Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the .	2008 ca	alendar yea		-01-2008 and ending 06-30-200	09	D Franciscon idea	- + i fi + i
		pplicable	Please	C Name of organization THE CHESHIRE ACADEMY			D Employer ide	ntification number
Add	lress ch	nange	use IRS label or	Doing Business As			06-0662113 E Telephone nu	
☐ Nar	ne cha	nge	print or type. See	Boning Business 713				
Init	ıal retu	rn	Specific Instruc-		ox if mail is not delivered to street addr	ess) Room/suite	(203) 272-5 G Gross receipt	
Ter	mınatıo	n	tions.	10 MAIN STREET			C 0.000 (000)	φ 10,020,031
☐ Am	ended	return		City or town, state or country CHESHIRE, CT 06410	, and ZIP + 4		1	
☐ App	lication	pending		CHESHIRE, CT 00410				
				ne and address of Principa	l O fficer	H(a) Is the	ıs a group return	for
			patricia 10 Mai	a willis n Street		affilia	ites?	ΓYes <b>Γ</b> Nο
				re,CT 06410		H(b) Are al	II affiliates include	d?
I Ta	x-exem	npt status	<b>▽</b> 501(c)	) (3) ◀ (Insert no )	(a)(1) or	(If"N	lo," attach a list	See instructions )
J W	eb sit	e: 🕨 WW	/W CHESH	IREACADEMY ORG		H(c) Grou	ıp Exemption Nur	nber ►
<b>K</b> Type	e of org	janization	Corporat	ion trust association o	ther 🕨	<b>L</b> Year of Fo	ormation 1937 M s	State of legal domicile CT
Pa	rt I	Sum	marv					
	1		•	e organization's mission or	most significant activities			
e e		THEAC	CADEMYP	ROVIDES EDUCATIONAI	ACTIVITIES TO APPROXIMA	TELY 375 ST	UDENTS GRADE	S 6-12
aiic								
Governance								
Ş <sub>O</sub>			,		inued its operations or disposed			
	3		_		oody (Part VI, line 1a)			13
<u>8</u>	4 5			ndent voting members of th nployees (Part V , line 2a)	e governing body (Part VI, line 1	D)		203
Activities &	1			olunteers (estimate if nece:			6	0
Ş.					Part VIII, line 12, column (C)		_	154,248
					Form 990-T, line 34		7b	0
						Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h	)		1,458,674	710,607
all l	9	Progra	ım service	revenue (Part VIII, line 2g	)		15,038,172	14,893,824
Rayen	10	Invest	tment incor	ne (Part VIII, column (A),		304,276	246,033	
_	11		-	art VIII, column (A), lines		84,395	150,569	
	12	Totalı 12)	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lii	ne	16,885,517	16,001,033
	13		and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)		2,015,030	2,110,607
	14	Benefi	ts paid to c	or for members (Part IX, co	lumn (A), line 4)			0
ø,	15		es, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5 –	7 412 820	9 275 420
Expenses	16-	10)	aranal fund	raising fees (Part IX, colui	mn (A.) lung 1.1 g)		7,413,829	8,275,429
<u>क</u>	16a b				,			0
Δ	17			penses, Part IX, column (D), line (Part IX, column (A), lines	·		6,341,650	5,833,173
	18				ual Part IX, line 25, column (A))		15,770,509	16,219,209
	19			penses Subtract line 18 fro			1,115,008	-218,176
<u> 8 %</u>			.,			Beginn	ing of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			28,080,152	27,439,277
Ass IBa	21		,	Part X, line 26)			9,215,126	10,081,885
2 5 2 5 2 5	22		•	d balances Subtract line 2	21 from line 20		18,865,026	17,357,392
	t II		ature Blo					21,7001,7002
		Under p	enalties of pe	erjury, I declare that I have exan	nined this return, including accompanyin			
D! -		l.		correct, and complete Declaration	on of preparer (other than officer) is bas	ed on all informat I	tion of which prepare	r has any knowledge
Please Sign		****   Sign	*** ature of office	er e e e e e e e e e e e e e e e e e e		2010 Date	-05-07	
Here		[ ]				Date		
			icia willis chie: e or print nam	f financial officer ie and title				
		Preparer			Date	Check If	Preparer's PTIN (	See Gen Inst )
Paid		signatur		a J Matocha		self- empolyed •		· /
Prepa	arer's	Firm's na	ame (or your	s L T M BYXBEE COMPANY PC		c.iipoiycu F		
Use (		ıf self-er	nployed), and ZIP + 4	<b>)</b>			EIN Þ	
		4441033,	3.13 EH T T	1 0 20% 107 105			Phone no 🕨 (20	03) 281-4933
Mav t	he IP	L S discus	s this retii	rn with the preparer shown	above? (See instructions) .			▼ Yes

