THE CIVIL WAR -WORKS OF ART -RARE COLLECTION OF BOOKS
PART V, LINE 4	THE SCHOOL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE SCHOOL MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PURPOSES AS WELL AS BOARD DESIGNATED FUNDS THE SCHOOL EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN THAT WILL ALLOW THE PURCHASING POWER OF THE ENDOWMENT TO BE MAINTAINED ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE SCHOOL RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE SCHOOL TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED A POLICY INDEX

	INTERDED TO
PART X, LINE 2	THE SCHOOL F
	ACCOUNTING
	THRESHOLD A
	FINANCIAL ST
	TAX POSITION
	SUSTAINED OF
	SCHOOL'S TAX
	UNCERTAINTIE
	EXAMINATION
	YEARS BEFORE

FOLLOWS THE FASB ASC 740, INCOME TAXES, WHICH CLARIFIES THE FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE

ATEMENTS THE SCHOOL RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN N ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE N EXAMINATION BY TAXING AUTHORITIES MANAGEMENT EVALUATED THE X POSITIONS AND CONCLUDED THAT THE SCHOOL HAS NO MATERIAL

ES IN INCOME TAXES THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX 2013 CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -841,842 INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AUDITED FS -1,580,000 FINANCIAL AID NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS -5,094,748 CHANGES IN

ADJUSTMENTS PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

Schedule D (Form 990) 2015

PART XI, LINE 2D - OTHER

ADJUSTMENTS

PART XII, LINE 2D - OTHER

EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 77,341

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 18,188 RENTAL

COSTS OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -114,166 FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B -18,188 RENTAL EXPENSES REPORTED ON FORM 990. PART VIII. LINE 6B -77.341 COSTS OF GOODS SOLD REPORTED ON FORM 990. PART VIII. LINE 10B 114.166

INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AUDITED FS 1,580,000

FINANCIAL AID NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS 5,094,748 CAPITAL CAMPAIGN EXPENSES 596.182 CHANGES IN PENSION OBLIGATION 3.746.436

PENSION OBLIGATION -3,746,436 CAPITAL CAMPAIGN EXPENSES -596,182

S BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR FISCAL

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

(Form 990 or

Internal Revenue

As Filed Data -

DLN: 93493132069297

OMB No 1545-0047

Open to Public Inspection

Schools

990-EZ) ▶Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury

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

Service Name of the organization **Employer identification number** MIDDLESEX SCHOOL 04-2103821 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? 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? 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 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 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 to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo 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 Νo h Has the organization's right to such aid ever been revoked or suspended? 6b 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

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

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

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Dat	a -	DLN:	93493132069297
SCHEDULE F (Form 990)		if the organization	Outside the Unite	ed States	2015
Department of the Treasury Internal Revenue Service	mation about Schedu	► Attach to	o Form 990. nd its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization MIDDLESEX SCHOOL					ification number
Part I General Informa Complete if the ore			e United States.	04-2103821 14b.	
For grantmakers. Does to and other assistance, the used to award the grants	:he organization n e grantees' eligibi	naıntaın records	s to substantiate the a	mount of its grants	├ Yes ├ No
2 For grantmakers. Describ assistance outside the Ur	nited States				ts and other
A Ctivites per Region (The fo	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBOD	DIA.		FUNDRAISING		26,505
(2) EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		15,467
(3) CENTRAL AMERICA AND T	ТНЕ		INVESTMENTS		13,807,405
(4)					
(5)					
3a Sub-total b Total from continuation shee	ets 0	_			13,849,377
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,		1	Cat	No 50082W Sched	13,849,377 ule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

8621)

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 Yes

Yes

Nο

▽ (see Instructions for Form 8865) 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) Yes Νo

Additional Data

Software ID: Software Version:

EIN: 04-2103821

Name: MIDDLESEX SCHOOL

Schedule F (Form 990) 2015

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).

Form 990-EZ filers are not required to complete this part.

