

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BROOKS SCHOOL	D Employer identification number 04 : 2130844
		Doing Business As	E Telephone number (978) 725-6300
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1160 GREAT POND ROAD	G Gross receipts \$ 41,622,662
		City or town, state or country, and ZIP + 4 NORTH ANDOVER, MA 01845-1298	

F Name and address of principal officer: **JOHN R PACKARD HEAD OF SCHOOL**
1160 GREAT POND ROAD, NORTH ANDOVER, MA 01845-129

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BROOKSSCHOOL.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1926** **M State of legal domicile:** **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Statement 1</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	371
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	25,220
b Net unrelated business taxable income from Form 990-T, line 34	7b	-6,533	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,656,278	Current Year 4,018,754
	9 Program service revenue (Part VIII, line 2g)	15,099,447	16,866,922
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,028,096	1,181,114
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,783,821	22,066,790
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,287,328	2,613,857
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,351,508	12,077,031
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,520,396		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,038,634	10,038,934
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23,677,470	24,729,822	
19 Revenue less expenses. Subtract line 18 from line 12	106,351	-2,663,032	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 137,342,183	End of Year 117,749,992
	21 Total liabilities (Part X, line 26)	38,160,883	34,605,978
	22 Net assets or fund balances. Subtract line 21 from line 20	99,181,300	83,144,014

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

JOHN PACKARD, HEAD OF SCHOOL
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
See Statement 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
See Statement 3

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **0** including grants of \$ **0**) (Revenue \$ **0**)

4e Total program service expenses ▶ \$ **20,310,813** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 107		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 371		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<p>For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</p>			
1a	Enter the number of voting members of the governing body	1a	27
b	Enter the number of voting members that are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9a	Does the organization have local chapters, branches, or affiliates?	9a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<input checked="" type="checkbox"/>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<input checked="" type="checkbox"/>

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ See Statement 4**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions).	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,018,754				
	g Noncash contributions included in lines 1a-1f: \$		0				
	h Total. Add lines 1a-1f		4,018,754				
Program Service Revenue	2a TUITION AND FEES		611110	16,272,991	16,272,991	0	0
	b SKATING RINK RENTAL		532000	415,330	390,110	25,220	0
	c MISCELLANEOUS		900099	142,521	142,521	0	0
	d MUSIC LESSONS		611600	36,080	36,080	0	0
	e						
	f All other program service revenue			0	0	0	0
	g Total. Add lines 2a-2f			16,866,922			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			99,741	99,741	0
4 Income from investment of tax-exempt bond proceeds			4,552	0	0	4,552	
5 Royalties			0	0	0	0	
6a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)		0	0		
		d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		20,632,693	0		
		c Gain or (loss)		19,555,872	0		
		d Net gain or (loss)		1,076,821	0	0	1,076,821
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a		0			
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19		a					
	b Less: direct expenses.	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			22,066,790	16,941,443	25,220	1,081,373	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,613,857	2,613,857		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	566,023	0	401,000	165,023
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	9,047,782	6,907,755	1,510,188	629,839
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	758,469	520,829	159,451	78,189
9 Other employee benefits	1,000,297	796,489	95,076	108,732
10 Payroll taxes	704,460	475,108	162,439	66,913
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	20,477	20,477	0	0
c Accounting	34,986	34,986	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	278,286	29,325	110,713	138,248
12 Advertising and promotion	224,419	91,315	26,883	106,221
13 Office expenses	761,380	691,913	43,078	26,389
14 Information technology	80,676	80,676	0	0
15 Royalties	0	0	0	0
16 Occupancy	2,180,334	2,016,297	115,103	48,934
17 Travel	420,410	218,820	92,621	108,969
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	18,604	0	6,613	11,991
20 Interest	1,192,226	1,192,226	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,465,878	2,293,267	147,953	24,658
23 Insurance	230,492	230,492	0	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STUDENT SERVICES AND ACTIVITIES	1,823,313	1,823,313	0	0
b MISCELLANEOUS	307,453	273,668	27,495	6,290
c				
d				
e				
f All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f	24,729,822	20,310,813	2,898,613	1,520,396
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,872,164	1	3,211,930
	2 Savings and temporary cash investments	2,654,833	2	71,378
	3 Pledges and grants receivable, net	4,273,109	3	2,145,795
	4 Accounts receivable, net	22,286	4	436,026
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	167,731	7	171,731
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,815,420	9	2,102,036
	10a Land, buildings, and equipment: cost basis	77,820,293		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	28,725,495		
		36,620,919	10c	49,094,798
	11 Investments—publicly traded securities	1,744,431	11	7,376,191
	12 Investments—other securities. See Part IV, line 11	74,875,889	12	52,667,010
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	11,295,401	15	473,097	
16 Total assets. Add lines 1 through 15 (must equal line 34)	137,342,183	16	117,749,992	
Liabilities	17 Accounts payable and accrued expenses	2,977,134	17	1,499,121
	18 Grants payable	0	18	0
	19 Deferred revenue	6,082,839	19	5,778,509
	20 Tax-exempt bond liabilities	27,237,133	20	25,614,835
	21 Escrow account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	702,777	23	674,105
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	1,161,000	25	1,039,408
	26 Total liabilities. Add lines 17 through 25	38,160,883	26	34,605,978
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,732,615	27	38,856,829
	28 Temporarily restricted net assets	33,358,221	28	22,710,675
	29 Permanently restricted net assets	21,090,464	29	21,576,510
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	99,181,300	33	83,144,014
34 Total liabilities and net assets/fund balances	137,342,183	34	117,749,992	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
b	Were the organization's financial statements audited by an independent accountant?	✓	
c	If "Yes" to lines 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 Single Audit Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. 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 ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: BROOKS SCHOOL; Employer identification number: 04 2130844