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza	tion's mission				
See A	dditional Data Table					
2	Did the organization und the prior Form 990 or 99			the year which we	re not listed on	Yes 🔽 No
	If "Yes," describe these	new services on Schedul	e O			
3	Did the organization ceases	se conducting or make s	gnıfıcant changes ın h	now it conducts an	y program 	Yes 🔽 No
	If "Yes," describe these	changes on Schedule O				
4	Describe the exempt pur Section 501(c)(3) and (4 others, the total expense	l) organizations and 494	7(a)(1) trusts are req	uired to report the		
4a	(Code	) (Expenses \$ 13 XIMATELY 375 STUDENTS-GRA	,107,422 including grant DES 6-12	ts of \$	) (Revenue \$	14,893,824 )
	THE SOLISE OF THE MOS	armiezi 373 di apzinia anni	520 0 12			
4b	(Code	) (Expenses \$	including grants	s of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants	s of \$	) (Revenue \$	)
4d		(Describe in Schedule				
	(Expenses \$		grants of \$		enue \$	)
4e	Total program service e	expenses \$ 13	,107,422 Must equa	al Part IX, Line 25, d	column (B).	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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? If "Yes," complete Schedule C, Part III	5		
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? 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 ? If "Yes," complete Schedule F, Part $I$	14b		No
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>	15		No
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? If "Yes," complete Schedule F, Part III	16		No
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>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		No

### 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			
а	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)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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	27			
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 ven	dors and reportable	4 -		
2-	gaming (gambling) winnings to prize winners?	i .		1c		
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		203			
b	If at least one is reported in 2a, did the organization file all required federal employ	ment t	ax returns?	2b	Yes	
3a	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the Did the organization have unrelated business gross income of \$1,000 or more dur					
L	return?			3a	Yes	
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So At any time during the calendar year, did the organization have an interest in, or a			3b	Yes	
<del>''</del> a	over, a financial account in a foreign country (such as a bank account, securities a	_	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , if Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	etax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to	7c		Νo
الد	file Form 8282?	   7d		/c		IN O
u	If fes, indicate the number of Forms 6262 med during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	Form 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?		, 			
	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related personal tribution by the organization make a distribution to a donor, donor advisor, or related personal tributions and the organization make a distribution to a donor, donor advisor, or related personal tributions and the organization make a distribution to a donor, donor advisor, or related personal tributions and the organization make a distribution to a donor, donor advisor, or related personal tributions and the organization make a distribution to a donor, donor advisor, or related personal tribution to a donor advisor and tribution tribution to a donor advisor and tribution			9b		
10	Section $501(c)(7)$ organizations. Enter	,,,,		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
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.)

about policies not required by the internal kevenue code.)	
Section A. Governing Body and Management	

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 13								
Ь	Enter the number of voting members that are independent 13								
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		Νο					
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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
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	Yes						
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								

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PATRICIA WILLIS chief financial off THE CHESHIRE ACADEMY 10 MAIN ST cheshire, CT 06410 (203) 272-5396

