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DLN: 93493045021983

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

A Fanth.	2011			
A Forthe B Check if	e 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 C Name of organization		D Employer i	dentification number
- Address	CONCORD ACADEMY		04-12006	500
– Name ch	Doing Business As	- I	E Telephone	
Initial ref		_	(978)402	2-2200
_	Number and street (of P O box it mail is not delivered to street address) Room/suite	•	G Gross receip	ts \$ 40,714,158
Terminat		- i		
Amended	Concord, MA 01742			
Application	on pending			
	F Name and address of principal officer Richard G Hardy Head of School		s a group retu	
	Concord Academy	affilia	tes?	⊤Yes ▽ No
	166 Main Street Concord, MA 01742	H(b) Are all	affiliates inclu	uded?
				st (see instructions)
	empt status	H(c) Grou	p exemption r	number 🟲
Websit	te: ► www.concordacademy.org	_		
	organization 🔽 Corporation 🧵 Trust 🗀 Association 🗀 Other 🕨	L Year of for	mation 1922	M State of legal domicile MA
Part I	Summary			
Activities & Governance 2 4 2 2	Concord Academy is a four-year, coeducational, independent college-preparatory twelve. The school was founded in 1922 and is located in Concord, Massachuset 363 students, 151 of whom were boarding students and 212 of whom were day storeign countries.	ts The 2011	L-2012 enrol	lment was composed of
9	Check this box ▶ if the organization discontinued its operations or disposed of	mara than 3	F0/ of its not	acceta
8 2	•	more than 2	1	1
	Number of voting members of the governing body (Part VI, line 1a)		3	22
	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a).		5	371
1 6	Total number of volunteers (estimate if necessary)		6	179
	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	Net unrelated business taxable income from Form 990-T, line 34		7b	
	·	Prio	rYear	Current Year
8	Contributions and grants (Part VIII, line 1h)		5,425,303	5,892,064
<u></u> } 9	Program service revenue (Part VIII, line 2g)		16,056,045	16,572,337
By 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,271,388	2,008,574
ii 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,405	14,654
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		24,815,141	24,487,629
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,116,709	3,277,979
14	Benefits paid to or for members (Part IX, column (A), line 4)		0	3,2,7,373
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			
(本) 16a (五) b	5-10)		10,413,072	10,973,230
董 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ਲੈ∣ਿਂ	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,646,746			
_ 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,825,178	6,919,098
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		20,354,959	
19	Revenue less expenses Subtract line 18 from line 12		4,460,182	3,317,322
සුමු කුළු			of Current ear	End of Year
20	Total assets (Part X, line 16)		94,635,722	93,963,258
	Total liabilities (Part X, line 26)		23,031,188	23,838,696
20 20 21			71,604,534	70,124,562
20 21 21 22		1		
Part II	Net assets or fund balances Subtract line 21 from line 20			
Part II Juder pen knowledge knowledge	Net assets or fund balances Subtract line 21 from line 20	edules and st is based on a	all information	
Part II Inder pen knowledge knowledge	Net assets or fund balances Subtract line 21 from line 20 Signature Block Balties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete. Declaration of preparer (other than officer) e. Signature of officer Judi B Seldin CFO	edules and st is based on a	all information	
Part II Under pen knowledge knowledge	Net assets or fund balances Subtract line 21 from line 20 Signature Block Balties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete. Declaration of preparer (other than officer) e. Signature of officer Judi B Seldin CFO Type or print name and title	edules and st is based on a 20 Da	13-02-14 te	of which preparer has any
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Par	t III	Statement of I Check if Schedule			llishments uestion in this Part III		୮
1	Briefl	y describe the orga	nızatıon's mıssıon				
		ademy engages its s, and guided by a d			ed by a love of learnin	g, enriched by a diversity of b	packgrounds and
2	the pr	e organization unde ior Form 990 or 99 s," describe these r	0-EZ?			r which were not listed on	「Yes ▼ No
3	Dıd th		se conducting, or r		nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these o	changes on Sched	ule O			
4	expen	ses Section 501(c	(3) and 501(c)(4) organization:	s and section 4947(a)	ree largest program services (1) trusts are required to rep ch program service reported	, as measured by ort the amount of
4a	(Code	<u> </u>) (Expenses \$	16,572,623	ıncludıng grants of \$	3,277,979) (Revenue \$	16,572,337)
	,	dary Education 363 stu			nal Programs, General/Oth	er Summer Camp 8-week program	
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		r program services enses \$	•	edule O) luding grants (of \$	0) (Revenue \$	0)
4e	Tota	l program service e	xpenses ⊩ \$	16,572,62	13		

art IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	and that is deated as a participant for reactal medine tax participants. The rest, complete schedule is, rait vi			

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 94			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	163	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
_	Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		
	account)?	44		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		1110
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	organization solicit any contributions that were not tax deductible?	_ ~		.,,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
	file Form 8282?	7c		Νo
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	7e		No
_	Contract?			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
1				
	Section 501(c)(12) organizations. Enter Gross uncome from members or shareholders			
	Gross income from members or shareholders			
ט	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
L	allocated to each state			
D	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
4 -	Enterphenical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		No
L	taxable entity during the year?	16a		INO
D	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		
Se	ection C. Disclosure	· · · · · · · · · · · · · · · · · · ·		
17	List the States with which a copy of this Form 990 is required to be filed▶MA			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Concord Academy Finance Office

166 Main Street

Concord, MA 01742 (978) 402-2261

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	(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 (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Elizabeth Ballantine Trustee	1 00	х						0	0	0
(2) Paul S Barth Trustee	1 00	х						0	0	0
(3) W Anthony Brooke Trustee	1 00	Х						0	0	0
(4) Frances Savoia Brown Trustee	1 00	х						0	0	0
(5) Amy Cammann Cholnoky Trustee	1 00	х						0	0	0
(6) Jeffrey L Eberle Treasurer and Trustee	2 00	×		Х				0	0	0
(7) Lisa Frusztajer Secretary and Trustee	2 00	×		Х				0	0	0
(8) Sılvıa Gosnell Trustee	1 00	×						0	0	0
(9) Sandra Willett Jackson Trustee	1 00	X						0	0	0
(10) Althea S Kaemmer Trustee	1 00	×						0	0	0
(11) Amelia Lloyd McCarthy First VP and Trustee	2 00	X		Х				0	0	0
(12) Peter H Mattoon Trustee	1 00	Х						0	0	0
(13) John J Moriarty President and Trustee	2 00	х		Х				0	0	0
(14) Mervan F Osborne Trustee	1 00	х						0	0	0
(15) Jorge Solares Parkhurst Trustee	1 00	х						0	0	0
(16) Neil E Rasmussen Trustee	1 00	Х						0	0	0
(17) Katharıne Rea Schmitt Trustee	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(describe director/trustee)								D) rtable nsation n the ition (W- -MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
	ay Lampert Shutzer d VP and Trustee	2 00	х		Х					0		0		0
(19) L Truste	owell S Smith e	1 00	х							0		0		0
(20) k Truste	Celsey D Stratton e	1 00	х							0		0		0
(21) k	(im Williams e	1 00	х							0		0		0
(22) F Head	tichard G Hardy	55	х		Х					278,861		0		48,445
	udı Seldın	55			х					177,856		0		42,224
(24) K	Cathleen Kelly or of Advancement	55				х				173,823		0		14,439
(25) P	ramela Safford ate Head	55					х			140,640		0		15,891
(26) F	obert Koskovich or of IT	55					х			106,529		0		20,173
(27)	Pavid Rost of Students	55					Х			105,570		0		20,389
												T		
1b	Sub-Total					•		F				T		
С	Total from continuation sheets t		tion A		•	•		•				1		
	Total (add lines 1b and 1c) Total number of individuals (inclu			those	·	·	• • • • • • • • • • • • • • • • • • • •	\ \ \	o rocowad	983,279	n	0		161,561
2	\$100,000 of reportable compens					Leu (above) WIIIC	o received	i illore tila	П			
													Yes	No
3	Did the organization list any forn on line 1a? <i>If</i> "Yes," complete School						mploy	ee, c	or highest	compens	ated employee			
4	For any individual listed on line 1						ation	• and	other com	• • ipensation	from the	3		No
-	organization and related organiza	tions greater th												
5	Did any person listed on line 1a r		e comp	• ensa	• tion	fron	nanvi	• unrel	lated orga	nızatıon o	or individual for	4	Yes	
	services rendered to the organiza		•						_			5		No
Se	ction B. Independent Cont	ractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	the organization												
	Nam	(A) e and business add	Iress							Desci	(B) aption of services		(C Comper	
4 Mec	ew Construction Company hanic Street , MA 01760								C	Construction	and Remodeling			174,139
	otal number of independent contributions of compensation from the			ot lım	iited	to t	hose	liste	d above) v	who receiv	ed more than			

