	for an Exempt Orga	uthorization inization		OMB No 1545-1878
Department of the Treasury Internal Revenue Service	For calendar year 2014 or liscal year beginning 7/01 20 ► Do not send to the IRS. Keep fo ► Information about Form 8879-EO and its instructio	r your records. Ins is at www.irs.gov/for	m8879eo.	2014
Name of exempt organization			Employer identifica	
The second	IAMI COUNTRY DAY SCHOOL, INC.		59-12789	987
and the second s	ARY BUTTS			
CO Part I Type of Re	eturn and Return Information (Whole Dollars C)nly)		
	for which you are using this Form 8879-EO and enter the ap		on the return of	Evou
	3a, 4a, or 5a, below, and the amount on that line for the retu			
	5b, whichever is applicable, blank (do not enter -0-) But, if ye			
	not complete more than 1 line in Part I			
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column	n (A), line 12)	1b	39,645,16
2a Form 990-EZ check here			2b	
	ere 📐 b Total tax (Form 1120-POL, line 22)		3b	
4a Form 990-PF check here			4b	
5a Form 8868 check here 🕨	b Balance Due (Form 8868, Part I, line 3c or Part II.	line 8c)	5b	
Devid II. Devide it				
	on and Signature Authorization of Officer		6.0	
	declare that I am an officer of the above organization and that			
	c return and accompanying schedules and statements and to te. I further declare that the amount in Part I above is the am			еу
	rn. I consent to allow my intermediate service provider, trans			0)
	turn to the IRS and to receive from the IRS (a) an acknowled			
	son for any delay in processing the return or refund, and (c) t			
	and its designated Financial Agent to initiate an electronic fur			
financial institution account in	idicated in the tax preparation software for payment of the or	rganization's federal taxe:	s owed on this	
return, and the financial instill	ution to debit the entry to this account. To revoke a payment	, I must contact the U S	Treasury Financ	cial
	later than 2 business days prior to the payment (settlement)			
	the electronic payment of taxes to receive confidential inform			
	payment_I have selected a personal identification number (F		ne organization'	s
alectronic return and it applic				
oroterine roterin ana, ir appre	cable, the organization's consent to electronic funds withdrav	wal		
Officer's PiN: check one bo	0	wal		
Officer's PIN: check one bo	ox only		8987 as n	ny signature
Officer's PIN: check one bo	0	to enter my PIN 7	8987 as n ar five numbers, bi	ny signature ut
Officer's PIN: check one bo	aroniy deja & De Armas, LLP	to enter my PIN 7	001	
Officer's PIN: check one bo	aroniy deja & De Armas, LLP	to enter my PIN 7 Ente do r	er five numbers, b lot enter all zeros	ut
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Form	99	0

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

Departr Internal	ment of the Treasu	Py Do not enter social security numbers on this form as it may be information about Form 990 and its instructions is at www.			Open to Public Inspection
AF	or the 2014 c	alendar year, or tax year beginning $07/01/14$, and ending $06/30$			
	eck if applicable:	C Name of organization		D Employe	r identification number
Ad	dress change	MIAMI COUNTRY DAY SCHOOL, INC.			
П	me change	Doing business as	1 T		278987
E	Ŭ	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
	tial return nal return/	601 NE 107 ST City or town, state or province, country, and ZIP or foreign postal code	_	305-	779-7200
	minated		and the second s		20 645 160
An	nended return	MIAMI FL 33161 F Name and address of principal officer:	1	G Gross rece	eipts\$ 39,645,169
	plication pending	GARY BUTTS	H(a) Is this a gro	oup return for se	ubordinates? Yes X No
	, , J	601 NE 107 ST	H(b) Are all sub	ordinates inclu	uded? Yes No
		MIAMI FL 33161			(see instructions)
-	ebsite: V	X 501(c)(3) 501(c) () 4(insert no.) 4947(a)(1) or 527 WW.MIAMICOUNTRYDAY.ORG		and a Maria and a second	
-	ensite:		H(c) Group exe Vear of formation:		M State of legal domicile: FL
Pa		mmary	- Tear of formation:	910	M State or legal domicile.
<u></u>		scribe the organization's mission or most significant activities:			
		ATION OF CHILDREN FROM JUNIOR KINDERGARTEN THROU			
<u>ک</u>	EDUC.	RIION OF CHINDREN FROM JUNIOR RINDERGARIEN INCOM	SH IZIH GRA		anatron tradition
l g	· conserver.				
ler.					
Governance		s box b if the organization discontinued its operations or disposed of more than			0.5
	3 Number o	f voting members of the governing body (Part VI, line 1a)		. 3	25
Activities &	4 Number o	f independent voting members of the governing body (Part VI, line 1b)		. 4	25
Į	5 Total num	ber of individuals employed in calendar year 2014 (Part V, line 2a)		5	410
Ac	6 Total num	ber of volunteers (estimate if necessary)		6	200
	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrela	ated business taxable income from Form 990-T, line 34		. 7b	0
	0 O a stailt sati		Prior Yea	3,347	Current Year 4,810,620
e	8 Contributi	ons and grants (Part VIII, line 1h)			34,658,424
Revenue	9 Program s	service revenue (Part VIII, line 2g)		1,292	129,310
Re	10 investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)		4,564	46,815
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			39,645,169
				3,773	4,078,945
		d similar amounts paid (Part IX, column (A), lines 1–3) aid to or for members (Part IX, column (A), line 4)	5,45.	5,115	
		other compensation, employee benefits (Part IX, column (A), line 4)	15,10	3 965	16,428,401
%	15 Salaries, 0	nal fundraising fees (Part IX, column (A), line 11e)	10,10.	5,505	10/120/101
Expens	h Total fund	Iraising expenses (Part IX, column (A), line 25) ► 807,808	-		
Ϋ́		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,11	9 124	14,403,372
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			34,910,718
		less expenses. Subtract line 18 from line 12		9,264	4,734,451
58	19 Kevenue		Beginning of Cur		End of Year
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)	62 24		72,878,682
Ass		lities (Part X, line 26)	22 55		28,263,257
Net		s or fund balances. Subtract line 21 from line 20	39,79		44,615,425
Pa		inature Block			
		erjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the be	est of my kn	owledge and belief, it is
		mplete. Declaration of preparer (other than officer) is based on all information of which prepa			
-	N				
Sign	V Si	gnature of officer		Date	
Here		GARY BUTTS COO			

Here	GA	KI	BUITS						
	Type or	print na	me and tille						
-	Print/Type prepa	irer's na	amé	Preparer's signature	Date		Check	if PTIN	
Paid	OCTAVIO A.	VEF	DEJA		11/	13/15	self-employe	d P006408	53
Preparer Use Only	Firm's name	>	Verdeja & De A	Armas, LLP	- X.A.	Firm's		20-4989	621
			255 Alhambra (Cir Ste 560					
	Firm's address		Coral Gables,	FL 33134-7417		Phone	no. 30	05-446-	3177
May the IF	RS discuss this	s retur	n with the preparer shown abo	ve? (see instructions)				X Yes	No
For Papers	work Reduction	Act	lotice, see the separate instruct	ons.				Form 99	90 (2014)

Form	990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987	Page 2
Pa	It III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
E	DUCATION OF CHILDREN FROM JUNIOR KINDERGARTEN THROUGH 12TH GRADE.	*****
2	Did the organization undertake any significant program services during the year which were not listed on the	es X No
		es A No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		es X No
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
C R L A S E	IAMI COUNTRY DAY SCHOOL IS A COLLEGE PREPARATORY LEARNING COMMUNITY OMMITTED TO EDUCATING THE WHOLE CHILD THROUGH THE CORE VALUES OF HON ESPECT, WISDOM, AND COMPASSION, WE PREPARE STUDENTS TO BE LIFELONG EARNERS. WE INSPIRE OUR CHILDREN TO DEVELOP THEIR INTELLECTUAL, PHYS ESTHETIC, SOCIAL, EMOTIONAL AND SPIRITUAL POTENTIALS BY VALUING EVER TUDENT EVERY DAY. THE SCHOOL IS A CO-EDCUATIONAL INDEPENDENT DAY SCH NROLLING APPROXIMATELY 1,200 STUDENTS IN A JUNIOR KINDERGARTEN THROU 2TH GRADE COLLEGE PREPARATORY PROGRAM.	ICAL, Y OOL GH
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	***************************************	6211712-02245474

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

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 20,222,047	

Form 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-		
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1.00	1	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		-	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	11		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1.21	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-photosofic - r		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1.1.1		1.1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	· · · ·	X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1. Second St.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	100
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	-
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		15		x
16	bio any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
		16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
		18		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		19		x
20-2		20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
N	It is to into a way and the viganitation attach a sop of the addition internet of the retaint structure of the retaint			<u> </u>

Form 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ALC: N	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	-	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			199
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1000
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	x	
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			200
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1000	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1.00	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Sec.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			1
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1.01		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

	1 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. 59-127	8987			F	age 5
P	art V Statements Regarding Other IRS Filings and Tax Compliance					-
	Check if Schedule O contains a response or note to any line in this Part	V		F 1 1 1 1 1 1 1 1 1		
		1.	1 50	[]]	Yes	No
1a ເ	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	50 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	x	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	in the second				
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	410			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	*******
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	1.1.1	**********************			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	4.1.1.1.1.1.1.1		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	e O		3b	1.0	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	er author	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Accour	nts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			v	
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	X	-
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or		6b	x	
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			do		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r aoode				
а	and services provided to the payor?	n guuus		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	********	*****	7b	X	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	*****************************			-
·	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	ization fil	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintai	•				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	
10	Section 501(c)(7) organizations. Enter:	1	()			
а	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:	L	1			
a	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	444				
40-	against amounts due or received from them.)		2	- 420	P	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	000000000
а	Note. See the instructions for additional information the organization must report on Schedule O.	********		154		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	40				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		and the second second	14a	- testood	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched					

F asso

2010202	m 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987					age 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				uctior	
	Check if Schedule O contains a response or note to any line in this Part VI	1		*****		X
Sec	ction A. Governing Body and Management			-		
		ā., 1	OF		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	25			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.		05			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	X	-
3	Did the organization delegate control over management duties customarily performed by or under the direct			111		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	-	X
6	Did the organization have members or stockholders?		- inchester !	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1.00	1.00	
	one or more members of the governing body?		haded entering	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	ne following:			
а	The governing body?			8a	X	1

b	Each committee with authority to act on behalf of the governing body?
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O
0	tion D. Deliaire (This Operation Description of a should adjude ant required by the latera

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	.)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1.00
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	🗌 Own website 🔲 Another's website 🕱 Upon request 📄 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨

State the name, address, and telephone number of the person who possesses the organization's books and records: ► 601 NE 107 ST ALICE FLORIN MIAMI

х

х

8b

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59-1278987

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.									
-	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.									
 List all of 	of the organization's current key employees, if any. See instructions for definition of "key employee."									
who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations.									
-	of the organization's former officers, key employees, and highest compensated employees who received more than reportable compensation from the organization and any related organizations.									
 List all of 	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.