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for conservation easements including questions about purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for art and historical treasures including questions about reporting and amounts related to revenues and assets.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,548,693				
b Contributions	810,866				
c Investment earnings or losses	-11,860,264				
d Grants or scholarships	1,362,660				
e Other expenditures for facilities and programs	3,649,592				
f Administrative expenses	0				
g End of year balance	56,487,043				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 22 %
- b** Permanent endowment ▶ 39 %
- c** Term endowment ▶ 39 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	832,897	0		832,897
b Buildings	64,307,304	0	19,805,728	44,501,576
c Leasehold improvements	4,586,128	0	1,781,045	2,805,083
d Equipment	8,093,964	0	7,138,722	955,242
e Other	0	0	0	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				49,094,798

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,066,790
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,729,822
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,663,032
4	Net unrealized gains (losses) on investments	4	-13,374,254
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	-13,374,254
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-16,037,286

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,138,881
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-13,374,254
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	-13,374,254
3	Subtract line 2e from line 1	3	19,513,135
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	2,553,655
c	Add lines 4a and 4b	4c	2,553,655
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	22,066,790

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	22,176,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Losses reported on Form 990, Part IX, line 25	2c	0
d	Other (Describe in Part XIV)	2d	-2,553,655
e	Add lines 2a through 2d	2e	-2,553,655
3	Subtract line 2e from line 1	3	24,729,822
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	24,729,822

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

See Statement 8

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

BROOKS SCHOOL

Employer identification number

04 | 2130844

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	✓	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	✓	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain BROOKS SCHOOL PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY AS A MEMBER SCHOOL OF THE ASSOCIATION OF INDEPENDENT SCHOOLS OF NEW ENGLAND (AISNE).	✓	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	✓	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		✓
6a Does the organization receive any financial aid or assistance from a governmental agency?		✓
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		✓
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," attach an explanation.	✓	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization BROOKS SCHOOL	Employer identification number 04 2130844
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Part 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/>	
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/>	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is 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	<input checked="" type="checkbox"/>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<input checked="" type="checkbox"/>	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?		<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 10	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization

BROOKS SCHOOL

Employer identification number

04 2130844

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A See Statement 12									
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization BROOKS SCHOOL	Employer identification number 04 2130844
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
See Statement 13										
Total				▶ \$ 20,000						

Part III Grants or Assistance Benefiting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
MEGAN TROVAGE	CHILD OF KEY EMPLOYEE	\$27,000

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Name of the organization

BROOKS SCHOOL

Employer identification number

04 | 2130844

Area with horizontal dashed lines for supplemental information.