Part v		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a	0				
景品	Ь	Membership dues 1b	0				
ಕ್ಕಾ	c	Fundraising events 1c	21,780				I
ु हिं			0				I
<u> </u>	d	Related organizations 1d					
ē,Ē	e	Government grants (contributions) 1e					I
ᅙᇎ	f	All other contributions, gifts, grants, and similar amounts not included above	5,870,284				
호	g	Noncash contributions included in					
돌유		lines 1a-1f \$ 486,855					I
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	5,892,064			
		1	Business Code				
e⊒		T. 15 (0 D					_
ven	2a	Tuition and Fees/Summer Programs	611110	16,486,074	16,486,074	0	0
22	b	Misc Income	611110	82,406	82,406	0	0
90	c	Student Loan Income	611110	3,857	3,857	0	0
10	d						
Q.	e						
튵	f	All other program service revenue		0	0	0	
Program Serwce Revenue	-			ŭ	Ü	Ü	
Δ.	g	Total. Add lines 2a-2f	▶	16,572,337			
	3	Investment income (including dividence	ls, interest				
		and other similar amounts)	-	879,696	0	0	879,696
	4	Income from investment of tax-exempt bond p	roceeds 🕨	0	0	0	0
	5	Royalties	🕨	0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross rents 0	0				
	ь	Less rental 0	0				
	_c	expenses Rental income 0	0				
	`	or (loss)			_1		
	d	Net rental income or (loss)	🟲	0	0	0	0
		(ı) Securities	(II) Other				
	7a	Gross amount 17,082,470 from sales of	4,724				
		assets other					I
	Ь	than inventory Less cost or 15,958,316	0				I
		other basis and sales expenses					
	c	Gain or (loss) 1,124,154	4,724				
	d	Net gain or (loss)		1,128,878	o	0	1,128,878
<u>Φ</u>	8a	Gross income from fundraising events (not including	-				
Other Revenue		\$21,780 of contributions reported on line 1c) See Part IV, line 18					
œ		a	34,046				
<u>a</u>	ь	Less direct expenses b	49,814				
₹		Net income or (loss) from fundraising e	·	-15,768		o	-15,768
_	9a	Gross income from gaming activities	}				
		See Part IV, line 19					
		a	22,055				
	ь	Less direct expenses b	1,328				
	c	Net income or (loss) from gaming activ		20,727	0	0	20,727
	10a	Gross sales of inventory, less returns and allowances .					
		a	226,310				
	Ь	Less cost of goods sold b	217,071		_		
	С	Net income or (loss) from sales of inve		9,239	0	0	9,239
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	Faculty Loan Interest	611110	456	0	0	456
	Ь						
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		450			
	12	Total revenue. See Instructions	. ▶	456			
	I		I	24,487,629	16,572,337	0	2,023,228