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimaled amount of olher compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(00-271035-00136)	organization and related organizations	
(1) CHRISTOPHER BEL	LOWS										
PRESIDENT	1.00	x		x	_			o	0	0	
(2) EVAN BERGER	1100					100					
DIRECTOR	1.00	x						о	0	0	
(3) SEAN CLANCY											
DIRECTOR	1.00	x						0	0	0	
(4) JAVIER HOLTZ											
DIRECTOR	1.00	x						o	0	0	
(5) TERRY JOVE	1										
DIRECTOR	1.00	x						o	o	0	
(6) VANESSA ABRAMOW											
DIRECTOR	1.00	x						0	o	0	
(7) G.J. BAKKER			-				1				
DIRECTOR	1.00	x						o	o	0	
(8) MELANIE INK BRC											
DIRECTOR	1.00	x						o	o	0	
(9) KARLEEN HALLIWE			-				-				
DIRECTOR	1.00	x						o	0	0	
(10) GERALD MOORE											
DIRECTOR	1.00	x						o	о	0	
(11) JAMES W. MOORE											
2ND VICE PRESIDENT	1.00	x		x				0	о	0	

Form 990 (2014) MIAMI COU										Page 8
	, Directors, Tru	stee	s, K	ey E	mpl	oyees	s, an	d Highest Compensated E	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box off	k, unle icer a	Pos check ess pe nd a c	rson irecto	than or is both pr/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-271099-MISC)		organization and related organizations
(12) MATTHIAS NIXDORI							1			
	1.00									0
DIRECTOR (13) DEBI BEASLEY	0.00	X	-	-	-		-	0	0	0
(13)DEDI DERSIEI	1.00							h		
ASSISTANT SECRETARY	0.00	x		x	1	1	14	0	0	0
(14) KEVIN KING			-							
DIRECTOR	1.00	x						0	0	0
(15) JOHN F. FARREY	0.00		-	-		\vdash				0
(10) • • • • • • • • • • • • • • • • • • •	1.00							0.0000011		
TREASURER	0.00	X	-	x			_	0	0	0
(16) MATTHEW WHITMAN	LAZENBY									
SECRETARY	1.00	x		x				o	o	0
(17) ANNE PAULK	0.00				-					
	1.00									
DIRECTOR	0.00	X					_	0	0	0
(18) MARK PIPER	1 00									
DIRECTOR	1.00	x						0	o	0
(19) HOWARD PREMER	0.00		-		-					
	1.00									
1ST VICE PRESIDENT	0.00	X		X	-	-		0	0	0
1b Sub-total					0.000	ų.		1,171,578		124,557
 c Total from continuation shee d Total (add lines 1b and 1c) 		Secu	011 7					1 171 579		124,557
2 Total number of individuals (in reportable compensation from	cluding but not			thos	e lis	ted al	oove		100,000 of	
3 Did the organization list any fo	rmer officer, di	ector	, or	trust	ee, I	key ei	mplo	yee, or highest compensate	ed	Yes No
employee on line 1a? If "Yes,"For any individual listed on line	complete Sche	dule .	J for	SUC	h inc	lividu	al	and other compensation fr	om the	3 X
organization and related organ										
individual 5 Did any person listed on line 1	a receive or acc		omr		ation	from		unrelated organization or in	ndividual	4 X
for services rendered to the or									laiviadai	5 X
Section B. Independent Contracto		-	_			_	_			
 Complete this table for your fiv compensation from the organized 	e highest comp	ensa	ted i	nder	bend for t	lent c	ontra lenda	actors that received more the	an \$100,000 of the organization's tax year	
	(A) business address								B) n of services	(C) Compensation
SAGE DINING					140)2 X	ORI	K ROAD, SUITE 100		
LUTHERVILLE	M) 2	10	93			_	OOD CATERING		1,299,134
COASTAL		•	~ 1		595	9 E		E LAGOON DR, SUI	FE 200	10.000
MIAMI SERVICE KEEPERS	E.I	<u> 3</u>	31	_	75/	1 1	-	ONSTRUCTION		1,144,381
MIAMI	FI	. 3	31		/34	т.		AINTENANCE		891,501
KENT SECURITY				;			ox	619006		
NORTH MIAMI		. 3	32	_				ECURITY		390,273
TECHNOLOGY INNOVATOR		-	21		180)1 E		CE DE LEON BLVD		
2 Total number of independent of		<u>3</u>			limit	ed to		T SERVICES		330,821
received more than \$100,000	of compensation	n fron	n the	e org	aniz	ation			6	

Form 990 (2014) MIAMI COU								59-1278		Page 8
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey Ei	mpl	oyee	s, and	Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle icer a	(C Posi check i ass per nd a di	ition more rson i	s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) SOL SAAD										
	1.00									
DIRECTOR	0.00	X			-	_	-	0	0	0
(13) CLAUDIA BROD	1.00							·		
DIRECTOR	0.00	x						0	0	0
(14) JUDGE MICHAEL CH	AVIES	1	111							
	1.00			(
DIRECTOR	0.00	X	_	_	_		-	0	0	0
(15) JARED GOLDBERG	1.00							· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	0.00	x					_ I.,	0	0	0
(16) ADAM MALAMED		1								
	1.00									
DIRECTOR	0.00	X				_	-	0	0	0
(17) LAWRENCE M. STAN	1.00								~	
DIRECTOR	0.00	x						0	0	0
(18) JOHN DAVIES			1				-			
	40.00									
HEAD OF SCHOOL	0.00	1	-	-	X	-	_	353,834	0	25,341
(19) GARY BUTTS	40.00									
C00	0.00	-			x		1.1.1	217,461	o	22,233
1b Sub-total						a.		571,295		47,574
c Total from continuation she										
d Total (add lines 1b and 1c) 2 Total number of individuals (in	alualization but and				. Lie			who reactived more than t	\$100,000 of	
2 Total number of individuals (in reportable compensation from			ato	tnos	e iis	ted a	bove)	who received more than	\$100,000 01	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1 for services rendered to the or 	complete Sche e 1a, is the sum nizations greater a receive or acc ganization? If "	dule of re than crue o	J for porta \$15 comp	such able 60,00 bensa	n inc com 0? I atior	lividu pens f "Ye: n fron	al ation a s," cor n any i	and other compensation f nplete Schedule J for suc unrelated organization or	rom the h	Yes No.
Section B. Independent Contractor		ensa	ited i	nden	end	ento	ontrac	ctors that received more t	nan \$100,000 of	
compensation from the organi	zation. Report of	omp	ensa	tion f	for th	ne ca	lenda	r year ending with or withi	n the organization's tax year	
Name and	(A) business address		_					Descripti	(B) on of services	(C) Compensation
				_		-	-			
						-				
				_	_		-			
				-		-				
2 Total number of independent	contractors (incl	uding	but	not I	imite	ed to	those	listed above) who		

Form 990 (2014) MIAMI COU Part VII Section A. Officers,							. 59-1278 Ind Highest Compensated I		Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(di bo,	o not o x, unle	(C) Position check mo ass perso nd a direc	n re thar n is bo	one th an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee	Former	(W-2/1099-MISC)	(** 211000 (11100))	organization and related organizations
(12) BRUCE TABATCHNIC									
DIR OF LEADERSHIP (13) STEVE MATHES	40.00 0.00	-			x		153,618	0	17,871
DIR OF MIDDLE SCHOOL	40 .00 0 .00				x		118,706	0	15,212
(14) MARTHA ALLEN DIR OF COLLEGE	40.00 0.00				x		112,211	o	14,867
(15) GARY CULBERSTON		1111							14,007
DEAN OF FACULTY (16) JENNY KNIGHT	40.00				x		107,931	0	14,444
DIR OF LOWER SCHOOL	40.00				x		107,817	0	14,589
(17)									
······································		_							
(18)						11		· · · · · · · · · · · · · · · · · · ·	
(19)		-		-	+				
1b Sub-total			÷		1.01	•	600,283		76,983
c Total from continuation shee d Total (add lines 1b and 1c)									
 2 Total number of individuals (individuals compensation from 	cluding but not I	imite				above) who received more than \$	100,000 of	
3 Did the organization list any fo				trustee	kev	emplo	ovee or highest compensate	ed	Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	complete Sche 1a, is the sum	dule of re	J for porta	such ii able co	ndivio mpei	lual isatior	n and other compensation fr	om the	3
individual 5 Did any person listed on line 1a	a receive or acc	rue c	comp	ensati	on fro	om any	/ unrelated organization or i	ndividual	4
for services rendered to the org Section B. Independent Contractor		'es,"	com	plete S	ched	ule J f	or such person		5
1 Complete this table for your fiv compensation from the organiz	e highest comp								r
	(A) business address	omp	21100		the v			(B) on of services	(C) Compensation
									11
				_					
			-	_	_	-			
2 Total number of independent c	contractors (inclu	uding	but	not lim	ited f	o thos	e listed above) who		