# 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. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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 the organization did r	ot compens	ate any	offic	er, d	lırec	tor, tru	uste	or key employee		
		Posit t	(C tion ( hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Ronald Feinstein , SECRETARY	8 00	Х		Х				0	0	0
FRANCIS T CORCORAN , TRUSTEE	8 00	X						0	0	0
JAMES F ELLIMAN JR , TRUSTEE	8 00	Х						0	0	0
STEVEN MILLIGAN , TRUSTEE	8 00	Х						0	0	0
CHRISTOPHER J TENNYSON , TRUSTEE	8 00	Х						0	0	0
JOHN J WHITE , TRUSTEE	8 00	X						0	0	0
david g jepson , CHAIRMAN	8 00	Х		Х				0	0	0
richard cerrone , trustEE	8 00	X						0	0	0
donald rosenberg , vice chair/treasurer	8 00	X		Х				0	0	0
MICHAEL A BELFONTI , TRUSTEE	8 00	Х						0	0	0
BRETT F STUART , TRUSTEE	8 00	Х						0	0	0
PATRICIA WILLIS , CHIEF FINANCIAL OFFICER	40 00				Х			122,323	0	13,536
SANDRA WIRTH , INTERIM HEAD OF SCHOOL	40 00				Х			164,160	0	15,076
JOSEPH GOULART JR , FORMER INTERIM HEAD OF S	40 00						х	145,672	0	18,409

### Part VII Continued

<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director		appl	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total			•				<b>&gt;</b>	432,155	0	47,021

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

( <b>A</b> ) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
CS Margison Inc 28 Round Hill Road Farmington, CT 06034	Building Contractor	1,216,882
Sage Dining 222 Bosley Avenue Suite B7 Towson, MD 21204	Food Service	1,067,127
Stein Troost Architecture One Morgan Avenue Norwalk, CT 06851	Architects	149,444
B & B Transportation Inc 22 Old Amity Road Bethany, CT 06524	Bus Company	122,968
2 Total number of independent contractors (including those in 1) w	·	4

Statement of Revenue

					( <b>A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	<b>(D)</b> Revenue Excluded from Tax under IRC
	1a	Fodorated car	mnaigns 1a			Revenue		512, 513, or 514
इ इ	ь		npaigns <b>1a</b> lues					
Tall Officer			1b					
્રે. He	С	Fundraising e	vents <b>.</b> <b>1c</b>					
≣ੁਛ	d		ızatıons1d					
sins,	e		nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above						
를 다 다 다 다	g	<b>1f</b> Noncash contributions included in						
ဝင်း	h		es 1a-1f)		710,607			
	"	Total (Add IIII		<u> </u>				
<u>a</u>	2a	Tuition & Summe	er Progr	Business Code 611,710	14,655,045	14,655,045		
۲em	b	Other Income	er Flogi	611,710				
<u> </u>	c	- Citel Income		611,710	238,779	238,779		
ИСе	d							
Š	e							
ran	f	All other prog	ram service revenue					
Program Serwce Revenue	g	Total. Add line	es 2a-2f					
		<b>&gt;</b> \$ 14,893,82	24					
	3		icome (including divi	· ·	285,014			285,014
			amounts)	▶	203,011			205,011
	4		estment of tax-exempt b	ond proceeds				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) Kedi	(II) I CISOIIGI				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	429,867					
		assets other than inventory						
	ь	Less cost or other basis and	468,848					
	С	sales expenses Gaın or (loss)	-38,981					
	d	Net gain or (lo	,		-38,981			-38,981
	8a		from fundraising	. <u>►</u>				
		events (not ın	_					
пе			ns reported on line					
Other Revenue		1c) See Part Attach Schedui	IV , line 18 le G if total exceeds					
æ			a					
her	ь		xpensesb					
ᅙ	С	Net income or	(loss) from fundrais	ıng events . ▶-				
	9a	Gross income	from gaming part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	<i>a</i>					
	ь	Less direct e	xpensesb					
	С		(loss) from gaming	activities •				
	10a	Gross sales o	f inventory, less					
		returns and al	lowances . a	40.000				
	ь	Less cost of	goods sold <b>b</b>	40,808 58,710				
	С		(loss) from sales of	· .	-17,902			-17,902
		Miscellaneou	ıs Revenue	Business Code				
	11a	summer camp	S	721,210	154,248		154,248	
	Ь	Rents		531,390	14,223			14,223
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 168,471				
	12		<b>e.</b> Add lines 1h, 2g, 3		16,001,033	14,893,824	154,248	242,354
		8c, 9c, 10c, and 1	11e	. •				

## Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	2,110,607	2,110,607		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	305,000		305,000	
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	5,869,474	4,916,957		217,629
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	233,402	179,094	39,256	15,052
9	Other employee benefits	1,343,816	1,168,548	137,776	37,492
10	Payroll taxes	523,737	400,284	89,238	34,215
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,862,581	1,462,378	329,023	71,180
12	Advertising and promotion	96,356		94,844	1,512
13	Office expenses				
14	Information technology	71,514	56,054	2,088	13,372
15	Royalties				
16	Occupancy	797,629	797,629		
17	Travel	210,535	95,003	110,407	5,125
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	56,830	25,276	27,825	3,729
20	Interest	349,279		349,279	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,040,692	958,581	82,111	
23 24	Insurance	169,699	150,034	14,215	5,450
а	miscellaneous	394,358	290,654	49,524	54,180
	supplies	390,954	354,959	30,489	5,506
c	other expenses	88,264	9,046	79,218	.,
d	printing and publicatio	61,963	33,120	11,168	17,675
e	postage and delivery	60,997	5,770	30,797	24,430
f	All other expenses	181,522	93,428	77,567	10,527
25	Total functional expenses. Add lines 1 through 24f	16,219,209	13,107,422	2,594,713	517,074
26	Joint Costs. Check  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	Dart Y	Ralance	Sheet
----------------------	--------	---------	-------

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 366,381		End of	2,785,724
	2	Savings and temporary cash investments	•		1,880,258			100,955
	3	Pledges and grants receivable, net			819,410			341,655
	4	Accounts receivable, net			65,955			34,527
	5	Receivables from current and former officers, directors, trustees	mployees or	30,000	+		01,027	
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•	•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of $3000000000000000000000000000000000000$	Schedu	le L		6		
	7	Notes and loans receivable, net		142,933	7		192,288	
	8	Inventories for sale or use			32,781	8		38,980
\$	9	Prepaid expenses and deferred charges			108,432	9		112,361
Assets	10a	Land, buildings, and equipment cost basis	10a	31,580,186				
~4	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	11,494,225		10c	2	0,085,961
	11	Investments—publicly traded securities			4,986,353	-		3,740,808
	12	Investments—other securities See Part IV, line 11 Complete Pa			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12		
	13	Schedule D  Investments—program-related See Part IV, line 11 Complete Part IV, line IV, li	I					
		of Schedule D .				13		
	14 15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule			8,262	14		6,018
	13	D			0,202	15		0,010
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			28,080,152	16	2	7,439,277
	17	Accounts payable and accrued expenses .			607,186	17		395,359
	18	Grants payable			18			
	19	Deferred revenue			19			
10	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability	•	•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		•	7,100,068	23		7,204,733
	24	Unsecured notes and loans payable				24		
	25	Other liabilities			1,507,872	25		2,481,793
	26	<b>Total liabilities.</b> Add lines 17 through 25			9,215,126	26	1	0,081,885
es		Organizations that follow SFAS 117, check here ▶	let e lir	nes 27				
anc	27	Unrestricted net assets			13,501,637	27	1	2,687,659
Fund Balance	28	Temporarily restricted net assets			1,946,733	28		1,252,400
<u> </u>	29	Permanently restricted net assets			3,416,656			3,417,333
Ë		Organizations that do not follow SFAS 117, check here	d com	olet e				
or F		lines 30 through 34.	-					
9	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			18,865,026	33	1	7,357,392
	34	Total liabilities and net assets/fund balances			28,080,152	34	2	7,439,277
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Part XT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133020030