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

DLN: 93493132069297

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MIDDLESEX SCHOOL

✓ Mail solicitations

▼ Internet and email solicitations

Employer identification number

e Solicitation of non-government grantsf Solicitation of government grants

Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

					•	-	
c	Phone solicitations			g		ng events	
d		าร					
2a b	Did the organization have or key employees listed it services? If "Yes," list the ten high to be compensated at lea	n Form 990, Part VII	() or entit or entities	y in conne	ection with professional	fundraising Y	s No Indraiser is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	BOARDMAN CONSULTING 521 HAMMOND ST CHESTNUT HILL, MA 02467	CAPITAL CAMPAIGN CONSULTING	Yes	No No	0	18,200	-18,20
2							
3							
3							
4							
5							
6							
7							
8							
9							
10							
Γota	al	1	ı			18,200	-18,20

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

registration or licensing

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a)Event #1 KINGMANGOLF	(b) Event #2	(c)O ther events	(d) Total events
		OUTING (event type)	(event type)	(total number)	(add col (a) through col (c))
Reverne	1 Gross receipts	25,820			25,820
٣	2 Lang Contributions	2 767			2.767
	2 Less Contributions	2,767			2,767
	4 Cash prizes				
	5 Noncash prizes				
,,	6 Rent/facility costs	16,001			16,001
nse	7 Food and beverages	555			555
Expenses	8 Entertainment				
듗	9 Other direct expenses	1,632			1,632
Direct	10 Direct expense summary Add lines	4 through 9 in column (d)		18,188
	11 Net income summary Subtract line 1	LO from line 3, column (c	1)		4,865
Par	Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
<u>ပ</u>	2 Cash prizes				
Expenses	Z Cashi prizes				
Ä.	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
			┌ Yes %	☐ Yes%	
	6 Volunteer labor	No	No	☐ No	
	7 Direct expense summary Add lines	2 through 5 ın column (c	1)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)		
9	Enter the state(s) in which the organiza	ition conducts gaming a	stuutus		
_	Is the organization licensed to conduct	-			Yes No
а	15 the organization hearista to conduct				
	If "No," explain				
a	If "No," explain				
a	If "No," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132069297 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number MIDDLESEX SCHOOL 04-2103821 **General Information on Grants 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 III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment other) assistance TOWN OF CONCORD -04-6001121 115 50,000 GIFT FOR TOWN (1) CONCORD CARES TRACK/FIELD 133 KEYES ROAD CONCORD, MA 01742 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2015

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

OR AT ANOTHER EDUCATIONAL INSTITUTION

(a)Type of grant or assistance	e	(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		118		5,289,473	FMV	FINANCIAL ASSISTANCE OFFSETS AGAINST THE STUDENTS' ACCOUNTS
Part IV Supplemental Inf	format	ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	r additional information.
Return Reference Ex	xplanatio	on				

PART I, LINE 2 FINANCIAL AID WAS PROVIDED FOR TUITION AND FEES TO STUDENTS EXHIBITING FINANCIAL NEED, NO OUTSIDE GRANTS WERE PROVIDED THE SCHOOL SCHOLARSHIP SERVICE, AN INDEPENDENT ORGANIZATION, PROCESSES THE APPLICATIONS FOR FINANCIAL AID MIDDLESEX SCHOOL DISTRIBUTES THE FUNDS TO THOSE CANDIDATES WHO DISPLAY NEED BASED ON THESE APPLICATIONS, SUPPORTING TAX DOCUMENTS AND AVAILABLE GRANT FUNDS MIDDLESEX SCHOOL'S TWO MEDIUMS FOR THE SOLICITATION OF APPLICANTS FOR ENROLLMENT TO THE SCHOOL ARE ITS ADMISSIONS BROCHURES AND ITS WEB SITE THE STATEMENT THAT FINANCIAL AID IS AWARDED TO STUDENTS ON THE BASIS OF FINANCIAL NEED, WITHOUT REGARD TO RACE, CREED, SEX OR NATIONAL ORIGIN IS CONTAINED IN ALL SUCH LITERATURE THE SCHOOL ALSO GIVES TUITION REMISSION TO FACULTY CHILDREN WHO ATTEND MIDDLESEX SCHOOL THE AMOUNT OF ANY QUALIFIED TUITION REDUCTION FOR AN EMPLOYEE OF AN EDUCATIONAL INSTITUTION IS