For	n 99	0 (2014) MIAMI C	OUN	TRY	DAY	SCHOOL	INC.	59-1278987		Page 9
Pa	la N	III Statement of Check if Sche	f Revo edule	enue O cont	tains a	response	or note to any line	in this Part VIII		É
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its	1a	Federated campaigns		1a				Toronad		012 011
Grai	b	Membership dues	120.20	1b						
ar Amo	с	Fundraising events		1c						
Gif	d	Related organizations		1d	-					
Sins,	е	Government grants (contribution		1e	_					
utio	f	All other contributions, gifts, grad and similar amounts not include				010 600				
Oth				1f		,810,620				
Cont	g	Noncash contributions included Total. Add lines 1a–1f			The second second		4,810,620			
an						Busn. Code				
Revenu	2a	TUITION				T	31,897,192	31,897,192		
e Re	b GENERAL SUMMER PROGRAM REV.					1,008,897	1,008,897			
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	С	OTHER					757,408	757,408		
	d	STUDENT ACTIVI			••••••	-	657,649	657,649		
	e	AFTER SCHOOL C					337,278	337,278		
Proc	T	All other program servi Total. Add lines 2a-2f				-	34,658,424	I		L
-	3	Investment income (ind					51,000,121			
	Ť	and other similar amou					129,310			129,310
	4	Income from investme								
	5	Royalties			iosico					
			(i) Real		(ii)	Personal				
	6a	Gross rents								
	b	Less: rental exps.	_							
	C	Rental inc. or (loss)	_							
	d 7a	Net rental income or (In Gross amount from				····· •				
	74	sales of assets (i)	Securities	3	(i	i) Other				
		other than inventory								
	b	Less: cost or other								
		basis & sales exps. Gain or (loss)		-	-					
		Net gain or (loss)								
		Gross income from fundral			adebia Seloa	edited in the				
ne	va	(not including \$	ioing ove							
Sei		of contributions reported of	n line 1c	3.941						
Ř.		See Part IV, line 18								
Other Revenue	b	Less: direct expenses		b						
0	c	Net income or (loss) fro	om fund	draising	events					
	9a	Gross income from gaming								
		See Part IV, line 19		a						
		Less: direct expenses		. b[27.5				
		Net income or (loss) fro	-		vities					
	10a	Gross sales of inventor	•							
		returns and allowances	101000000	a						
		Less: cost of goods so Net income or (loss) fro		b_ be of inv	onton					
		Miscellaneous		5 01 111	entory	Busn. Code				
	11a	OTHER REVENUE					46,815	46,815		
	b		A. E. P. A. A. P. P.		(), (+ + +)+)			,		
	c						a			
	d	All other revenue								
	е	Total. Add lines 11a-1	1d				46,815			
	12	Total revenue. See in:					39,645,169	34,705,239	0	129,310

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,078,945	4,078,945		
3	Grants and other assistance to foreign	4,010,343	4,010,343		
J	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	581,432	417,119	145,359	18,954
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1		
7	Other salaries and wages	12,891,650	9,249,012	3,222,846	419,792
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	673,428	469,026	186,224	18,178
9	Other employee benefits	1,291,984	901,911	377,485	12,588
10	Payroll taxes	989,907	734,688	223,211	32,008
11	Fees for services (non-employees):				
а					
b		127,497		127,497	
с	Accounting	40,026		40,026	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1/			
g		10			
-	(A) amount, list line 11g expenses on Schedule O.)	2,911,884	525,007	2,339,167	47,710
12	Advertising and promotion	110,784	63,823	43,378	47,710 3,583
13	Office expenses				
14	Information technology	831,942	117,477	714,465	
15	Royalties				
16	Occupancy	1,123,383		1,123,383	
17	Travel	228,213	200,474	25,274	2,465
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,011	19,925	52,077	5,009
20	Interest	64,693		64,693	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,069,747		3,069,747	
23	Insurance	411,647	92,035	319,612	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOOD SERVICE	1,220,633	995,018	104,347	121,268
b	BOOKS AND INST. SUPPLIES	654,289	642,459	11,830	
с	STUDENT ACTIVITIES	652,250	652,250		
d	REPAIRS & MAINTENANCE	451,497	76,473	375,024	
е	All other expenses	2,427,876	986,405	1,315,218	126,253
25	Total functional expenses. Add lines 1 through 24e	34,910,718	20,222,047	13,880,863	807,808
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				
_	1011011111g OUT 30-2 (AOU 300-120)			100 M	

Form 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. Part X Balance Sheet

	Check if Schedule O contains a response or	note to any lin	ne in this Part X			
				(A) Beginning of year		(B) End of year
1				15,457,888	1	23,507,616
2	Savings and temporary cash investments			307,138	2	314,543
3	Pledges and grants receivable, net			3,583,008	3	4,090,393
4	A security reactively wet			19,604	4	36,208
5	Loans and other receivables from current and form	er officers, dir	ectors,			
	trustees, key employees, and highest compensated	d employees.				
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified 4958(f)(1)), persons described in section 4958(c)(3 sponsoring organizations of section 501(c)(9) volur)(B), and cont ntary employe	ributing employers and			
	organizations (see instructions). Complete Part II o				6	
7	Notes and loans receivable, net		in in the second se	E2 724	7	02 /17
8				53,734	8	23,417
9	Prepaid expenses and deferred charges			901,506	9	875,577
10a	a Land, buildings, and equipment: cost or		F4 004 405			
Π.	other basis. Complete Part VI of Schedule D		54,824,495	25 010 776		26 620 226
	Less: accumulated depreciation	10b	18,185,156	35,818,776		36,639,339
11	Investments—publicly traded securities			5,094,558		5,788,635
12	Investments-other securities. See Part IV, line 11	manum			12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15				1,113,083	15	1,602,954
16	Total assets. Add lines 1 through 15 (must equal li			62,349,295	16	72,878,682
17	Accounts payable and accrued expenses		1,872,257	17	2,979,865	
18	Grants payable				18	
19	Deferred revenue			17,837,104	19	20,148,115
20	Tax-exempt bond liabilities				20	5,135,277
21	Escrow or custodial account liability. Complete Par	t IV of Schedu	ile D		21	
22	Loans and other payables to current and former off	ficers, director	s,			
	trustees, key employees, highest compensated em	ployees, and				
	disqualified persons. Complete Part II of Schedule	L			22	
23	Secured mortgages and notes payable to unrelated			2,841,607	23	
24	Unsecured notes and loans payable to unrelated th				24	
25	Other liabilities (including federal income tax, payal					
	parties, and other liabilities not included on lines 17	-24). Comple	te Part X			
	of Schedule D	the second second			25	
26			and the state of the second	22,550,968	26	28,263,257
	Organizations that follow SFAS 117 (ASC 958),	check here 🕨	X and			
	complete lines 27 through 29, and lines 33 and					
27	Unrestricted net assets			30,723,451	27	32,316,594
28	Temporarily restricted net assets			4,243,684	28	6,771,811
29	Description of the sector of the sector			4,831,192	29	5,527,020
	Organizations that do not follow SFAS 117 (ASC	C 958), check	here and			
	complete lines 30 through 34.	,,				
30	Capital stock or trust principal, or current funds		60		30	
31	Paid-in or capital surplus, or land, building, or equip	oment fund			31	
	Retained earnings, endowment, accumulated incor				32	
32				39,798,327		44,615,425
33	Total net assets or fund balances			62,349,295		72,878,682

Form 990 (2014) MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987			Pag	ge 12
Part XI Reconciliation of Net Assets				-
Check if Schedule O contains a response or note to any line in this Part XI			ana an	
1 Total revenue (must equal Part VIII, column (A), line 12)		39,6		
2 Total expenses (must equal Part IX, column (A), line 25)		34,9		
3 Revenue less expenses. Subtract line 2 from line 1			34,	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,7		
5 Net unrealized gains (losses) on investments	5		82,	647
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain in Schedule O)	9		_	_
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				112
33, column (B))	10	44,6	15,	425
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		minan		
		F	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in				
Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
separate basis, consolidated basis, or both:				
Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in				
Schedule O.				
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	1.000	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		2000	11	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		_
		Fo	rm 990) (2014

SCHEDULE A	I Put	me Charley Statt	is and Pub	olic Support	OMB No. 1545-0047
(Form 990 or 990-EZ)		te if the organization is a se		• •	2014
		4947(a)(1) nonexe	•		1.0101120012220000000000000000000000000
Department of the Treasury	F Information of	Attach to Form			Open to Public Inspection
Internal Revenue Service Name of the organization	Information ab	out Schedule A (Form 990 or 99	V-EZ) and its instru-	ctions is at www.irs.gov/form99	entification number
Name of the organization	MIAMI COUNTI	RY DAY SCHOOL,	INC.		78987
Part I Reas				te this part.) See instruct	
The organization is not A church, co X A school des A hospital or A medical re city, and stal An organizat section 170 A federal, sta An organizat described in A community An organizat receipts from support from acquired by the An organizat one or more the box in lin a Type I. A su the supporte organization b Type II. A su control or ma organization c Type III fund its supported Check this b	a private foundation becau nivention of churches, or as scribed in section 170(b)(1) a cooperative hospital serv search organization operate te: ion operated for the benefit (b)(1)(A)(iv). (Complete Par ate, or local government or g ion that normally receives a section 170(b)(1)(A)(vi). (C r trust described in section ion that normally receives: (activities related to its exer gross investment income a the organization after June 3 ion organized and operated ion organized and operated publicly supported organiza es 11a through 11d that des oporting organization operated d organization(s) the power You must complete Part poporting organization super anagement of the supporting s). You must complete Part progenization(s) (see instruc- functionally integrated. A supp organization(s) (see instruc- functionally integrated. The or (see instructions). You must anagement of the organized.	se it is: (For lines 1 through 11 sociation of churches describes (A)(ii). (Attach Schedule E.) ice organization described in se ad in conjunction with a hospita of a college or university owned t II.) governmental unit described in substantial part of its support complete Part II.) 170(b)(1)(A)(vi) . (Complete Part 1) more than 33 1/3% of its su mpt functions—subject to certain d unrelated business taxable 30, 1975. See section 509(a)(exclusively to test for public s exclusively to the benefit of, f tions described in section 509 acribes the type of supporting ed, supervised, or controlled to to regularly appoint or elect a IV, Sections A and B. vised or controlled in connecting organization vested in the sa rt IV, Sections A and C. porting organization operated in totions). You must complete F supporting organization operated ganization generally must sati	I, check only one b ad in section 170(b)(1)(A al described in section ad or operated by a a section 170(b)(1) from a governmen art II.) upport from contribu- ain exceptions, and a income (less section 2). (Complete Part afety. See section to perform the func D(a)(1) or section 5 organization and co by its supported org majority of the dire on with its supported me persons that co n connection with, Part IV, Sections A ated in connection vith	ox.) ()(1)(A)(i). A)(iii). tion 170(b)(1)(A)(iii). Enter the governmental unit described (A)(v). tal unit or from the general pul- utions, membership fees, and (2) no more than 33 1/3% of i ion 511 tax) from businesses III.) 509(a)(4). tions of, or to carry out the pur 509(a)(2). See section 509(a)(pomplete lines 11e, 11f, and 11f ganization(s), typically by giving ctors or trustees of the support ed organization(s), by having pontrol or manage the supported and functionally integrated witt	e hospital's name, n olic gross ts poses of 3). Check 3. J ting
f Enter the numbe	ntegrated, or Type III non-fu r of supported organizations	ed a written determination from nctionally integrated supportin	n the IRS that it is a ig organization.		
f Enter the numbe g Provide the follow	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportir upported organization(s).	n the IRS that it is a ng organization.	a Type I, Type II, Type III	
f Enter the numbe g Provide the follow (i) Name of supported	ntegrated, or Type III non-fu r of supported organizations	ed a written determination from nctionally integrated supportin upported organization(s). (iii) Type of organization	n the IRS that it is a ig organization.	a Type I, Type II, Type III	
f Enter the numbe g Provide the follow	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ig organization. (iv) Is the organizatio	a Type I, Type II, Type III	(vi) Amount of
f Enter the numbe g Provide the follow (i) Name of supported	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (iii) Type of organization (described on lines 1–9	n the IRS that it is a ig organization. (iv) Is the organizatio listed in your governing	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported organization	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported organization (A)	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported organization (A) (B)	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported organization (A) (B) (C)	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see
f Enter the numbe g Provide the follow (i) Name of supported organization (A) (B) (C) (D)	ntegrated, or Type III non-fu r of supported organizations ving information about the s	ed a written determination from nctionally integrated supportin upported organization(s). (III) Type of organization (described on lines 1–9 above or IRC section	n the IRS that it is a ng organization. (iv) Is the organizatio listed in your governin document?	a Type I, Type II, Type III	(vi) Amount of other support (see