**Employer identification number** 

OMB No 1545-0047

### **Public Charity Status and Public Support**

(Form 990 or 990EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

**SCHEDULE A** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE	незнік	RE ACADEMY						06	-066211:	2	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio				
				ation because it is (Please	•	-			111001 000	101107	
1				nurches, or association of ch					(A)(i).		
2	굣	A school de	escribed in <b>Sec</b> l	tion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E )					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Γ	A medical	research organi	zation operated in conjunction	on with a l	hospital d	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	$\sqcap$	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın
		Section 170(b)(1)(A)(iv). (Complete Part II )									
6	$\Gamma$	A federal, s	tate, or local g	overnment or governmental	unıt descr	rıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public
		described i	n <b>Sect ion 170(</b> l	o)(1)(A)(vi) (Complete Pari	tII)						
8	Γ	A commun	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	<b>(vi)</b> (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10		_	=	and operated exclusively to	-		•				•
11	Г	_	=	and operated exclusively for					•	•	•
				orted organizations describe type of supporting organizat						Section 5	<b>09(a)(3).</b> Check
		_	ype I <b>b</b>			•	nally Integ	_	'' d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is			-		one or mor	e disquali	fied persons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (	described	ın sectior	n 509(a)(1) or
_		section 50		d =	tha IDC	- +6-+ .+	a Tuna I	Tuna II a	. Tuna III		
f		check this		d a written determination fro	m the IRS	S LIIAL IL IS	a Type I,	Type II o	r Type III	Supportin	ig organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<b>!</b>		,
		following pe									
			·-	r indirectly controls, either a		-	th persons	describe	d in (ii)	<u> </u>	Yes No
			· -	ng body of the the supported	_	tion				11g	
			•	erson described in (i) above						11g(	
L				ty of a person described in (						11g(	···)
h		Provide the	i lollowing inloff	mation about the organizatio	ns the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(v) Did v	ou notify	(vi) T	s the	(vii) A mount of
		orted	(11) 2111	(described on lines 1 - 9		ation in		nızatıon		ation in	support?
		ıızatıon		above or IRC section	col (i)		ın col <b>(i</b>	) of your		rganızed	
				(See Instructions))		verning	supp	ort?	ın the	US?	
						ment?	Vac	No	Vaa	No.	-
					Yes	No	Yes	No	Yes	No	
						<del>                                     </del>	<del> </del>				
						<del>                                     </del>					
						<b>-</b>	+	-			-

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude 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 line 1-3							
	The portion of total contribution by each							
Э	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support				ı	1		
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
•	sources Net income from unrelated business							
9	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 instruction	ns )			12		
13	First Five Years. If the Form 990 is for the	organization's fi	ırst, second, thır	d, fourth, or fifth	ntax year as a 5	01(c)(	3)	
	organization, check this box and stop here	-	, ,	, ,	,	. , ,	,	<b>▶</b> □
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvı	ded by line 11 co	olumn (f))		14		
15	Public Support Percentage for 2007 Sched	lule A , Part IV - A	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13,	and line 14 is 3	3 1/3% or more,	check	this box	
	and stop here. The organization qualifies as							<b>►</b> □
b	33 1/3% Test - 2007. If the organization di			•	15 is 33 1/3% c	r more,	check th	
	box and <b>stop here.</b> The organization qualifi							▶□
17a	10% Facts and Circumstances Test - 2008.	•			, ,			
	more, and if the organization meets the "factoring		· ·					. —
<b>L</b>	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							<b>►</b>
D	more, and if the organization meets the "fa-							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							
	instructions		,	•	,			<b>▶</b> □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support	keu tile box o	ii iiile 9,01,Pai	(1. )			
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	(4) 2007	(e) 2000	(I) I Otal
-	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 Tax revenues levied for the						
4	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts 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						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						
То	tal Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2004	(6) 2003	(6) 2000	(4) 2007	(6) 2000	(i) i otai
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 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						
13	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>►</b> □
	munication of Dublic Comment Des						
15	Public Support Percentage for 2008 (line		dad by line 12 a	olumn (fi)		145	
		• •	•	Orallili (1))		15	
16	Public Support Percentage for 2007 Sche	aule A, Part IV -	A, line 2/g			16	
		<b>D</b>					
	mputation of Investment Income			40 1 20		<del>                                     </del>	
17	Investment Income Percentage for 2008 (				))	17	
18	Investment Income Percentage from 2007	'Schedule A, Pa	rt IV-A, line 27	h		18	

19a 33 1/3% 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 **33 1/3% 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

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

▶□

Part II Supplemental Information. Complete this part to provide the information required by Pa	art II, line 10;
Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (s	see instructions)
Facts and Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 06-0662113

Name: THE CHESHIRE ACADEMY

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Cheshire Academy is a college preparatory, boarding and day school in the New England tradition serving students Middle School through a Post-Graduate year with the following mission: Believing in the value of each human being and the richness of a diverse community, Cheshire Academy exists to provide a quality educational experience in a caring environment where individuals take responsibility for their personal growth so that they reach their full potential and make a difference in the world.