EDUCATION AT THE ELEMENTARY, SECONDARY, OR UNDERGRADUATE LEVELS, EITHER AT THE EMPLOYER EDUCATIONAL INSTITUTION

<code>EXCLUDABLE</code> FROM <code>GROSS</code> <code>INCOME</code> <code>UNDER</code> <code>CODE</code> <code>SECTION</code> $117\,$ <code>IN</code> <code>ORDER</code> <code>TO</code> <code>QUALIFY</code> <code>FOR</code> <code>THE</code> <code>EXCLUSION</code>, <code>THE</code> <code>TUITION</code> <code>REDUCTION</code> MUST BE PROVIDED TO AN EMPLOYEE OF A QUALIFIED EDUCATIONAL ORGANIZATION ALSO, THE TUITION REDUCTION MUST BE FOR

Schedule I (Form 990) 2015

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Compensation Information

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

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

2015

OMB No 1545-0047

DLN: 93493132069297

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Open to Public Inspection

	me of the organization DDLESEX SCHOOL Employer identificatio	n nun	nber	
MIT	04-2103821			
Pa	rt I Questions Regarding Compensation			
	_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel		ļ	
	Travel for companions Payments for business use of personal residence		ļ	
	Tax idemnification and gross-up payments Health or social club dues or initiation fees		ļ	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		ļ	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4 a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6 a		Νo
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Νo
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T Schedule J	(For	n 990	2015

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 on 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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 KATHLEEN C GILES HEAD OF SCHOOL	(i)	376,004	10,000	21,538	108,121	42,019	557,682	20,000
	(ii)	0	0	0	0	0	0	0
2 THERESE A CUNNINGHAM CFO	(i)	140,238	10,000	5,045	42,457	133,037	330,777	0
	(ii)	0	0	0	0	0	0	0
3 MATTHEW E CROZIERCOO	(i)	137,970	10,000	20,045	20,782	93,701	282,498	0
	(ii)	0	0	0	0	0	0	0
4 HEATHER J PARKER DIRECTOR OF DEVELOPMENT	(i)	139,464	5,000	12,069	33,507	90,803	280,843	0
	(ii)	0	0	0	0	0	0	0
5 GEORGE NOBLE DIRECTOR OF ADVANCEMENT	(i)	135,914	5,000	12,045	14,130	21,312	188,401	0
	(ii)	0	0	0	0	0	0	0
6 DOUGLAS C PRICE DIRECTOR OF ADMISSIONS	(i)	122,488	0	69	13,030	91,783	227,370	0
	(ii)	0	0	0	0	0	0	0
7 RYAN DUBRAY DIR , TECH THEATRE &	(i)	95,216	0	15,027	8,500	36,789	155,532	0
SUMMER ART PRO	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page **3**

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

Return Reference **Explanation** PART I, LINE 1A SINCE THE SCHOOL IS A BOARDING SCHOOL, THE MAJORITY OF THE FACULTY ARE REQUIRED TO LIVE ON CAMPUS FOR THE PURPOSE OF