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,277,979	3,277,979		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	769,737	0	576,183	193,554
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	7,875,534	6,255,546	976,451	643,537
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	524,470	446,891	33,141	44,438
9	Other employee benefits	1,208,871	935,158	162,337	111,376
10	Payroll taxes	594,618	437,264	100,060	57,294
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	14,842	0	14,842	0
c	Accounting	94,100	0	94,100	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	76,572	0	76,572	0
g	Other	429,992	382,927	33,669	13,396
12	Advertising and promotion	112,406	42,145	45,583	24,678
13	Office expenses	378,438	182,740	94,606	101,092
14	Information technology	242,236	159,442	67,613	15,181
15	Royalties	0	0	0	0
16	Occupancy	673,755	621,327	32,129	20,299
17	Travel	224,522	75,938	67,334	81,250
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	104,864	79,337	14,539	10,988
20	Interest	477,899	360,579	70,789	46,531
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,428,059	1,314,243	69,749	44,067
23	Insurance	76,717	0	76,717	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Equipment Purchase Repairs & Maintenance	739,961	624,950	62,243	52,768
b	Total Food	1,342,053	1,166,505	60,089	115,459
С	Miscellaneous Expenses	441,070	177,705	193,910	69,455
d	Dues & Subscriptions	61,612	31,947	28,282	1,383
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	21,170,307	16,572,623	2,950,938	1,646,746
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 12,666 11,703 1 1 13.268.905 15.008.586 2 2 3 5,337,972 4,188,123 3 173.248 4 511.413 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5.464 5 3.963 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 32,815 34,192 7 38.301 61.929 481.498 9 9 373,104 Prepaid expenses and deferred charges 10a 42,415,869 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 20,995,260 b Less accumulated depreciation 19,155,629 10c 21,420,609 52,858,407 49,204,919 11 11 2,645,874 2,591,901 12 12 Investments—other securities See Part IV, line 11 13 83,389 13 58,504 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 517,926 15 517,940 15 94,635,722 93,963,258 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,046,781 1,792,354 17 17 Accounts payable and accrued expenses . 18 18 19 7,499,547 19 7,996,922 20 11.450.069 20 11.010.069 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 1,383,855 22 1,400,685 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,650,936 25 1,638,666 D 26 23,031,188 26 23,838,696 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 28,141,879 28,908,545 Unrestricted net assets 17,633,433 28 14,668,596 28 Temporarily restricted net assets Fund 29 25,829,222 29 26,547,421 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 71.604.534 33 70.124.562 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 94.635.722 34 93.963.258

Ра	Check if Schedule O contains a response to any question in this Part XI			.[~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24,4	187,629
2	Total expenses (must equal Part IX, column (A), line 25)	2			170,307
3	Revenue less expenses Subtract line 2 from line 1	3		3,3	317,322
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		71,6	504,534
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,7	97,294
6		6		70,1	124,562
Par	Time Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			୮	
	eneck in Schedule & contains a response to any question in this varieties.	•	-	Yes	No
1	Accounting method used to prepare the Form 990			165	110
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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As Filed Data -

DLN: 93493045021983

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Public Charity Status and Public Support

Inspection

Name of the organization

Employer identification number

CONC	CORD A	CADEMY			
		04-1200600			
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
	organı	ization is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	<u> </u>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	- d in	
_	_	section 170(b)(1)(A)(iv). (Complete Part II)			
6	<u>'</u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	ı	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e generai	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, ar	nd gros	SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha		_	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sec the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	pporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		<u> </u>
		(ii) a family member of a person described in (i) above?	11g(ii)		<u> </u>
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test-					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493045021983

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization NCORD ACADEMY	Emp	Employer identification number				
CUI	YCORD ACADLITI	04-:	1200600				
Pa	organizations Maintaining Donor Ad		unds	or Accounts. Complete if the			
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year	(a) Bollot davised failes	\	(b) I and said seller decounts			
- 2	Aggregate contributions to (during year)						
- 3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advı	rsed Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit						
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	<u>, , , , , , , , , , , , , , , , , , , </u>			
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	d historic structure			
				Held at the End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
3	Number of conservation easements modified, transfethe taxable year ►	rred, released, extinguished, or terminate	d by th	ne organization during			
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year ►			
7	A mount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	s during	g the year			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes			
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Par	Complete if the organization answered '		or Otl	her Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii					
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			► \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan				
а	Revenues included in Form 990, Part VIII, line 1			▶ \$			