- Statement 1 : Activity Or Mission Description**
- Statement 2 : Mission Description**
- Statement 3 : Program Service Accomplishments**
- Statement 4 : The Books Are In Care Of**
- Statement 5 : Form990 PartVII SectionA**
- Statement 6 : Contractor Compensation**
- Statement 7 : Other Liabilities**
- Statement 8 : Supplemental Information**
- Statement 9 : Description of Procedures for Monitoring the Use of Grant Funds in the United States**
- Statement 10 : Description of Individuals' Compensation**
- Statement 11 : Explanation of Questions Regarding Compensation**
- Statement 12 : Bond Issues**
- Statement 13 : Description of Loans to and/or From Interested Persons**
- Statement 14 : Additional Information for Responses to Specific Questions for The Form 990 or Others**

Statement 1

Form: 990

Page: 1

Line Number: Part I Line 1

ActivityOrMissionDescription

BROOKS SCHOOL

04-2130844

Activity Or Mission Description

Description

BROOKS IS A COLLEGE PREPARATORY SCHOOL THAT VALUES ACADEMIC EXCELLENCE. ITS EDUCATIONAL ENVIRONMENT IS CHALLENGING BUT SUPPORTIVE, HELPING STUDENTS TO BECOME THE BEST THEY CAN BE. BROOKS BELIEVES IN THE EDUCATION OF THE WHOLE PERSON: INTELLECTUAL, SOCIAL, EMOTIONAL, PHYSICAL AND SPIRITUAL. MORAL DEVELOPMENT AND CHARACTER BUILDING ARE AN IMPORTANT PART OF THAT EDUCATION. BROOKS SEEKS TO BE A DIVERSE COMMUNITY, RECOGNIZING THE RICHNESS SUCH DIVERSITY CONTRIBUTES TO THE COMMUNITY AND TO THE EDUCATION OF ALL.

Statement 2

Form: 990

Page: 2

Line Number: Part III Line 1

MissionDescription

BROOKS SCHOOL

04-2130844

Mission Description

Description

BROOKS IS A COLLEGE PREPARATORY SCHOOL THAT VALUES ACADEMIC EXCELLENCE. ITS EDUCATIONAL ENVIRONMENT IS CHALLENGING BUT SUPPORTIVE, HELPING STUDENTS TO BECOME THE BEST THEY CAN BE. BROOKS BELIEVES IN THE EDUCATION OF THE WHOLE PERSON: INTELLECTUAL, SOCIAL, EMOTIONAL, PHYSICAL AND SPIRITUAL. MORAL DEVELOPMENT AND CHARACTER BUILDING ARE AN IMPORTANT PART OF THAT EDUCATION. BROOKS SEEKS TO BE A DIVERSE COMMUNITY, RECOGNIZING THE RICHNESS SUCH DIVERSITY CONTRIBUTES TO THE COMMUNITY AND TO THE EDUCATION OF ALL.

Statement 3

BROOKS SCHOOL

Form: 990

04-2130844

Page: 2

Line Number: Part III Line 4a

Activity

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Summer School Programs: SUMMER PROGRAM - AN EDUCATIONAL SUMMER CAMP FOR 450 CAMPERS PER WEEK FOR EIGHT WEEKS, AGES FOUR TO TWELVE AND TWO ACADEMIC CAMPS FOR 420 STUDENTS ENTERING GRADES THREE TO TWELVE. (875 STUDENTS)	\$1,267,568	\$3,113	\$1,779,000
	Extracurricular Sports Programs: SKATING RINK - USED FOR INTERSCHOLASTIC COMPETITION AS PART OF THE SCHOOL ATHLETIC PROGRAM AS WELL AS FOR INSTRUCTIONAL PURPOSES (350 STUDENTS)	\$230,266	\$0	\$234,602
	Elementary & Secondary Education: COLLEGE PREPARATORY SCHOOL FOR BOARDING AND DAY STUDENTS WITH EDUCATIONAL AND AUXILIARY SCHOOL ACTIVITIES. APPROXIMATELY 359 BOARDING AND DAY STUDENTS. (359 STUDENTS)	\$18,812,979	\$2,553,655	\$18,297,211
Total:		\$20,310,813	\$2,556,768	\$20,310,813