ESTIMATE OF OTHER COMPENSATION REPORTED IN THE FORM 990, PART VII, COLUMN F AND NONTAXABLE BENEFITS REPORTED IN PART II, COLUMN D OF SCHEDULE J THE HEAD OF SCHOOL'S RESIDENCE HAS A COMBINATION OF PUBLIC AND PRIVATE SPACE THE ESTIMATED VALUE REFLECTS THE PRIVATE PORTION OF THE RESIDENCE PART I, LINE 1B THE SCHOOL HAS A WRITTEN POLICY IN REGARDS TO THE ALLOCATION OF FACULTY MEMBERS TO AVAILABLE ON CAMPUS HOUSING AS PART OF THE FACULTY HANDBOOK WHILE THE SCHOOL WOULD LIKE TO HOUSE ALL MEMBERS OF THE FACULTY ON CAMPUS, THE NUMBER OF FACULTY MEMBERS EXCEED THE NUMBER OF AVAILABLE HOUSING UNITS UNITS ARE ALLOCATED BASED ON AVAILABILITY AND FIT (FEMALE/MALE FACULTY IN FEMALE/MALE DORMS, DORM RESPONSIBILITIES COMPARED WITH FACULTY RESPONSIBILITIES) THE

PART I, LINE 4B

FACULTY MEMBER CONTRACTS AND ARE REPORTED IN PART VII, COLUMN (D) AS PART OF REPORTABLE COMPENSATION AND IN SCHEDULE J, COLUMN (B)(III) KATHLEEN C. GILES - THE ORGANIZATION HAS ENTERED INTO A DEFERRED COMPENSATION ARRANGEMENT WITH ITS HEAD OF SCHOOL UNDER THE TERMS OF THE AGREEMENT, AN AMOUNT DETERMINED BY THE COMPENSATION COMMITTEE WILL BE CREDITED TO THE INDIVIDUAL'S ACCOUNT ON A YEARLY BASIS PURSUANT TO THE AGREEMENT, THE INDIVIDUAL BECOMES VESTED IN THE ACCOUNT UPON THE EARLIER OF THE FOLLOWING (A) THE FIFTH JULY 1ST FOLLOWING THE CREDITING OF THE AMOUNT, AND (B) THE ATTAINMENT OF THE AGE OF 62, PROVIDED IN EACH CASE THAT THE INDIVIDUAL REMAINS EMPLOYED WITH THE ORGANIZATION THE VESTING AND PAYMENT OF CREDITED AMOUNTS IS ACCELERATED IN THE EVENT OF THE INDIVIDUAL'S DEATH, DISABILITY, OR THE ORGANIZATION'S TERMINATION OF THE INDIVIDUAL'S EMPLOYMENT WITHOUT CAUSE THE HEAD OF SCHOOL RECEIVED A DEFERRED COMPENSATION PAYOUT OF \$21,469 FOR THE FISCAL YEAR 2016 AND THE AMOUNT IS ALSO REPORTED IN PART II, COLUMN B(III) PART II KATHLEEN C GILES FOR THE CALENDAR YEAR 2015. KATHLEEN C. GILES, HEAD OF SCHOOL, RECEIVED NON-TAXABLE ON-CAMPUS HOUSING, VALUED AT \$20,000 IN ADDITION, SHE RECEIVED EMPLOYER PROVIDED HEALTH INSURANCE OF \$13,956, NON-TAXABLE EMPLOYER PROVIDED LIFE INSURANCE TOTALING \$153,AND NON-TAXABLE EMPLOYER PROVIDED HEALTH SAVINGS ACCOUNT OF \$1,500 IN ADDITION, SHE PAID NON-TAXABLE HEALTH INSURANCE PREMIUM PAYMENTS WHICH TOTALED \$4,667, AND SHE MADE NON-TAXABLE CONTRIBUTIONS TO QUALIFIED TRANSPORTATION FRINGE BENEFIT OF \$1,071 AND NON-TAXABLE CONTRIBUTIONS TO LIFE INSURANCE OF $\$672\,$ ALL OF ITHESE AFOREMENTIONED NON-TAXABLE BENEFITS ARE OFFERED TO FACULTY MEMBERS AND ARE NOT EXCLUSIVE TO KATHLEEN C $\,$ GILES' lcontract PART I, LINE 7 CERTAIN INDIVIDIUALS LISTED IN PART VII, SECTION A, LINE 1(A), WERE PAID BONUSES, SEE SCHEDULE J, PART II, COLUMN A AND B(II) THESE BONUSES WERE GIVEN AT THE DISCRETION OF THE BOARD