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	, Hist	torica	al Treas	ures, or Oth	<u>er Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follo	wing that a	are a significan	use of its collection	on	
а	Public exhibition		d	Γι	oan or ex	change prograr	ns		
ь	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın how	vthev 1	further the	organization's	exempt purpose in		
•	Part XIV	onections and expla		· circ y	arener ene	. organization s	exempe purpose in		
5	During the year, did the organization solicit							Yes	□ No
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the						· · · · · · · · · · · · · · · · · · ·		1 110
LGI	Part IV, line 9, or reported an an					on answered	163 (01011113)	, ,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	for cor	ntributions	or other asset		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng tab	le				
							Amo	ount	
C	Beginning balance					10	3		
d	Additions during the year					10	1		
e	Distributions during the year					16			
f	Ending balance					11	•		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>(</i>							
Pai	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior Ye		+	(d)Three Years Back	(e) Four	Years Back
1a	Beginning of year balance	54,404,490		-	17,520	38,855,071	46,986,395		
b	Contributions	1,843,039		-	53,221	2,798,398	1,842,416		
C	Investment earnings or losses	-2,664,387			51,749	4,759,050	-7,751,951		
d	Grants or scholarships	393,891			24,546	334,401	378,962		
е	Other expenditures for facilities and programs	1,923,109		1,84	13,454	1,830,598	1,842,827		
f	Administrative expenses	0			0	0	0		
q	End of year balance	51,266,142		54,40	04,490	44,247,520	38,855,071		
2	Provide the estimated percentage of the yea	r end balance held a	ıs				L		
a	Board designated or quasi-endowment	34 %							
_									
b	remailent endowment F								
c 3a	Term endowment • 16 % Are there endowment funds not in the posse	scion of the organiza	.t.on t	·hat ar	. hald and	administered f	or the		
3a	organization by	ssion of the organiza	ation t	.nat are	e neid and	administered i	or the	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)	No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	chedul	eR?.		3b		
4	Describe in Part XIV the intended uses of th	e organization's end	lowme	ent fun	ds				
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	<u>0, Pa</u>	rt X, I	ıne 10.			ı	
	Description of property				ost or other investment)		r (c) Accumulated depreciation	(d) Bo	ook value
1a	Land				0	4,919,53	39		4,919,539
Ь	Buildings				0	30,837,17	'6 18,152,603		12,684,573
c I	Leasehold improvements				0		0 0		0
d I	Equipment				0	3,581,02	2,842,657		738,364
e (Other				(0 3,078,13			3,078,133
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B),	, line 1	0(c).) .		<u> </u>	-	21,420,609
							Schedule D	(Form 9	990) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1:		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost of end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u>	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Bookstore Deposits	374,427		
Capital Lease Obligations	15,583		
Housing Deposits	16,073		
Interest Rate Swap - Liability	795,223		
Registration Deposits	437,360		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,638,666		
	1.038.6661		

160	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,487,629
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,170,307
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,317,322
4	Net unrealized gains (losses) on investments	4	-4,593,037
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	-204,258
9	Total adjustments (net) Add lines 4 - 8	9	-4,797,295
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,479,973
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	16,908,023
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 0		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-7,847,819
3	Subtract line 2e from line 1	3	24,755,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-268,213
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,487,629
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	18,387,995
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	471,028
3	Subtract line 2e from line 1	3	17,916,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 76,572		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	3,253,340
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	21,170,307

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Concord Academy's Endowment supports and sustains forward-thinking initiatives, provides the flexibility to act on great educational opportunities, underwrites the maintenance and enhancement of buildings and grounds, and offers stability in times of fiscal uncertainty Concord Academy's strategic plan places a priority on increasing our endowment for financial aid, faculty compensation and maintenance of our historic campus
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Concord Academy follows FASB ASC 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosures, and transition.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Changes in value of split-interest agreements \$3,281, Unrealized loss on interest rate swap \$-207,539, for a total of \$-204,258
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Financial Aid Grants \$-3,176,768, Investment Advisor Fees \$-76,572, Change in Value Split Interest Agreement \$3,281, -\$4,724 gain(loss) on sale PP&E for a total of \$-3,254,783
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Bookstore and Special Event Expenses \$-268,213
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Bookstore and Special Event expenses \$268,213, Interest Rate Swap \$207,539, Gain/Loss on PP&E Disposal -\$4,724 for a total of \$471,028
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Financial Aid Grants \$3,176,768