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** THE CHESHIRE ACADEMY 06-0662113 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

# 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.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

\$ -

(ii) Assets included in Form 990, Part X

**-** \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►** \$

**b** Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	Organizations Maintaining Co	liections of Art,	1113	to i i					(00	munueu j
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing that ar	e a significant i	use of its co	ollection	ו	
а	Public exhibition		d	Γ	Loan or exc	hange programs	5			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how	they	y further the o	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as p	art o	fthe	organızatıon	's collection?			Yes	☐ No
Par	Trust, Escrow and Custodial A Part IV line 9 or reg orted an an					anızatıon ansv	vered "Ye:	s" to Fo	orm 9	90, 
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				<u> </u>	A mou	ınt	
_	Paginning halana					10		Aillou		
c d	Additions during the year					1c 1d				
e	Additions during the year  Distributions during the year					1e				
f	Ending balance					1f				
' 2a	Did the organization include an amount on Fo	erm 000 Part V lina	212						Yes	
	-		21,					'	res	) NO
	If "Yes," explain the arrangement in Part XIV		200		ad "Vac" to	Form 000 Do	rt IV Juno	10		
Par	t V Endowment Funds. Complete	(a)Current Year		Mere )Prior		vo Years Back (d			)Four Ye	ears Back
1a	Beginning of year balance	4,736,415		,	(-7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>,</b> ,	
b	Contributions	29,839								
С	Investment earnings or losses	-878,642								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	288,554								
f	Administrative expenses									
g	End of year balance	3,599,058								
2	Provide the estimated percentage of the yea	r end balance held as	s							
а	Board designated or quasi-endowment	2 000 %								
ь	Permanent endowment - 98 000 %									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat a	are held and a	administered foi	r the			
	organization by	•							Yes	No
	(i) unrelated organizations			•				3a(i)	Yes	
_	(ii) related organizations							3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organization	•						3b		<u> </u>
4	Describe in Part XIV the intended uses of th					2rt V line 40				
D	The Investments land Duildings			-u	OLIII 990. P	a.ı x 11110 111				
Par	VI Investments—Land, Buildings	s, and Equipmen	IL. 3		•	•				
Par	Description of investment	s, and Equipmen	it. 3	(a)	Cost or other s (Investment)	(b)Cost or other basis (other)	(c) Depred	ciation	( <b>d</b> ) Bo	ok value
	<u> </u>	s, and Equipmen	it. 3	(a)	Cost or other	(b)Cost or other	(c) Depred	ciation	( <b>d</b> ) Bo	
<b>1</b> a L	Description of investment	s, and Equipmen		(a)	Cost or other	(b)Cost or other basis (other)	(c) Depred	31,669	. ,	226,904
b E	Description of investment	s, and Equipmen		(a)	Cost or other	(b)Cost or other basis (other)	(c) Depred		. ,	226,904
1a L b E c L	Description of investment	s, and Equipmen		(a)	Cost or other	(b)Cost or other basis (other)	(c) Depred		. ,	226,904
1a L b E c L d E	Description of investment  and			(a) bası	Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprec		1	ok value  226,904 7,768,940 2,090,117

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value		d of valuation - year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Sec	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation - year market value
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			( <b>b</b> ) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ADVANCE TUITION	2,183,669		
STUDENT FUNDS	51,870		
ACCRUED SALARIES AND RELATED EXPENSES	56,070		
INTEREST RATE SWAPS	190,184		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2,481,793		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,001,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,219,209
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-218,176
4	Net unrealized gains (losses) on investments	4	-1,289,458
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,289,458
10		10	-1,507,634
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial	le per ketu	12,672,142
	statements	1	,
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	158	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	-1,289,458
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	13,961,600
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 2,039,	133	
c	Add lines <b>4a</b> and <b>4b</b>	. 4c	2,039,433
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)		16,001,033
Part	Reconciliation of Expenses per Audited Financial Statements With Exper	ses per Re	
1	Total expenses and losses per audited financial statements	. 1	14,179,776
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	,	710	
е	Add lines 2a through 2d	. 2e	58,710
3	Subtract line 2e from line 1	. 3	14,121,066
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	. 4c	2,098,143
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	16,219,209