DIRECTOR OF ADMISSIONS IN SOME INSTANCES WHERE ON-CAMPUS HOUSING IS NOT AVAILABLE, TAXABLE STIPENDS ARE ADDED TO

SUPERVISING THE STUDENTS THE ESTIMATED VALUE OF THIS BENEFIT WAS \$20,000 DURING THE YEAR WHICH IS INCLUDED IN THE

ESTIMATED NON TAXABLE VALUE FOR THIS ON-CAMPUS HOUSING IS INCLUDED IN PART VII FOR THE HEAD OF SCHOOL, CFO, AND

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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

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

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.

2015 Open to Public

DLN: 93493132069297

OMB No 1545-0047

Inspection

Schedule K (Form 990) 2015

Internal Revenue Service Name of the organization

(Form 990)

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

Employer identification number MIDDLESEX SCHOOL 04-2103821 **Bond Issues** Part I (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No MASSACHUSETTS 04-3431814 10-31-2014 17,500,000 REFINANCE OUTSTANDING Х Х 2003 MIFA BONDS AND DEVELOPMENT FINANCE AGENCY FINANCE CAPITAL CONSTRUCTIONS **Proceeds** Part II Α В С D 2 Total proceeds of issue 3 17,500,000 5 6 7,816,975 7 170,500 8 9 10 2,550,111 11 6,962,414 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 16 Χ Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Part IIII Private Business Use Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х

Х

Cat No 50193E

			A	1	В			С		<u>D</u>
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?		×							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot									
prope	counsel to review any management or service contracts relating to the financ rty?	ed								
С	Are there any research agreements that may result in private business use o	f bond-		х						
	financed property?			^						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by either than a section $501(c)(3)$ organization or a state or local government .			0 %						
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another \$501(c)(3) organization, or a state or local government	section		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds issued?			×						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of						•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonquabonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х							
Par	IV Arbitrage									
		А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed						•			
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
							I			

Page 3

period?		Х						
7 Has the organization established written procedures to monitor the requirements of section 148?	х							
Part V Procedures To Undertake Corrective Action								
	Α		В					
	Α.		В		С		D	
	Yes	No	Yes	No	Yes C	No	Yes D	No

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI

Schedule K (Form 990) 2015

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

Return Reference **Explanation**

ISSUER NAME MASSACHUSETTS DEVELOPMENT FINANCE AGENCY DATE THE REBATE

DATE REBATE COMPUTATION PERFORMED COMPUTATION WAS PERFORMED 01/07/2016

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493132069297 OMB No 1545-0047

(Form 990 or 990-EZ)

reasury	sury <u>www.irs.qov/form990.</u>					Inspection					
Name of the org MIDDLESEX SCHOOL	ganization						r identificatio	on numb	er		
						04-210	3821				
Part I Exce	ess Benefit Tr	ansaction	s (section 501(c)(3), se	ction 501(c)	(4), and 501(c)(29) organı:	zations only)				
Comp	lete if the organiz	atıon answer	ed "Yes" on Form 990, F	art IV , line 2	25a or 25b, or I	orm 990-E	Z, Part V, line	40b			
1 (a) Nam	ie of disqualified p	erson	(b) Relationship betw	veen disquali	fied person and	(c) Des	cription of	(d) Corrected?			
			org	ganızatıon		trans	action	Yes	No		
	mount of tax incu	, ,	nization managers or dis		_	•	_				
3 Enter the a	mount of tax, if ar	ny, on line 2,	above, reimbursed by th	e organizatio	n		> \$				
Col	mplete if the orgai	nızatıon ans <i>v</i>	erested Persons. wered "Yes" on Form 990 on Form 990, Part X, line		line 38a, or Fo	rm 990, Par	t IV, line 26,	or if the			
(a) Name of interested	(b) Relationship with	(c) Purpose of	(d) Loan to or from the	(e)O riginal principal	(f) Balance due	(g) In default?	(h) Approved	1	ritten ement?		