Statement 4

Form: 990

Page: 6

Line Number: Part VI Section C Line 20

TheBooksAreInCareOf

BROOKS SCHOOL

04-2130844

The Books Are In Care Of

Name and address:

Telephone Number

MARIE A KIBBY CONTROLLER
1160 GREAT POND ROAD
NORTH ANDOVER, MA 01845-1298

(678)725-6213

Statement 5

Form: 990

Page: 7

Line Number: Part VII Section A

Form990PartVIISectionA

Form990 PartVII SectionA

Name	Title	Hours	C1	C2	C3	C4	C5	C6	Reportable Comp From Organization	Reportable Comp From Related Orgs	Other Compensation
William N Booth	President	0	Yes		Yes				\$0	\$0	\$0
Nina DeJesus Bowman	Vice President	0	Yes		Yes				\$0	\$0	\$0
Charles E Bascom	Secretary	0	Yes		Yes				\$0	\$0	\$0
Frank A Kissel	Assistant Secretary	0	Yes		Yes				\$0	\$0	\$0
David A Rountree	Treasurer	0	Yes		Yes				\$0	\$0	\$0
Deane H Dolben	Assistant Treasurer	0	Yes		Yes				\$0	\$0	\$0
Ginger Pearson Burke	Trustee	0	Yes						\$0	\$0	\$0
Malcolm G Chace III	Trustee	0	Yes						\$0	\$0	\$0
Lammot Copeland Jr	Trustee	0	Yes						\$0	\$0	\$0
WJ Patrick Curley III	Trustee	0	Yes						\$0	\$0	\$0
Michael J Doyle	Trustee	0	Yes						\$0	\$0	\$0
Anthony H Everets	Trustee	0	Yes						\$0	\$0	\$0
Anete Goelet	Trustee	0	Yes						\$0	\$0	\$0
Steven R Gorham	Trustee	0	Yes						\$0	\$0	\$0
Paul L Hallingby	Trustee	0	Yes						\$0	\$0	\$0
Francis X Knott	Trustee	0	Yes						\$0	\$0	\$0
Dr Laura F Langer	Trustee	0	Yes						\$0	\$0	\$0
Elizabeth M Lee	Trustee	0	Yes						\$0	\$0	\$0
John D Leland Jr	Trustee	0	Yes						\$0	\$0	\$0
Carmine A Martignetti	Trustee	0	Yes						\$0	\$0	\$0
Diana D Merriam	Trustee	0	Yes						\$0	\$0	\$0
John R Packard Jr	Head of School	40	Yes			Yes	Yes		\$163,042	\$0	\$30,424
John Richards II	Trustee	0	Yes						\$0	\$0	\$0
Letitia Wightman Scott	Trustee	0	Yes						\$0	\$0	\$0
Dr Huntington Sheldon	Trustee	0	Yes						\$0	\$0	\$0
Thomas E Shirley	Trustee	0	Yes						\$0	\$0	\$0

Statement 5

BROOKS SCHOOL

Craig J Ziady	Trustee	0	Yes			\$0	\$0	\$0	
James R Pugh	Business Manager/Asst. Treasurer	40		Yes	Yes	Yes	\$160,661	\$0	\$22,398
Karen Callahan	Director of Advancement	40			Yes	Yes	\$150,543	\$0	\$25,388
John Trovage	Director of Facilities	40			Yes		\$145,293	\$0	\$27,636
Dean Ellerton	Chief Information Officer	40			Yes		\$108,998	\$0	\$25,424
Elizabeth Cahn	Director of Gift Planning	40			Yes		\$107,315	\$0	\$17,816
Judith Beams	Director of Admissions	40			Yes		\$100,749	\$0	\$19,238
Lawrence W Becker	Former Headmaster	0		Yes	Yes		\$265,740	\$0	\$33,539
Total:							\$1,202,341	\$0	\$201,863

- C1 = Individual Trustee Or Director
- C2 = Institutional Trustee
- C3 = Officer
- C4 = Key Employee
- C5 = Highest Compensated Employee
- C6 = Former