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	INCOME FROM ENDOWMENT FUNDS IS TO BE USED FOR FACULTY ENRICHMENT, SCHOLARSHIPS AND CAPITAL IMPROVEMENTS
Part XII, Line 4b - Other Adjustments		Books Sales - COGS -58710 financial aid netted against revenue on financial statements 2098143
Part XIII, Line 2d - Other Adjustments		Bookstore cost of sales 58710
Part XIII, Line 4b - Other Adjustments		financial aid netted against revenue on financial statements 2098143

### OMB No 1545-0047

# **Schools**

Department of the Treasury Internal Revenue Service

SCHEDULE E (Form 990 or 990-EZ)

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

2008

Open to Public Inspection

Name of the organization THE CHESHIRE ACADEMY  Employer identifi				
	06-066	52113	T	
		_	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chart other governing instrument, or in a resolution of its governing body?	ter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe I please explain  NOTICE OF NONDISCRIMINATORY POLICY IS PUBLISHED IN THE MERIDEN record JOURNAL and courant	n a way If "No,"	Yes	
4	Does the organization maintain the following?			
ē	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
ŀ	b Records documenting that scholarships and other financial assistance are awarded on a racially nondisc basis?	rımınatory <b>4b</b>	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dea with student admissions, programs, and scholarships?	aling 4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement of the separ	, 		No
				110
ŀ	b Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	<u>5c</u>		No
C	d Scholarships or other financial assistance?	5d		No
•	e Educational policies?	<u>5e</u>	+	Νo
f	f Use of facilities?	5f	-	Νo
ç	g Athletic programs?	<u>5g</u>		No
ŀ	h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate st	tatement )		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
ŀ	h Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 thro	ugh 4 05		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	n   <b>7</b>	Yes	1

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DLN: 93493133020030 OMB No 1545-0047

2008

Employer identification number

06-0662113

Department of the Treasury Internal Revenue Service Name of the organization

THE CHESHIRE ACADEMY

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion

Part I General Inform	mation on Gra	nts and Assistance	e			L	
<ul> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the o</li> </ul>	d to award the gra	nts or assistance?					F Yes Γ I
Form 990, Part I Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rece	eived more than \$5,0		tes. Complete if the of the first the office of the conference of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•	_	
3 Enter total number of oth For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</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
WORKSHOPS, CONFERENCES	25	12,464			
STUDENT SCHOLARSHIPS/FINANCIAL AID	102	0	2,098,143	воок	TUITION DISCOUNT

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See	A ddıtıonal	Data	Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants and other assistance in furtherance of the institution's exempt programs are made in accordance with procedures or subject to conditions established by the Academy Grants and other assistance are supported by appropriate documentation and approvals
	•	Schedule T (Form 990) 2008

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DLN: 93493133020030

OMB No 1545-0047

2008

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.

Open to Public **Inspection** 

Nan	ne	of	t he	orga	nizat	io:
THE	CH	IFSI	HIRE	ACAD	FMY	

**Employer identification number** 

06-0662113

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to i					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationg organization's CEO/Executive Director Check all the					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control [	payment	:?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o	,	, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

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

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

Note. The sum of columns (B)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
	(ı) (ıı)	164,160				15,076	179,236	115,716	
	(I) (II)	145,672				18,409	164,081	162,000	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2008

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation

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DLN: 93493133020030

OMB No 1545-0047

**Supplemental Information to Form 990** 

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

(Form 990)

**SCHEDULE 0** 

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization THE CHESHIRE ACADEMY

Employer identification number

06-0662113

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE ACADEMY PROVIDES A COPY OF THE FORM 990 TO ALL BOARD MEMBERS AND ALLOWS A TWO WEEK PERIOD FOR THEIR REVIEW AND COMMENTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ACADEMY REQUIRES THAT ALL BOARD MEMBERS ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST

ldentifier Return Reference		Explanation					
Form 990, Part VI, Section B, line 15		THE HEADMASTER'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS OR A SUBCOMMITTEE OF THE BOARD					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section C, line 19		THE ACADEMY MAKES ITS GOVERNING DOCUMENTS, FNANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON THEIR REQUEST						

Identifier	Return Reference	Explanation
		Part XI, Line 2c Committee oversight of the audited financial statements. The Academy's finance committee is responsible for the review and approval of the audited financial statements. The auditors present the audited financial statements to the board of trustees.