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from the organizatio	e	(e)Original principal amount	(f) Balance due	(g) defa		(h) A ppro by boai commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
Total	_	▶ \$				_			•			
Part IIII Gra	nts or Assist	ance Bene	efiting In	terested P	ersons.							

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transac		on (e) Sharing of organization's revenues?		
				Yes	No	
(1) OAK HILL CAPITAL PARTNERS II LP	SEE PART V	124,475	SEE PART V		No	
(2) OAK HILL CAPITAL PARTNERS III LP	SEE PART V	563,318	SEE PART V		No	
(3) OAK HILL CAPITAL PARTNERS IV LP	SEE PART V	785,355	SEE PART V		No	

Part V Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS II, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS 0 08% ROBERT AND ANNE BASS, TRUSTEES OF THE BOARD, HAVE SIGNIFICANT INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION 124,475 (D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS AND INVESTMENT FEES(E) SHARING OF ORGANIZATION'S REVENUES NO(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS III, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS 0 1052% ROBERT AND ANNE BASS, TRUSTEES OF THE BOARD, HAVE SIGNIFICANT INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$563,318(D) DESCRIPTION OF TRANSACTION CAPITAL CALLS AND DISTRIBUTIONS AND INVESTMENT FEES(E) SHARING OF ORGANIZATION'S REVENUES NO(A) NAME OF INTERESTED PERSON OAK HILL CAPITAL PARTNERS IV, LP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION MIDDLESEX SCHOOL'S COMMITMENT IN THE PARTNERSHIP REPRESENTS 0 3133% ROBERT AND ANNE BASS, TRUSTEES OF THE BOARD, HAVE SIGNIFICANT INTEREST IN THE PARTNERSHIP BOTH TRUSTEES RECUSE THEMSELVES FROM THE INVESTMENT DECISIONS ON THE PARTNERSHIP ALL TRANSACTIONS ARE AT FAIR MARKET VALUE (C) AMOUNT OF TRANSACTION \$785,355(D) DESCRIPTION OF TRANSACTION OF TRANSACTION SEVENUES NO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

Noncash Contributions

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

2015

OMB No 1545-0047

DLN: 93493132069297

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** MIDDLESEX SCHOOL 04-2103821 **Types of Property** Part I (b) (d) (a) (c) Check Number of contributions Method of determining Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 69 5,621,276 FMV **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other ▶ (_____

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II 31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

Cat No 51227J

32a

Yes

Yes

No

Νo

Νo

28 Other ► (_____)

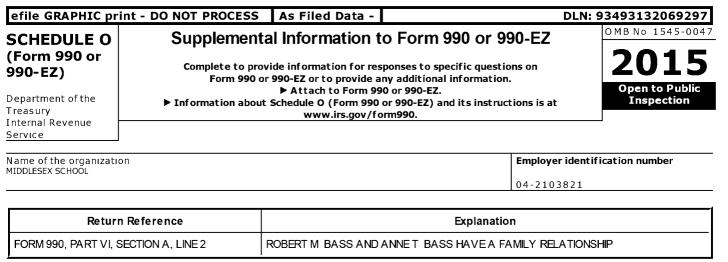
Page 2

Schedule M (Form 990) (2015)

Also complete this part for any additional information. Return Reference Explanation

Schedule M (Form 990) (2015)

PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS FOR SECURITIES IS BASED ON THE NUMBER OF GIFTS



Return Reference	Explanation
FORM 990.	ONCE THE DRAFT FORM 990 IS PREPARED, IT IS FIRST REVIEWED BY MIDDLESEX MANAGEMENT, INCLUDING THE CHIEF
PART VI.	FINANCIAL OFFICER, AND THE HEAD OF SCHOOL IT IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW
	· · · · · · · · · · · · · · · · · · ·
SECTION B,	AN AUDIT COMMITTEE MEETING IS THEN SCHEDULED TO DISCUSS THE RETURN, ANY CHANGES IN THE CURRENT YEAR, OR
LINE 11	DIFFICULTIES ENCOUNTERED, ETC AFTER THE AUDIT COMMITTEE REVIEWS AND DISCUSSES THE DRAFT AND PROPOSES
	CHANGES, IF NEEDED, THEY WILL APPROVE THE FORM 990 AS THEY DISCUSSED AFTER APPROVAL BY THE AUDIT
	COMMITTEE, AND PRIOR TO FILING, A COPY OF THE FORM 990 WITHOUT SCHEUDLE B WILL BE DISTRIBUTED TO ALL
	BOARD MEMBERS ELECTRONICALLY (OR, WHERE EMAIL IS NOT AVAILABLE, A HARD COPY OF THE FORM IS PROVIDED
	VIA MAIL) PRIOR TO THE ACTUAL FILING OF THE RETURN

Return Reference	Explanation
FORM 990,	CONFLICT OF INTEREST/GOVERNANCE QUESTIONNAIRES ARE DISTRIBUTED ANNUALLY TO ALL CURRENT VOTING BOARD
PART VI,	MEMBERS, ALL TRUSTEE EMERITI (NON-VOTING), ALL FORMER TRUSTEES THAT WERE VOTING BOARD MEMBERS WITHIN
SECTION B,	THE LAST FIVE YEARS, ALL KEY-EMPLOYEES, AND ALL FORMER KEY-EMPLOYEES THAT LEFT EMPLOYMENT WITH THE
LINE 12C	SCHOOL AT SOME POINT WITHIN THE LAST 5 YEARS IF FORMS ARE NOT COMPLETED, A SECOND REQUEST IS SENT OUT
	ALL FORMS ARE REVIEWED BY THE CHAIR OF OUR TRUSTEE AND GOVERNANCE COMMITTEE AND A SUMMARY IS
	REPORTED TO THE AUDIT COMMITTEE. IF CONFLICTS EXIST, THE CONFLICTED MEMBER ABSTAINS FROM VOTING ON ANY
	DECISIONS MADE BY THEIR RESPECTIVE COMMITTEES OR THE BOARD IT IS DOCUMENTED IN THE MEETING MINUTES WHERE
	THE VOTE IS CONCERNED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH ANNUALLY EVALUATING THE JOB PERFORMANCE OF THE PRINCIPAL SALARIED OFFICER (HEAD OF SCHOOL) THE PRESIDENT OF THE BOARD APPOINTS FOUR INDIVIDUALS TO SERVE ON THE COMPENSATION COMMITTEE. THE PRACTICE HAS BEEN TO A PPOINT THE PRESIDENT, TREASURER, AND CHAIRVICE-CHAIR OF THE TRUSTEES AND GOVERNANCE COMMITTEE. THE COMMITTEE IS ADVISED BY OUTSIDE COUNSEL WHO ATTENDS THE MEETINGS, TAKES MINUTES, AND ADVISES THE COMMITTEE MEMBERS OF ANY LEGAL ISSUES OR QUESTIONS THAT ARISE IN THE PROCESS. THE PRESIDENT OF THE BOARD ASKS ALL TRUSTEES TO COMPLETE EVALUATION FORMS AT THE SPRING BOARD MEETING. THE PRESIDENT OF THE BOARD ALSO SOLICITS ORAL COMMENTS FROM THE TRUSTEES DURING AN EXECUTIVE SESSION AT THE SPRING BOARD MEETING AS WELL AS CONDUCTS 360 DEGREE INTERVIEWS WITH SENIOR ADMINISTRATORS. IN PREPARATION FOR THE INTERVIEW WITH THE HEAD OF SCHOOL IN JUNE, THE COMPLETED TRUSTEES EVALUATION FORMS ARE SUMMARIZED FOR THE MEMBERS OF THE COMPENSATION COMMITTEE. THE HEAD OF SCHOOL ALSO PREPARES A SUMMARY OF ACCOMPLISHMENT OF THE PRIOR SCHOOL YEAR AND STATEMENT OF GOALS MET FROM THE PREVIOUS REVIEW AND ESTABLISHED FOR THE COMING SCHOOL YEAR AND STATEMENT OF INTEREST WITH THE HEAD. THE HEAD IS EXCUSED, AND THE COMMITTEE (NOT INCLUDING ANY MEMBER WHO MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED) DELIBERATES IN EXECUTIVE SESSION TO DISCUSS THE PERFORMANCE REVIEW AND TO REVIEW A COMPILATION OF COMPENSATION AND BENEFIT DATA ASSEMBLED ON A BLIND BASIS BY THE ASSOCIATION OF BUSINESS OFFICERS OF REPARATORY SCHOOLS IN ORDER TO ESTABLISH A BASIS FOR ADJUSTING THE HEAD'S COMPENSATION AND BENEFITS FOR THE COMMINE SCHOOL YEAR AFTER REACHING A CONCLUSION ON ADJUSTMENTS FOR THE COMPENSATION AND BENEFITS FOR THE COMMINE SO THE ECOMMINE YEAR THAT WOULD REPRESENT COMPENSATION BASED ON THE COMMITTEES. FEVIEW OF THE COMMITTEE, AND THE CHANGES IN COMPENSATION (IF ANY) ARE IMMEMORALIZED IN A LETTER AND WHERE NECESSARY IN AMMENDMENTS TO THE EMP