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

Page 2

Schedule A (Form 990 or 990-EZ) 2014 MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 The portion of total contributions by 5 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) Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on 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 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12

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										
See	tion C. Computation of Public Support Percentage										
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%								
15	Public support percentage from 2013 Schedule A, Part II, line 14	15	%								
16a	33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		_								
	box and stop here. The organization qualifies as a publicly supported organization										
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,										
	check this box and stop here. The organization qualifies as a publicly supported organization										
17a	10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is										
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in										
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported										
	organization	-	Lessie -								
b	10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line										
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

Schedu Part

	edule A (Form 990 or 990-EZ) 2014 MI2					-1278987	Page 3
Р	art III Support Schedule for O (Complete only if you che If the organization fails to	cked the box o	n line 9 of Part	I or if the organ	nization failed t		Part II.
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 👘	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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 through 5	1					
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 \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						

8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				2.24		
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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			ourth, or fifth tax ye			• E
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8,	column (f) divide	d by line 13, colur	nn (f))		15	%
16	Public support percentage from 2013 Sche						%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2014 (lin	ne 10c, column (f	f) divided by line 1:	3, column (f))		17	%
18	Investment income percentage from 2013					19	%
19a	33 1/3% support tests-2014. If the organ	ization did not ch	neck the box on lin	e 14, and line 15 is	s more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here.	. The organization	qualifies as a publ	icly supported orga	anization	. 1. 75 A 27-4
b	33 1/3% support tests—2013. If the organ	nization did not ch	neck a box on line	14 or line 19a, and	I line 16 is more th	an 33 1/3%, and	-
	line 18 is not more than 33 1/3%, check thi	is box and stop h	nere. The organiza	tion qualifies as a	publicly supported	organization	• E

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

		-1278987		Page 4
Pa	t IV Supporting Organizations			
	(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I.			
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c	· ·		
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and c	complete Part V.)	-
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	I	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	\$2000.000	
5.0		+0		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		P.009900000000	
	was accomplished (such as by amendment to the organizing document).	<u>5a</u>		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			l
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	1.00	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1.1.1.1		
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		l.
с	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
~	determine whether the organization had excess business holdings.)	10b	11	
-		1.50		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 MIAMI COUNTRY DAY SCHOOL, INC.

Page 5

Pa	t IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	- Configuration	1
b	A family member of a person described in (a) above?	11b	1.1	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			_
		E.c.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		11
Sect	ion D. All Type III Supporting Organizations			
		(1000)	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	tions)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).		
			_	
2 /	Activities Test. Answer (a) and (b) below.	(assessed)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Bid the experimentation experiment of degree of direction over the policies, programs, and activities of each			

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			I
other Type III non-functionally integrated supporting organizations must complete	e Sections A thro	ugh E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	282 - S	1
6 Portion of operating expenses paid or incurred for production or			1
collection of gross income or for management, conservation, or			1.00
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	Ča l	(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	AC 10-10-10-10-10-10-10-10-10-10-10-10-10-1	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			-
emergency temporary reduction (see instructions)	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 MIAMI COUNTRY DAY SCHOOL, INC. 59-12 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Sect	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt pu					
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported				
-	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b						
c						
d						
e	From 2013					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
_	Applied to 2014 distributable amount					
1	Carryover from 2009 not applied (see instructions)					
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2014 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.	- 1 I C		1998 S.C.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b						
c						
	Excess from 2013					
	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987 Page Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.) Page

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047 2014

Name of the org			Employer identification number
Part I	COUNTRY DAY SCHOOL, INC. Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F	nds or Other Similar Funds	59-1278987 or Accounts.
	Complete if the organization answered res to r	(a) Donor advised funds	(b) Funds and other accounts
1 Total n	umber at and of year		(b) Funds and other accounts
	umber at end of year ate value of contributions to (during year)	1	
3 Aggreg	ate value of contributions to (during year)		
	ate value of grants from (during year) ate value at end of year		
	ate value at end of year organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	are the organization's property, subject to the organization's exc		Yes No
	organization inform all grantees, donors, and donor advisors in		
	r charitable purposes and not for the benefit of the donor or don		
-			Yes No
Part I	Conservation Easements.		
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.	
	e(s) of conservation easements held by the organization (check	all that apply).	
	eservation of land for public use (e.g., recreation or education)	Preservation of a historically	
Pro Pro	otection of natural habitat	Preservation of a certified hi	storic structure
Pre	eservation of open space		
•	ete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a c	
easem	ent on the last day of the tax year.		Held at the End of the Tax Yea
b Total a	creage restricted by conservation easements		2b
	r of conservation easements on a certified historic structure inc		2c
d Numbe	r of conservation easements included in (c) acquired after 8/17/	06, and not on a	
	structure listed in the National Register		2d
3 Numbe	r of conservation easements modified, transferred, released, ex	tinguished, or terminated by the orga	nization during the
tax yea	r 🕨		
4 Numbe	r of states where property subject to conservation easement is	located	
	ne organization have a written policy regarding the periodic mon		
violatio	ns, and enforcement of the conservation easements it holds?		Yes No
	nd volunteer hours devoted to monitoring, inspecting, and enfor		
1100			
7 Amoun	t of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the y	ear
8 Does e	ach conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4))(B)(i)
and see	ction 170(h)(4)(B)(ii)?		Yes No
9 In Part	XIII, describe how the organization reports conservation easem	ents in its revenue and expense state	ement, and
balance	e sheet, and include, if applicable, the text of the footnote to the	organization's financial statements t	hat describes the
	ation's accounting for conservation easements.		
Part III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		ner Similar Assets.
1a If the o	rganization elected, as permitted under SFAS 116 (ASC 958), r		and balance sheet
	of art, historical treasures, or other similar assets held for public		
	service, provide, in Part XIII, the text of the footnote to its financ		
	rganization elected, as permitted under SFAS 116 (ASC 958), t		
	of art, historical treasures, or other similar assets held for public		
	service, provide the following amounts relating to these items:	,	
•	venues included in Form 990, Part VIII, line 1		▶ \$
	rganization received or held works of art, historical treasures, or		
	g amounts required to be reported under SFAS 116 (ASC 958)		
	ie included in Form 990, Part VIII, line 1		▶ \$
	included in Form 990, Part X		
	ork Reduction Act Notice, see the Instructions for Form 990		Schedule D (Form 990) 201

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

a b c 4 Pro XII 5 Du	sing the organization's acquisition, accessi ollection items (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's co	ion, and other records, d Lo e Ot		wing that are a signif rams	ficant use of its	(continued)
a b c 4 Pro XII 5 Du as	ollection items (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's ca	d Lo e Ot	ean or exchange progr	rams		
b c 4 Pro XII 5 Du as	Scholarly research Preservation for future generations rovide a description of the organization's co	e 🔲 Ot				
c 4 Pro 4 Pro XII 5 Du as	Preservation for future generations rovide a description of the organization's co		her			
4 Pro XII 5 Du as	rovide a description of the organization's co				a de la constance de la constan	
XII 5 Du as						
5 Du as		ollections and explain h	ow they further the or	ganization's exempt	purpose in Part	
as	uring the year, did the organization solicit of	or receive donations of a	art, historical treasure	s, or other similar		
000012000000000000	ssets to be sold to raise funds rather than t					Yes No
	Complete if the organizatior	n answered "Yes" to	o Form 990, Part	IV, line 9, or repo	orted an amount o	on Form
_	990, Part X, line 21.					
1a ls	the organization an agent, trustee, custod	ian or other intermediar	y for contributions or	other assets not		142 44
inc	cluded on Form 990, Part X?					Yes No
b If "	"Yes," explain the arrangement in Part XIII	and complete the follow	wing table:			
						Amount
c Be	eginning balance				1c	
d Ad	dditions during the year		*******		1d	
e Dis	istributions during the year		******		1e	
f En	nding balance				1f	
2a Dic	id the organization include an amount on F	orm 990, Part X, line 21	1, for escrow or custo	dial account liability?		Yes No
	"Yes," explain the arrangement in Part XIII	. Check here if the expl	anation has been pro	vided in Part XIII		
Part			1000			
	Complete if the organization					1
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	eginning of year balance	6,775,114	5,899,296	5,398,957		
b Co	ontributions	721,557	725,458	478,541	160,093	3 279,48
	et investment earnings, gains, and					
los	sses	44,335	150,360	21,798	46,536	
	rants or scholarships					37,80
	ther expenditures for facilities and					
	ograms					
	dministrative expenses	D E 41 000	0 000 414	E 000 000	E 000 0F	E 100.00
	nd of year balance	7,541,006	6,775,114	5,899,296	5,398,957	7 5,192,32
a Bo b Pe	rovide the estimated percentage of the curr oard designated or quasi-endowment ▶ ermanent endowment ▶ 60.52 %	32.02 %	line 1g, column (a)) h	eld as:		
	'X K*'X*	7.46%				
	ne percentages in lines 2a, 2b, and 2c sho	•				
	re there endowment funds not in the posse	ssion of the organizatio	in that are held and a	dministered for the		
-	ganization by:					Yes No
(1)	unrelated organizations					
(11)) related organizations					3a(ii) X
	"Yes" to 3a(ii), are the related organization					3b
	escribe in Part XIII the intended uses of the		nent funds.			
Part \			E	N/ I' // O	E 000 B ()	1
_	Complete if the organization					
	Description of property	(a) Cost or other basi			Accumulated	(d) Book value
		(investment)	(other)		epreciation	0 470 04
	and			2,040	671 140	2,472,040
1a La	and the second s					
b Bu	uildings		25,26		,671,142	
b Bu c Lea	uildings easehold improvements		12,49	4,162 4	,597,588	7,896,574
b Bu c Lea d Eq	uildings		12,49 7,49	4,162 4 5,351 5		7,896,574 1,743,762 5,930,914

Schedule D (Form 990)) 2014
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Schedule D (Fo	<u>rm 990) 2</u>	2014	MIAMI	COUNTRY	DAY	SCHOOL,	INC.	5
Part VII	Investr	ments	-Other	Securities.				