DLN: 93493133020030

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

## **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

		See separate instructions	s. FAttach	to your tax	et urn.			Sequence No <b>67</b>
Name(s) shown on return		Business or a	ctivity to which	this form re	lates	Iden	t if y ing	j number
THE CHESHIRE ACADEM	Y	F 000 P	10			,,,		1.3
Part I Election 7	To Evnonco (	Form 990 Pag Certain Property Un		170		06-0	06621	13
	-	isted property, comple			nnlete Pai	rt I		
		for a higher limit for cert					1	250,000
		ced in service (see instru					2	
		y before reduction in limit	•	uctions)		•	3	800,000
			-	uctions)		•		000,000
		from line 2 If zero or les	•			•	4	
	•	line 4 from line 1 If zero	or less, enter - 1	0- If marrie	filing		_	
separately, see instruc	tions				• •	• •	5	
			(h) Cost	/husiness iii				1
<b>(a)</b> D	escription of pro	perty	1	(business us only)	(c) EI	ected	cost	
6								1
								7
7 Listed property Enter	the amount from	line 29		. 7				
8 Total elected cost of se	ection 179 prop	erty Add amounts in colu	ımn (c). lınes 6	and 7 .	·		8	
9 Tentative deduction E		·	(0),			-	9	
10 Carryover of disallowed					• •		10	
11 Business income limitation		·		oo instructions)				
						•	11	
12 Section 179 expense of				n line 11	· · ·	•	12	
13 Carryover of disallowed				.▶ 13				
Note: Do not use Part .			•					
•		Allowance and Other	-				roperty I I	(See instructions)
14 Special depreciation al		lified property (other than	listed property	) placed in s	ervice durii	ng the	14	
tax year (see instruction	•	. 1					$\vdash$	
15 Property subject to sec		election				•	15	
16 Other depreciation (inc		<u> </u>					16	1,040,692
Part IIII MACRS De	preciation (I	Do not include listed p		ee instructi	ons.)			
17 MACDS deductions for	acceta placed :		ction A				17	
17 MACRS deductions for			_			•	17	
<b>18</b> If you are electing t		<u>-</u>	<del>-</del>	=				
	<u> </u>	re					<u> </u>	
Section B—Asse	ets Placed in	Service During 200	18 lax Year	Using the	General	рер	<u>recia</u>	tion System
	(b) Month and	(c) Basıs for depreciation						
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Conver	ition (f)	Metho	od	(g)Depreciation
property	service	use	period					deduction
		only—see instructions)						
19a 3-year property								
<b>b</b> 5-year property								
c 7 - year property								
d 10-year property								
e 15-year property  f 20-year property				1				
g 25-year property			25 yrs			S/L		
				MM		5/L S/L		
h Residential rental property			27 5 yrs 27 5 yrs	MM		5/L S/L		
			39 yrs	MM	+	5/L S/L		
i Nonresıdentıal real property			39 yıs	MM		5/L S/L		
	n C—Assets Dlad	Led in Service During 2008	R Tay Vear Hein	<u> </u>			Svete	ım
20a Class life	II C—ASSELS FIA	Lea in Service During 2008	s lax leal Usilly			S/L	Jayste	<del>:III</del>
<b>b</b> 12-year	1		12 yrs	+		S/L		
<b>c</b> 40-year			40 yrs	ММ		S/L		
·	ı <b>y</b> (See ınstrud	ctions)	. 5 , 15	1 11111		-,-		
21 Listed property Enter a		•					21	
22 Total. Add amounts fro			and 20 in colum	nn (a) and li	ne 21 Ente	r here		
	•	curn Partnerships and Sc					22	1,040,692
23 For assets shown abov	·	·	•	e			•	
portion of the basis att			· · · ·	23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44