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -841,842

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related O

DLN: 93493132069297OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Employer identification number

04-2103821

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

MIDDLESEX SCHOOL

► Attach to Form 990.

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

Part I Identification of Disregarded Entities Complete	ıf the organization	answered "Yes" or	n Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t	ax 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 st		Section (13) co	g) 512(b) ontrolled city?
(1)						Yes	No
						_	
or Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (For	m 990) 2	015

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

(a) Name, address, and EIN of related organization (b) Pmary activity Repal domicile (state or foreign country) (state or foreign country) (a) Pmary activity Repal domicile (state or foreign country) (b) Pmary activity Repal domicile (state or foreign country) (b) Predominant income (related, excluded from tax under sections 512-514) (b) Predominant income (related, excluded from tax under sections 512-514)			1		1 45			
		of Share of ome end-of-yea		n) prtionat ations?	ce Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	managing partner?		
			Yes	No	7	Yes	s No	
								1
							1	
						+	+	
				1	+	+	+	
	+			1		+	+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(1 control entit	n 512 13) olled
(1) POOLED INCOME FUND (1)	POOLED INCOME FUND	МА	MIDDLESEX SCHOOL	Т				Yes	
CHARITABLE REMAINDER (2)TRUSTS (9)	CHARITABLE REMAINDER TRUSTS	МА	MIDDLESEX SCHOOL	Т				Yes	

neadle R (Form 990) 2015					Рa	ge 3
Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
. During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations l	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
f b Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gıft, grant, or capital contribution from related organization(s)				1 c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		N
g Sale of assets to related organization(s)				1 g		N
h Purchase of assets from related organization(s)				1h		N
i Exchange of assets with related organization(s)				1i		N
j Lease of facilities, equipment, or other assets to related organization(s)				1j		N
k Lease of facilities, equipment, or other assets from related organization(s)				1k		N
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		N
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Ne
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		N
s Other transfer of cash or property from related organization(s)				1 s	Yes	
If the answer to any of the above is "Yes," see the instructions for information on who must compl				ds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ı	nvolved	

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 01(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												l I	
						_							