Investments—Other Securities.

/8987	Page 3
orm 990, Part X, line 12.	

	(a) Description of security or category	(b) Book value	(c) Method of valuation;
	(including name of security)		Cost or end-of-year market value
Financial	derivatives		
	eld equity interests	eed -	
Other	so equity interests		
1000			
(A)			
(B)		444()	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11c, See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	((-)	Cost or end-of-year market value
N .			
)			
:)			
)			
)			
)			
5)			
")			
8)			
1)			
3) 9)			
9)	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
9) tal. (Columi Part IX		to Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15. (b) Book value
e) tal. (Columi Part IX	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
)) tal. (Column Part IX)) 2)	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
)) tal. (Column Part IX)) 2) 3)	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
)) tal. (Column Part IX))))))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
)) tal. (Column Part IX)))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
)) tal. (Column Part IX)))))))))))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
i) tal. (Columi Part IX))))))))))))))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
) tal. (Column part IX)))))))))))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
) tal. (Column art IX)))))))))))))))))))	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, li	
 art IX art IX art IX b b c <lic< li=""> c c <li< td=""><td>Other Assets. Complete if the organization answered "Yes" (a) Description</td><td>to Form 990, Part IV, li</td><td></td></li<></lic<>	Other Assets. Complete if the organization answered "Yes" (a) Description	to Form 990, Part IV, li	
 art IX art IX art IX art IX bit bit content of the second second	Other Assets. Complete if the organization answered "Yes" (a) Description	to Form 990, Part IV, li	(b) Book value
 i) tal. (Column part IX i) i)<td>Other Assets. Complete if the organization answered "Yes" (a) Description</td><td></td><td>(b) Book value</td>	Other Assets. Complete if the organization answered "Yes" (a) Description		(b) Book value
)) tal. (Column 2art IX)))))))))))))) tal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"		(b) Book value
) art IX))))))))) art X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value
) tal. (Column 'art IX)))))))))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	to Form 990, Part IV, li	(b) Book value
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) tal. (Column) art IX))))))))))))))) tal. (Column) art X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value
)) tal. (Column Part IX)))))))))))))) tal. (Column Part X)))) federal))))	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value
 i) tal. (Column Part IX i) i)<td>Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability</td><td>to Form 990, Part IV, li</td><td>(b) Book value</td>	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value
)) tal. (Column Part IX)))))))))))))) tal. (Column Part X)) Federal))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value
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) tal. (Column 'art IX)))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	to Form 990, Part IV, li	(b) Book value

PartXI Reconciliation of Revenue per Audited Financial Statements 1 35,648,871 1 Total revenue, gains, and other support per audited financial statements 1 35,648,871 2 Amounts includes on law 15 un of Form 500, Part VII, line 12. 1 35,648,871 2 Amounts includes on law 15 un of Form 500, Part VII, line 12. 2a 2a -3,996,298 3 Statzat line 2 at Intrough 2d 2a -3,996,298 39,645,169 4 Amounts included on Form 500, Part VII, line 12. 4a 2a -3,996,298 4 Amounts included on Form 500, Part VII, line 12. 4a 39,645,169 4 Amounts included on Form 500, Part VII, line 12. 4a 39,645,169 5 Total expenses not included on Form 500, Part VII, line 75. 4a 4a 4a 1 Total expenses not mached and the 5 39,645,169 7a 7a 7a 7 Total expenses not mached and the 5 30,831,773 7a 7a 7a 2 Total expenses and tothe 5 and 4c. (This must equal form 500, Part VII, line 12. 1 30,831,773 2 Total expense and tobas 5 and 5 Part VII, line 75. 4	Schedule D (Form 990) 2014 MIAMI COUNTRY DAY SCHOOL,				Page 4
1 Total reserve, gains, and other support per audited financial statements 1 35,648,871 2 Amount included on the Total on Port 100, Part VIII, like 12: 82,647 2 Amount included on Form 500, Part VIII, like 12: 2a 3 Solveral line 2 form like 1. 2a 4 Amount included on Form 500, Part VIII, like 12: 2a 3 Solveral line 2 form like 1. 3 4 Amount included on Form 500, Part VIII, like 12: 2a 5 Solveral line 2 form like 1. 3 4 Amount included on Form 500, Part VIII, like 12: 4a 5 Solveral line 2 form like 1. 3 6 Solveral line 2 form like 1. 3 6 Solveral line 2 form like 1. 3 7 Amount included on Form 500, Part VIII, like 72: 30, 631, 773 7 Total expenses and like 3 and 4c. (This must equal Form 500, Part VII, like 12: 30, 631, 773 7 Total expenses and cluded on Form 500, Part VII, like 22: 30, 631, 773 8 Amounts included on Form 500, Part VII, like 23: 30, 631, 773 9 Concertasses and aduita form fance 1. 30, 631, 773				urn.	
2 Anounts included on line 1 but not on Form 900. Part VIII, line 12: a Net unrealing dams (bases) on investments: b Donabed services and use of facilities: c Anounts included on Form 900. Part VIII, line 12: a Anounts included on Form 900. Part VIII, line 12: a Anounts included on Form 900. Part VIII, line 12: a Anounts included on Form 900. Part VIII, line 12: b Other (Bacchele in Part XIII) c Add lines 2 and 40: b Total reveaues and these and 40: b Total reveaues and these and 40: b Total reveaues and bases per andited financial Statements With Expenses per Return. Complete If the organization answered "Yes" to Form 900. Part IV, line 12: a Total arguments and these and 40: b Piot year signature on the form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 25: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts include on Form 900. Part VIII, line 7: a Anounts include on Form 900. Part VIII, line 7: a Anounts included on Form 900. Part VIII, line 7: a Anounts include on Form 900. Part VIII, line 7: a Anounts include on Form 900. Part VIII, line 7: a Anounts include on Form 900. Part VIII line 7: a Anounts include on Form 900. Part VIII line 7: a Anounts include on Form 900. Part VIII line 7: b Other Observations and High of Fart III, lines 7: a Anounts include on Form 900. Part III, line 7: b Other Observations and fart XII. Ines 2: Anounts and 4: Anounts Anounts III and 4: Anounts Ano					25 649 971
a Net unrealized gains (desced) on investments Image: Construction of the part of the set of the					55,040,071
b Donaled services and use of facilities 2b c Recoverse of foldy par grants 2c d Other (Describe in Part XIII) 2c e And times 2 through 2d 3 39, 645, 169 a Investing the parts of inform 500, Part VIII, line 12, but not on line 1: 4a a Investing the parts of inform 500, Part VIII, line 12, but not on line 1: 4a b Charr (Describe in Part XIII) 4a c And lines 4 and 4b 5 c And lines 4 and 4b 1 c And lines 4 and 4b 1 c And lines 4 and 4b 2a c And lines 4 and 4b 2a c And lines 4 and 4b 2a d Other (Describe in Part XIII) 2a c Add lines 2 and 4b, Chine nust equal Form 900, Part IV, line 7b 4a d Other (Describe in Part XIII) 2a c Add lines 2 and 4b, Chine nust equal Form 900, Part IV, line 7b 4a		1.1	00 647		
c Recoveries of prior year grants <u>22</u> -4,078,945 a Other (Describe in Par XII) <u>24</u> -3,996,298 3 Subtract the presenses not included on Form 980, Part VII, the 7b b Other (Describe in Par XII) <u>44</u> b Other (Describe in Par XII) <u>45</u> c Add lines 4 and 4b c Total expenses and included on Form 980, Part VII, the 7b c Add lines 4 and 4b c Total expenses and included on Form 980, Part VII, the 7b c Add lines 4 and 4b c Total expenses and include on Form 980, Part VII, the 7b c Add lines 4 and 4b c Total expenses and include on Form 980, Part VII, the 7b c Add lines 4 and 4b c Total expenses and include on Form 980, Part VII, the 7b c Add lines 4 and 4b c Total expenses and include on Form 980, Part VII, the 25: a Donated services and use of facilities c Other (Describe in Par XII) c Add lines 2 a through 2d. c Other losses c Other losses c Other losses ber added financial statements c Other losses in Far XIII) c Add lines 2 through 2d. c Other losses c D Total openses, Add lines 3 and 4c. (This must equal Form 300, Part VII, the 7b c Other losses c Total openses, Add lines 3 and 4c. (This must equal Form 300, Part VII, the 7b c Other losses c Total openses, Add lines 3 and 4c. (This must equal Form 300, Part VII, the 2b c Total openses, Add lines 3 and 4c. (This must equal Form 300, Part VII, the 7b c Total expenses, Add lines 3 and 4c. (This must equal Form 300, Part VII, the 7b c Other losses c Total openses, Add lines 3 and 4c. (This must equal		(*)*)*(*)*(*)*)	02,04/		
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e Add lines 2a birough 2d 2a -3,996,298 3 Subtracting 2a from line 1 3 39,645,169 4 Amounts included on Form 900, Part VIII, line 72, but not on line 1: 4 a Investment expanses not included on Form 900, Part VIII, line 72 4 6 Total resence. Add lines 3 and 4c. (This must equal Form 900, Part I, line 12) 5 39,645,169 7 Total resence. Add lines 3 and 4c. (This must equal Form 900, Part I, line 12) 5 39,645,169 7 Total resence. Add lines 3 and 4c. (This must equal Form 900, Part I, line 12) 1 5 39,645,169 7 Total expanses Total resence. Add lines 3 and 4c. (This must equal Form 900, Part IV, line 12) 1 30,831,773 1 Total expanses a longes part Add line 25: 1 30,831,773 2 Amounts included on ine 1 diverses part addited financial statements 1 30,831,773 3 Other (Describe in Part XIII) 2a -4,078,945 3 Other (Describe in Part XIII) 2a -4,078,945 3 Subtract line 2a through 2a 2a -4,078,945 3 Subtract line 2a through 2a 2a -4,078,945 3 Subtract line 2a through 2a 3 34,910,718 4 Amounts included	c Recoveries of prior year grants	2c	4 080 045		
3 Subtract line 2 & from 190, Part VIII, line 12, but not on line 1: 3 39, 645, 169 4 Amounts included on Form 980, Part VIII, line 70 44 44 44 b Other (Describe in Part XIII) 44 44 46 c Add lines 4 and 4b 5 39, 645, 169 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 30, 831, 773 1 Total sequences and uses or addited for form 990, Part IX, line 25: 1 30, 831, 773 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 3 34, 910, 718 2 Other (Describe in Part XIII) 2a -4, 078, 945 2a -4, 078, 945 3 Subtract line 2 form line 1 3 34, 910, 718 3 34, 910, 718 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a 4a 4a b Other (Describe in Part XIII) 4a	d Other (Describe in Part XIII.)				
3 Subtract line 2e from line 1 4 Anounch included on Form 900, Part VIII, line 12, but not on line 1: a true stream expenses not included on Form 900, Part VIII, line 7b 4 de description Part VIII, line 7b 6 dd lines 4 and 4b 7 dt VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete If the organization answered "Yes" to Form 900, Part IV, line 12a 1 Total sequences and tosse part audited financial statements 2 de description Part XIII. 9 de true to noise 1 but not on form 600, Part IX, line 22: 2 de description Part XIII. 9 de true to to norme 600, Part X, line 22: 2 de description Part XIII. 9 de true to to norme 600, Part X, line 25. 9 do ther (Description Part XIII.) 9 de true to to norme 600, Part X, line 25. 9 Subtract line 2e from line 1 9 de true to to norme 600, Part X, line 25. 9 do ther (Description Part XIII.) 9 de true to to norme 600, Part IX, line 7b 9 de true to to norme 600, Part X, line 7b 9 de true to to norme 600, Part X, line 7b 9 de true to to norme 600, Part IX, line 7b 9 de true to to norme 600, Part IX, line 7b 9 de true to to norme 600, Part IX, line 7b 9 de true to to to norme 600, Part IX, line 7b 9 de true to to to norme 600, Part IX, line 7b 9 de true to to to norme 600, Part IX, line 7b 9 de true to to to the form 600, Part IX, line 7b 9 de true to to to the form 600, Part IX, line 7b 9 de to to to the form forme 600, Part IX, line 7b 9 de true to to to the forme 600, Part IX, line 7b 9 de to to to to the forme 600, Part IX, line 7b 9 de to toto to to the forme 600, Part IX	e Add lines 2a through 2d				
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b Oher (Describe P Part XIII.) 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 4c 39, 645, 169 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Returm. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 30, 831, 773 1 Total expenses and losses per audited financial statements. 1 30, 831, 773 2 Amounts included on line 1 but not no Form 980, Part IX, line 22: 2a 2a 2 Observe Status 2a 2a 2a 4 Other (Describe in Part XIII.) 2a 2a -4, 078, 945 3 Subtract line 2 strongh 2d 2a -4, 078, 945 3 4 Amounts included on Form 900, Part VII, line 25, but not on line 1: 4a 4a 4 Amounts included on Form 900, Part VII, line 7b 4a 4a 4 Other (Describe in Part XIII.) 4c 5 34, 910, 718 9 Other (Describe in Part XII.) 4a 4c 5 34, 910, 718 9 Add lines 4a and 4b 4c 5 34, 910, 718 9 And lines 3 and 4c. (This must equal Form 990, Part VII, line 7b 4a 4c 9 Cother (Describe Part XIII.) 5 34, 910,					
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Federal or State examinations by tax authorities for years before 2012. Part XI, Line 2d - Revenue Amounts Included in Financials - Other	Tax years that are open under the statut	e of lim	itations rem	ain s	ubject to
Federal or State examinations by tax authorities for years before 2012. Part XI, Line 2d - Revenue Amounts Included in Financials - Other		1.1			
Part XI, Line 2d - Revenue Amounts Included in Financials - Other	examination by the IRS. The School is ge	nerally	no longer su	DJECT	$\tau o \cup s$.
Part XI, Line 2d - Revenue Amounts Included in Financials - Other	Tedevel en Chete exeminatione hu teu out	honition	for woons b	oforo	2012
	recerat or state examinations by tax aut	HOLICIES	TOT YEARS D	erore	ZVIZ.
			******	*****	*****
	Part XI, Line 2d - Revenue Amounts Inclu	ded in F	inancials -	Other	
FINANCIAL AID \$ -4,078,945			******		
	FINANCIAL AID		\$	-4,	078,945