Statement 6

BROOKS SCHOOL

Form: 990

04-2130844

Page: 8

Line Number: Part VII Section B

Contractor Compensation

Contractor Compensation

Name and address:	Description Of Services	Compensation
CONSIGLI CONSTRUCTION 72 SUMMER STREET MILFORD, MA 01757	CONSTRUCTION	\$3,406,549
MC MURPHY CONSTRUCTIN COMPANY PO BOX 1510 NEWBURYPORT, MA 01950	CONSTRUCTION	\$727,274
E J PAVING COMPANY 101 LINGBERGH AVENUE METHUEN, MA 01844	ROAD CONSTRUCTION	\$139,889
ARCHITERRA INC 68 LONG WHARF BOSTON, MA 02110	ARCHITECT	\$129,779
TRUGREEN LANDCARE PO BOX 489 NORTH ANDOVER, MA 01845	LANDSCAPING	\$117,189
Total:		\$4,520,680

Statement 7

Form: Schedule D

Page: 3

Line Number: Part X

OtherLiabilities

BROOKS SCHOOL

04-2130844

Other Liabilities

Description	Amount
SPLIT INTEREST AGREEMENTS OBLIGATION	\$1,039,408
Total:	\$1,039,408

Statement 8

Form: Schedule D

Page: 4

Line Number: Part XIV

Form990ScheduleDPartXIV

BROOKS SCHOOL

04-2130844

Supplemental Information

		Explanation:
Reference:	Schedule D, Part V, Line 4	THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT ASSETS. THE INTENDED USES OF THE ENDOWMENT FUNDS ARE EDUCATIONAL AND SPECIAL PROGRAMS, FINANCIAL AID, PLANT MAINTENANCE AND GENERAL PURPOSES.
Identifier:	SchD_P05_S00_L04	
Reference:	Schedule D, Part XIII, Line 2d	FINANCIAL AID AWARDS RECORDED AS A REDUCTION OF REVENUE ON THE AUDITED FINANCIAL STATEMENTS
Identifier:	SchD_P13_S00_L02d	
Reference:	Schedule D, Part X	THE SCHOOL HAS ELECTED THE DEFERRED EFFECTIVE START DATE OF FIN 48. THEREFORE, FIN 48 WILL BE ADOPTED IN THE FY2010 ANNUAL FINANCIAL STATEMENTS.
Identifier:	SchD_P10_S00_L00	
Reference:	Schedule D, Part XII, Line 4b	FINANCIAL AID AWARDS REPORTED AS A REDUCTION OF REVENUE ON FINANCIAL STATEMENTS
Identifier:	SchD_P12_S00_L04b	

Statement 9

Form: Schedule I

Page: 2

Line Number: Part IV

Form990ScheduleIPartIV

BROOKS SCHOOL

04-2130844

Description of Procedures for Monitoring the Use of Grant Funds in the United States

Explanation:

Reference: Schedule I, Part I, Line 2

FINANCIAL AID AWARDS ARE GRANTED TO QUALIFIED STUDENTS ON THE BASIS OF NEED AS DETERMINED BY THE SCHOOL AND STUDENT SERVICE FOR FINANCIAL AID (SSS) OF PRINCETON, NEW JERSEY.

Identifier: SchI_P01_S00_L02

Statement 10

BROOKS SCHOOL

Form: Schedule J

04-2130844

Page: 2

Line Number: Part II

Form990ScheduleJPartII

Description of Individuals' Compensation

	Base compensation (\$)	Bonus and incentive compensation (\$)	Other compensation (\$)	Deferred compensation (\$)	Nontaxable benefits (\$)	Total Comp reported prior 990	
John R Packard Jr							
From org.	\$163,042	\$0	\$0	\$23,500	\$19,770	\$206,312	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
James R Pugh							
From org.	\$160,661	\$0	\$280	\$16,400	\$18,844	\$196,185	\$190,393
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Karen Callahan							
From org.	\$150,543	\$0	\$0	\$16,500	\$21,734	\$188,777	\$176,669
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
John Trovage							
From org.	\$145,293	\$0	\$0	\$12,913	\$41,819	\$200,025	\$206,880
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lawrence W Becker							
From org.	\$265,740	\$0	\$1,713	\$26,490	\$7,145	\$301,088	\$306,533
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Statement 11

Form: Schedule J

Page: 3

Line Number: Part III

Form990ScheduleJPartIII

BROOKS SCHOOL

04-2130844

Explanation of Questions Regarding Compensation

Explanation:

Reference: Schedule J, Part I, Line 1a

THE SCHOOL PROVIDES ON-CAMPUS HOUSING FOR THE HEAD OF SCHOOL AND ADMINISTRATIVE FACULTY MEMBERS.