Schedule D (Form 990) 2014	MIAMI	COUNTRY	DAY	SCHOOL,	INC.	59-1278987
Part XIII Supplemen	tal Inform	ation (contin	ued)			

Part XII,	Line 2d - Expense	Amounts Incl	uded in Fina	ncials - Other
FINANCIAL	AID			\$ -4,078,945
	¹ 000000000000000000000000000000000000	******	******	

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Page 5

(For	Part IV,	the organizati line 13, or For Attach to Form	thools ion answered "Yes" to Form 990-EZ, Part VI, line 48 n 990 or Form 990-EZ.	3.	2 (1545-0 14 1545-0 1545-0 1545-0	iblic
_	me of the organization MIAMI COUNTRY DAY S			Employer identifica	tion number		
Pa	Part	SCHOOL,	INC.	55 12/03			
					_	YES	NO
1	Does the organization have a racially nondiscriminatory p bylaws, other governing instrument, or in a resolution of it			charter,	1	x	
2	brochures, catalogues, and other written communications	s with the publi	ory policy toward students i ic dealing with student adm	issions,	2	x	
3	during the period of solicitation for students, or during the in a way that makes the policy known to all parts of the gu describe. If "No," please explain. If you need more space.	e registration pe eneral commu , use Part II	eriod if it has no solicitation nity it serves? If "Yes," plea	program, se	3	x	
	ADMISSION IS OPEN TO ALL STU RELIGION, SEX, DISABILITY, O NATIONAL ORIGIN WHO POSSESS CHARACTER ENABLING THEM TO S	CITIZENS THE MOT	SHIP STATUS, C TIVATION, ABII	CREED, OR LITY AND			
4							
a b	b Records documenting that scholarships and other financi	ial assistance a	are awarded on a racially		4a 4b	x	-
С		d other written	communications to the put	olic dealing	40		
d		ehalf to solicit	contributions?		4d	X	
		10120102101000000					
5		th respect to:			· • •		
а					<u>5a</u>	-	X
b	b Admissions policies?				<u>5b</u>	-	x
с	c Employment of faculty or administrative staff?				<u>5c</u>	-	x
d	d Scholarships or other financial assistance?				<u>5d</u>	-	x
е	e Educational policies?				<u>5e</u>	-	x
f	f Use of facilities?				<u>5f</u>	-	x
g	g Athletic programs?				<u>5g</u>	-	x
h	h Other extracurricular activities?				5h		X
	If you answered "Yes" to any of the above, please explain	n. If you need r	more space, use Part II.				
					1 35555555		
					251000003		
					000000000000000000000000000000000000000		
6a		ince from a go	vernmental agency?		6a		X
b	b Has the organization's right to such aid ever been revoke	ed or suspende					X
_	If you answered "Yes" to either line 6a or line 6b, explain		nuinemento ef escliver 4.04	through			
7	Does the organization certify that it has complied with the 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racia	applicable rec	quirements of sections 4.01 nation? If "No," explain on P	art II	7	x	\$5000008

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

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

Schedule E (F	orm 990 or 990-EZ) (2014)	MIAMI	COUNTRY	DAY	SCHOOL,	INC.	59-1278987	Page 2
Part II	Supplemental Information.	. Provide th	e explanations	require	d by Part I, li	nes 3, 4d, 5h, 6		
÷	applicable. Also provide any	other addit	tional informati	on (see	instructions).			
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	 ■ Int	Governn Complete if the	n ents, a e organizati	her Assistanc nd Individuals ion answered "Yes" f ▶ Attach to Form I (Form 990) and its i	to Form 990, Part IV 990.	States , line 21 or 22.			OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization	TANT COUNTRY DAY C	CUOOT T	NG					Employer identifica	
And the state of t	IAMI COUNTRY DAY S Information on Grants and		NC.					59-12789	/8/
1 Does the organization	n maintain records to substantiate the used to award the grants or assistance e organization's procedures for mon	e amount of the g							Yes X No
Part II Grants a	ind Other Assistance to Dom ine 21, for any recipient that re	nestic Organ	izations	and Domestic Go	overnments. Cor	nplete if the orga	anization a	nswered "Yes"	' to Form 990,
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assista		Purpose of grant or assistance
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
3 Enter total number of	section 501(c)(3) and government of other organizations listed in the line	1 table		1 table				anterena b	ule L (Form 990) (2014)
For Paperwork Reduction	Act Notice, see the Instructions for	or Form 990.						Schedu	ule I (Form 990) (2014)

Schedule I (Form 990) (2014) MIAMI COUNTRY DAY SCHOOL, INC. 59-1278987

59-1278987

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID		4,078,945		FMV	
				1	
art IV Supplemental Information.), and any other additional	

SCHEDULE J	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	OMB No. 1545	-
(Form 990)	Compensated Employees	201	4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open to Pu	ublic
Department of the Trea Internal Revenue Servi	suly	90. Inspectio	on
Name of the organization		Identification number	
Part I C		.278987	_
raili G	uestions Regarding Compensation	Yes	No
990, Part V First-cla Travel f Tax ind	appropriate box(es) if the organization provided any of the following to or for a person listed in Form II, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ass or charter travel Image: travel travel or companions Image: travel travel to provide any relevant for business use of personal residence to personal residen		
Discreti	onary spending account Personal services (e.g., maid, chauffeur, chef)		
	boxes on line 1a are checked, did the organization follow a written policy regarding payment ement or provision of all of the expenses described above? If "No," complete Part III to	<u>16 X</u>	
2 Did the orga	anization require substantiation prior to reimbursing or allowing expenses incurred by all	1	
directors, tr	ustees, and officers, including the CEO/Executive Director, regarding the items checked in line	2 X	
organizatior related orga Compet X Indeper	ich, if any, of the following the filing organization uses to establish the compensation of the i's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a inization to establish compensation of the CEO/Executive Director, but explain in Part III. instation committee indent compensation consultant all of other organizations interval and interval apply. Do not check any boxes for methods used by a Written employment contract Compensation survey or study Approval by the board or compensation committee		
	ear, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing n or a related organization:		
-	everance payment or change-of-control payment?	4a	X
	n, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
•	n, or receive payment from, an equity-based compensation arrangement?	40	X
Only section	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
•	listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any on contingent on the revenues of:		
a The organiz			X
b Any related If "Yes" to li	organization? ne 5a or 5b, describe in Part III.	<u>5b</u>	X
•	i listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any on contingent on the net earnings of:		
	ation?	6a	X
b Any related	organization?	6b	X
If "Yes" to li	ne 6a or 6b, describe in Part III.		
	Ilisted in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed ot described in lines 5 and 6? If "Yes," describe in Part III	7	x
8 Were any a	mounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		
-	contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	1500	
in Part III			X
	ne 8, did the organization also follow the rebuttable presumption procedure described in section 53.4958-6(c)?	9	
	eduction S3.4950-6(6)?	Schedule J (Form	000) 201

59-1278987

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

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

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

	(B) Breakdown o	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred in prior Form 990
JOHN DAVIES	(i) 353,834	0	0	18,200	7,141	379,175	
HEAD OF SCHOOL	(0)	0 0	0	0	0	0	******
GARY BUTTS	(i) 217,461	0	C	15,267	6,966	239,694	
COO	(ii)	0 0	0	0	0	0	
BRUCE TABATCHNICK	(i) 153,618	3 0	C	10,730	7,141	171,489	
DIR OF LEADERSHIP	(1)	0		0	0		
	(i)		The second s	the first second second			
	(ii)						
	(i)	N	Selection of the second	V			
	(ii)						
	(i)					Constant of the second	Service and the service of the servi
	(ii)	***************			******		
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	(ii)				****************		
	(i)		1997 - Sec. 1997 - 1997		Construction of		
	(ii)				**********		
	(i)		1		T		1
	(ii)				******		

Schedule J (Form 990) 2014 MIAMI COUNTRY DAY SCHOOL, INC.	59-1278987	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1	1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	
for any additional information.		

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	Schedule J (Form	990) 2014

SCHEDULE	Κ
(Form 990)	

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

MIAMI COUNTRY DAY SCHOOL, INC.

Employer identification number 59-1278987

Part I Bond Issues (h) On (i) Pooled (d) Date issued (b) Issuer EIN (c) CUSIP # (a) Issuer name (e) Issue price (f) Description of purpose (g) Defeased behalf of financing issuer Yes No Yes No Yes No X Х A MDC INDUSTRIAL DEV. AUTHORITY 52-1662816 02/27/15 11,000,000 FACILITIES X 52-1662816 02/27/15 19,000,000 FACILITIES Х Х х B MDC INDUSTRIAL DEV. AUTHORITY D Part II Proceeds B С Δ D 1 Amount of bonds retired 2 Amount of bonds legally defeased 839,690 4,295,587 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 124,712 215,412 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 714,978 4,080,175 10 Capital expenditures from proceeds 11 Other spent proceeds 12 Other unspent proceeds 13 Year of substantial completion Yes Yes No Yes No No Yes No X х 14 Were the bonds issued as part of a current refunding issue? X X 15 Were the bonds issued as part of an advance refunding issue? X X 16 Has the final allocation of proceeds been made? х X 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D A Yes 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No No Yes No

X

Х

X

X

2 Are there any lease arrangements that may result in private business use of bond-financed property?

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

which owned property financed by tax-exempt bonds?

OMB No. 1545-0047 2014 Open to Public Inspection

Schedule K (Form 990) 2014 MIAMI COUNTRY DAY SCHOOL, INC. Part III Private Business Use (Continued)

59-1278987

		A		B		c		
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?	12-1-1	X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	7	1						
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of					(
bond-financed property?	2	x		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other) : i		- Care - Ca					
outside counsel to review any research agreements relating to the financed property?	1							1
4 Enter the percentage of financed property used in a private business use by entities	1							
other than a section 501(c)(3) organization or a state or local government		%		%		%		0
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		9
6 Total of lines 4 and 5		%		%		%		9
7 Does the bond issue meet the private security or payment test?	8	X		X				1
8a Has there been a sale or disposition of any of the bond-financed property to a	-						10	
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X	·			1.1.1.1.1.1
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or				-				
disposed of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all	1							
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	1	X		X				
Part IV Arbitrage	1			-				_
		A.		B				
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?								
2 If "No" to line 1, did the following apply?		X		x				
a Rebate not due yet? b Exception to rebate?	1	X	-	X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed 3 Is the bond issue a variable rate issue?	x	1	X			-		
4a Has the organization or the governmental issuer entered into a qualified	A		A					
hedge with respect to the bond issue?	x		x					
b Name of provider	TD BANK		TD BANK					
c Term of hedge	1	14.8		14.8				
d Was the hedge superintegrated?	1	X		X		(1.
e Was the hedge terminated?		X		X				1.0000

Page 2

Schedule K (Form 990) 2014 MIAMI COUNTRY DAY SCHOOL, INC.

59-1278987

Part IV	Arbitrage (Continued)	

		4	1.1	3	(C)
	Yes	No	Yes	No	Yes	No	Yes	No
a Were gross proceeds invested in a guaranteed investment contract (GIC)?	A B C D sfied? X X X ad? X X X add X X add X X							
Name of provider								
: Term of GIC			V 17				1	
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						1		-
Were any gross proceeds invested beyond an available temporary period?		X	<u>^</u>	X				
Has the organization established written procedures to monitor the requirements of section 148?		v		v				
Part V Procedures To Undertake Corrective Action		A	<u></u>	Λ		· · · · · · · · · · · · · · · · · · ·	-	
Fair V Frocedures to ordertake corrective Action			1			•		
					-	1		
Has the organization established written procedures to ensure that violations	res	NO	res	NO	res	NO	res	No
of federal tax requirements are timely identified and corrected through the	1.11	()	10.000					
voluntary closing agreement program if self-remediation is not available under applicable regulations?					- D			
				X	A CONTRACTOR OF A CONTRACTOR O			
Schedule K - Differences in Issue Price MDC INDUSTRIAL DEV. AUTHORITY THE BORROWER HAS AGREED TO MAKE MINIMUM	Explanat	ion A TOTA	L AGGRE	GATE UP	TO AN	s).		
Schedule K - Differences in Issue Price MDC INDUSTRIAL DEV. AUTHORITY	Explanat	ion A TOTA	L AGGRE	GATE UP	TO AN	5).		
Schedule K - Differences in Issue Price MDC INDUSTRIAL DEV. AUTHORITY THE BORROWER HAS AGREED TO MAKE MINIMUM AMOUNT OF \$30,000,000. THE UNPAID BALANC 30, 2015 WAS \$5,135,277 Schedule K - Additional Information	Explanat	ion A TOTA	L AGGRE	GATE UP	TO AN	s).		
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Schedule K - Differences in Issue Price MDC INDUSTRIAL DEV. AUTHORITY THE BORROWER HAS AGREED TO MAKE MINIMUM AMOUNT OF \$30,000,000. THE UNPAID BALANC 30, 2015 WAS \$5,135,277 Schedule K - Additional Information MDC INDUSTRIAL DEV. AUTHORITY THE BOND WILL BE USED TO FINANCE OR REFI ACQUISITION, DESIGN, CONSTRUCTION, RENOV APPROXIMATELY 45,000 SQUARE FOOT FACILIT THE ARTS ON CAMPUS, A CAMPUS PARKING GAR AND OTHER CAPITAL PROJECTS RELATED THERE	Explanat DRAWS TO E OF THE NANCE TH ATION AN Y TO BE AGE AND TO; (II)	LION A TOTA E BOND P HE COST HE COST D EQUIP OPERATE ADDITIC THE AC	L AGGRE(AYABLE 2 OF (1) PING OF D AS THI NAL PARI QUISITI(CENTER CENTER CENTER CENTER CING SPA DN, DESI	TO AN INE S FOR ACES GN ,	s).		
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Schedule K - Differences in Issue Price MDC INDUSTRIAL DEV. AUTHORITY THE BORROWER HAS AGREED TO MAKE MINIMUM AMOUNT OF \$30,000,000. THE UNPAID BALANC 30, 2015 WAS \$5,135,277 Schedule K - Additional Information MDC INDUSTRIAL DEV. AUTHORITY THE BOND WILL BE USED TO FINANCE OR REFI ACQUISITION, DESIGN, CONSTRUCTION, RENOV APPROXIMATELY 45,000 SQUARE FOOT FACILIT THE ARTS ON CAMPUS, A CAMPUS PARKING GAR AND OTHER CAPITAL PROJECTS RELATED THERE CONSTRUCTION, RENOVATION AND EQUIPPING O FOOT BUILDING TO BE USED ON A TEMPORARY	Explanat DRAWS TO E OF THE NANCE TH ATION AN Y TO BE AGE AND TO; (II) F AN API BASIS AS USED AS G OF MII	A TOTA BOND P BOND P BOND P HE COST D EQUIP OPERATE ADDITIC THE AC PROXIMAT S CLASSE BORROWE DDLE SCH	L AGGREG AYABLE 2 OF (1) ' PING OF D AS THI NAL PARI QUISITIC ELY 12,0 COM FAC R'S MAIL OOL SCI	CATE UP AS OF JU THE AN E CENTEF CING SPA DN, DESI DOO SQUA LLITIES, VTENANCE ENCE LAE	TO AN INE S FOR ACES IGN , IRE	s).		