Identifier: SchJ_P01_S00_L01a

Reference: Schedule J, Part I, Line 3

COMPENSATION FOR THE HEAD OF SCHOOL IS DETERMINED BY THE BOARD OF TRUSTEES, COMPARED AGAINST INDEPENDENT SCHOOL COMPENSATION SURVEYS AND DOCUMENTED BY A WRITTEN EMPLOYMENT AGREEMENT.

Identifier: SchJ_P01_S00_L03

Statement 12

BROOKS SCHOOL

Form: Schedule K

04-2130844

Page: 1

Line Number: Part I Column (a)

Bond Issues

Bond Issues

		Issue Price
Issuer Name	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	\$6,500,000
Issuer EIN	04-3431814	
CUSIP #	57583RA88	
Date Issued	08/11/2009	
Description Of Purpose	CONSTRUCTION AND RENOVATIONS OF BUILDINGS	
Defeased	No	
On Behalf Of Issuer	No	
Issuer Name	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	\$6,000,000
Issuer EIN	04-3431814	
CUSIP #	57584MCV5	
Date Issued	12/12/2007	
Description Of Purpose	CONSTRUCTION OF BUILDINGS	
Defeased	No	
On Behalf Of Issuer	No	
Issuer Name	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	\$17,500,000
Issuer EIN	04-3431814	
CUSIP #	57583FExx	
Date Issued	03/09/1999	
Description Of Purpose	CONSTRUCTION AND RENOVATION OF BUILDINGS	
Defeased	No	
On Behalf Of Issuer	No	

Statement 13

Form: Schedule L

Page: 1

Line Number: Part II

LoanTable

Description of Loans to and/or From Interested Persons

Name and purpose	Loan to	Loan from	Default	Approved	Written	Original principal amount	Balance due
KAREN CALLAHAN UNSECURED		Yes	No	Yes	Yes	\$20,000	\$20,000
Total:							\$20,000

Loan to = Loan to organization?
 Loan from = Loan from organization?
 Approved = Approved by board?
 Written = Written agreement?

Statement 14

Form: Schedule O

Page: 1

Line Number: ScheduleO

GeneralExplanation

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part VI, Section C, Line 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.
Identifier:	F990_P06_S0C_L19	
Reference:	Form 990, Part VI, Section A, Line 10	FORM 990 IS REVIEWED BY THE HEAD OF SCHOOL AND THEN BY THE BOARD OF TRUSTEES PRIOR TO FILING THE FORM.
Identifier:	F990_P06_S0A_L10	
Reference:	Form 990, Part VI, Section B, Line 12c	IN ADDITION TO THE SIGNED ANNUAL CONFLICT OF INTEREST, PRIOR TO THE START OF NEGOTIATION OR DISCUSSION OF FINANCIAL MATTERS, TRUSTEES AND EMPLOYEES ARE EXPECTED TO MAKE FULL DISCLOSURE OF ANY DUAL INTEREST IN A PROPOSED TRANSACTION. A TRUSTEE OR EMPLOYEE WITH A DUAL INTEREST IN A PROPOSED TRANSACTION SHALL NOT VOTE ON THE MATTER AND, DEPENDING UPON THE CIRCUMSTANCES, MAY BE EXCLUDED FROM ANY DISCUSSION OF THE MATTER. THE BUSINESS OFFICE REGULARLY MONITORS ITS CONTRACTS AND CASH DISBURSEMENTS TO DETERMINE IF THERE IS AN ACTUAL OR A POTENTIAL CONFLICT OF INTEREST WITH ANY PERSON COVERED BY THE CONFLICT OF INTEREST POLICY.
Identifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 15	COMPENSATION FOR THE HEAD OF SCHOOL IS DETERMINED BY THE BOARD OF TRUSTEES, COMPARED AGAINST INDEPENDENT SCHOOL COMPENSATION SURVEYS AND DOCUMENTED BY A WRITTEN EMPLOYMENT AGREEMENT.
Identifier:	F990_P06_S0B_L15	