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Schedule K	(Form 990)	2014	MIAM
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II COUNTRY DAY SCHOOL, INC. 59-1278987 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued) DAA

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Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)
Department of the Treasury

Transactions With Interested Persons

Complete if the organization 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.

Attach to Form 990 or Form 990-EZ.

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

	MIAMI COUNTRY DAY SCHOOL, INC.						59-	12789	87							
Part I	Excess Benefit Transactions (section 501(c)(3), section Complete if the organization answered "Yes" on Form 990, Part I								Ob							
	complete if the organization ans		m 990, Part IV		-		1 330-EZ, Part V,	inte 41			(d) Corrected?					
1	(a) Name of disqualified person		organizatio		a pora		(c) Description of tr	ansactio	л		Yes		No			
(1)											5					
(2)					_			_			_	_				
(3)								_			-	_	_			
(4)				_	_			_	_		-		_			
(5)					_					-	1		-			
under se	e amount of tax incurred by the org action 4958 e amount of tax, if any, on line 2, a			tines)						_						
3 Enter th	Loans to and/or From In										_		_			
	Complete if the organization ans organization reported an amount	wered "Yes" on For	m 990-EZ, Pa		line	38a or Form 99	0, Part IV, line 26	; or if t	he		_					
	(a) Name of Interested person	(b) Relationship with organization	(c) Purpose of Ioan	or fro	oan to m the g.?	(e) Original principal amount	(f) Balance due	(g) In	default?	by bo	oproved oard or nittee?	(i) W agree	/ritten ement?			
			-		From			Yes	No	Yes	No	Yes	No			
(1)			1					-								
(2)							<u></u>									
(3)																
(4)									-							
(5)																
(6)																
(7)								-								
(8)																
(9)			-					-								
(10)							-									
Total Part III	Grants or Assistance Be Complete if the organization ans				- 27	▶\$										
	(a) Name of interested person	(b) Relations	ship between inter	ested	1	mount of assistance	(d) Type of assistance	9	(e)) Purpos	e of ass	istance				
(1)																
(2)																
(3)																
(4)					-				_							
(5)				_	-			-	_		_					
(6)				-	-		-	-		_			_			
(7)				_				_	_	_	-		_			
(8)				-	-			-	_				_			
(9)					-			-	_							
(10)		U U			I.	the second se			_							

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

OMB No 1545-0047

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Inspection

Employer identification number

Open To Public

Schedule L (Form 990 or 990-EZ) 2014 MIAMI COUNTRY DAY SCHOOL, INC.

. 59-1278987

Page **2**

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharin of org. revenues		
	organization			Yes	No	
(1) TERRY JOVE	TRUSTEE	919,185	INSURANCE SERVICE		X	
(2)						
(3)						
(4)						
(5)				1		
(6)		·				
(7)						
(8)						
(9)						
10) Bart V Supplemental Information						

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

ONE OF THE SCHOOL'S BOARD OF TRUSTEE MEMBERS IS THE SPOUSE OF THE SCHOOL'S

PROPERTY CASUALTY INSURANCE BROKER. THE MEMBER'S SPOUSE RECEIVES A

COMMISSION FROM THE INSURANCE COMPANY PROVIDING THE INSURANCE. THE PAYMENT

AMOUNT ABOVE REPRESENTS THE INSURANCE PREMIUMS PAID TO THE INASURANCE

BROKER AS A CONDUIT FOR THE INSURANCE PROVIDER.

SCHEDULE O (Form 990 or 990-EZ)									
Department of the Treasury	Attach to Form 990 or 990-EZ.		Open to Public						
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.	irs.gov/form990.	Inspection						
Name of the organization	MIAMI COUNTRY DAY SCHOOL, INC.	59-12789							
	MIAMI COONIRI DAI SCHOOL, INC.	<u> </u>							
Form 990,	Part VI, Line 2 - Related Party Information An	nong Offic	cers						
MARK PIPER	SHERYL PIPER								
TRUSTEE	EMPLOYEE								
HUSBAND/WI	FE								
Form 990,	Part VI, Line 11b - Organization's Process to	Review Fo	orm 990						
THE FORM 9	90 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE	BOARD OF	TRUSTEES						
FOR REVIEW	AND APPROVAL PRIOR TO FILING.								

Form 990,	Part VI, Line 12c - Enforcement of Conflicts B	Policy							
FACULTY AN	O ADMINISTRATIVE STAFF SIGNS EMPLOYMENT CONTRA	ACT ANNUAL	LLY AND ARE						
			n a - T Calendrado Calendra - Ala						
REQUIRED TO	D DISCLOSED ANY CONFLICTS OF INTEREST.		. <u>5. 5</u>						
Form 990,	Part VI, Line 15a - Compensation Process for 1	Cop Offic:	ial						
THE SCHOOL	HIRED AN INDEPENDENT COMPANY TO REVIEW SALARI	ES PATD I	BY						
COMPARABLE	SCHOOLS.								
			÷.						
Form 990	Part VI, Line 15b - Compensation Process for (Officers	**********************						
SALARIES P	AID TO OTHER OFFICERS AND/OR KEY EMPLOYEES WER	RE DETERM	INED AND						
APPROVED B	Y THE BOARD OF TRUSTEES.								
Form 990,	Part VI, Line 19 - Governing Documents Disclos	sure Expla	anation						
THE SCHOOL	MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF IN	NTEREST PO	OLICY, AND						
	STATEMENTS AVAILABLE TO THE PUBLIC UPON RECEID								
FINANCIAL 3	STATEMENTS AVAILABLE TO THE FUBLIC OFON RECEIP	I VE WRI.	L L LILY						
REQUEST.									

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization NETROVE OCUPATION TAKES	Page 2 Employer identification number
MIAMI COUNTRY DAY SCHOOL, INC.	59-1278987
Form 990, Part XI, Line 9 - Reconciliation of Change	es - Other
FINANCIAL AID	\$ -4,078,945
FINANCIAL AID	\$ 4,078,945
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P	a	ge	2	1	0	f	1		
-		200		_				 	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.											
Name of the organization	I COUNTRY DAY SCHOOL, IN	IC .				Employer id 59-127	entification numb 8987	er				
Part I Identification o	f Disregarded Entities Complet	e if the organization answ	wered "Yes" on F	orm 990, Part IV	line 33.							
Name, address, an	(a) Name, address, and EIN (if applicable) of disregarded entity			ile (state Tota ountry)	(d) Iincome E	(e) nd-of-year assets	(f) Direct con entit	trolling				
(1)												
(2)												
(3)												
(4)							-	_				
(-)												
Part II Identification o	f Related Tax-Exempt Organiza	ations Complete if the or	ganization answ	ered "Yes" on Fo	rm 990, Part IV,	line 34 becaus	se it had					
one or more rela	ated tax-exempt organizations du (a) ess, and EIN of related organization	tring the tax year. (b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	Section s	g) 512(b)(13) ed entity?				
(1) MIAMI SHORES PRESS 602 NE 96 ST			or foreign country)		(if section 501(c)(3))	entity	Yes	No				
(2)	FL 33138	CHURCH	FL	501C3	1	N/A		X				
(3)							-					
						11						
(4)												
(5)												
)	ice see the Instructions for Form 990					Caba	dule R (Form	0001 2014				

Part III Identification of Related Organization because it had one or more related organization	ons Taxable	as a	Partnership	Complete if the	e organization tax year	answered "Yes" o	on Form 99	90, Part IV, line	e 34		Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	aging ner?	(k) Percentage ownership
(1)							163 110		1163	NO	1
(2)	-										
adiranianisianistasianinianaasaasaa				1.21							
(3)										-	
(4)											
Part IV Identification of Related Organization line 34 because it had one or more rel (a) Name, address, and EIN of related organization	ons Taxable ated organiz (b) Primary activi	ations	Corporation treated as a (c) Legal domicite (state or	or Trust Comporation or (d) Direct controlling entity	plete if the or trust during t (e) Type of entity (C corp, S corp,	ganization answere ne tax year. (f) Share of total income	ed "Yes" o (g) Share of end-of-year a	(h Percel	i) ntage		() Section 512(b)(13) controlled
			foreign country)		or trust)					-	entity? Yes No
(1)											
(2)										Ť	
(3)			-		1						
(4)							_				
			_								

Part V Transactions With Related Organizations	Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 3	4, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this	schedule.					Yes	No
1 During the tax year, did the organization engage in any of the follo							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from	n a controlled entity				1a	<u> </u>	X
b Gift, grant, or capital contribution to related organization(s)					1b		X
 Gift, grant, or capital contribution from related organization(s) 					1c		X
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e		X
f Dividends from related organization(s)				******************************	1f	1.	X
g Sale of assets to related organization(s)					1g	1.1	X
h Purchase of assets from related organization(s)					1h	č	X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organizat	tion(s)				1j		X
k Lease of facilities, equipment, or other assets from related organi	ization(s)				1k	a la capita de	X
I Performance of services or membership or fundraising solicitation	ns for related organization(s)				11		X
m Performance of services or membership or fundraising solicitation	ns by related organization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							X
o Sharing of paid employees with related organization(s)					10		X
p Reimbursement paid to related organization(s) for expenses					1p		X
q Reimbursement paid by related organization(s) for expenses					1q		X
r Other transfer of cash or property to related organization(s)					1r	201 201 111	X
					1s		X
2 If the answer to any of the above is "Yes," see the instructions for	r information on who must complete	this line, including covered	relationships and transactio	n thresholds.			
(a)		(b)	(c)	(d)			
Name of related organization		Transaction	Amount involved	Method of determining amou	int involv	ed	
		type (a-s)			_		
(1)						_	
(2)							
(3)							
(4)							_
(5)							
(6)							_

DAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	(4 Are all sec 501(organiz	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging mer?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)	1		1										
			1			1.0	1 m m m	0.001					
(3)				1		1		11					

(4)			1										
(5)					_								
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(6)									-				
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(7)													1.1.1
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(8)							2						
(9)													
(10)								1					
(11)						1							

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Part VII	Provide additional information for responses to questions on Schedule R (see instructions).
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Schedule R (Form 990) 2014 MIAMI COUNTRY DAY SCHOOL, INC.