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DLN: 93493045021983

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization CONCORD ACADEMY

Employer identification number

	04-1200600			
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records indicating the racial composition of the student body, faculty, and administrative stail. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
	Scholarships or other financial assistance?	5d		Νo
	Educational policies?	5e		Νo
_	Use of facilities? Athletic programs?	5f		No
y	Atmetic programs.	5g		No
h	o Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	17	ΙVac	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The following statement is published annually in the Boston Globe. We member schools of the Association of Independent Schools in New England reaffirm our long standing policy of nondiscriminatory admission of students. We admit students of any race, color, religious affiliation, national and ethnic origin and qualified handicapped students to all rights, privileges, programs and activities generally accorded or made available to students at our schools. We do not discriminate in violation of any law or statute in the administration of our educational policies, admissions policies, scholarship and loan program, and athletic or other school administered programs. Information and school catalogues may be obtained by calling the schools.

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493045021983

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public

Interna	al Revenue Service					Inspection
	ne of the organization				Employer ident	ification number
					04-1200600	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the					
	assistance, the grantees' eli the grants or assistance? .					Yes No
2	For grantmakers. Describe in Pa United States	art V the organiz	ration's procedu	res for monitoring the us	e of grant funds outsıde th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the Pacific	0	0	Program Services	Admissions interviews and fundraising activities	42,009
	Europe (including Iceland and Greenland)	0	0	Fundraising	Alumnae gatherings, Concord Academy updates	17,632
		I	I		I I	

59,641

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 04-1200600

Name: CONCORD ACADEMY

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493045021983

Employer identification number

OMB No 1545-0047

2011

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization

ONCORD ACADEMY				04-1200600	
Part I Fundraising Ac	tivities. Complete	e if the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitation In-person solicitation In-person solicitation If "Yes," list the ten higher to be compensated at leas	olicitations s a written or oral agre Form 990, Part VII st paid individuals or	e f g ement with any ind) or entity in conne entities (fundraise	Solicitation of no Solicitation of go Special fundraisii dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fui	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal	organization is regis	tered or licensed	to solicit funds or has b	een notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Benefit for Financial	Summer Stages Dance	(total number)	(Add col (a) through col (c))
			(event type)	(event type)	(total namber)	
E E	1	Gross receipts	32,245	23,581		55,826
Reveilue	2	Less Charitable contributions	21,780	0		21,780
	3	Gross income (line 1 minus line 2)	10,465	23,581		34,046
	4	Cash prizes	0	0		0
မာ	5	Non-cash prizes	0	0		0
anse	6	Rent/facility costs	0	3,098		3,098
Expenses	7	Food and beverages	7,276	2,217		9,493
Drea	8	Entertainment	0	20,206		20,206
ā	9	Other direct expenses .	5,206	11,811		17,017
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(49,814)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	-15,768
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
_	1	Gross revenue	0	0	22,055	22,055
9	2	Cash prizes				0
:penses	3	Non-cash prizes				0
Direct EX	4	Rent/facility costs				0
<u>D</u>	5	Other direct expenses	0	0	1,328	1,328
	6	Volunteer labor	✓ Yes	✓ Yes	∀ Yes 30 % No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		(1,328)
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)		20,727
9						
a b	Is th	er the state(s) in which the organization licensed to operate	gaming activities in each	n of these states?		
10a b	 Wer	re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	· · 「Yes 「No
						rm 990 or 990-EZ) 2011

Sche	edule G (Form	990 or 990-EZ) 20	11				Page 3			
11	Does the org	ganızatıon operate ga	aming activities with nonmembers? .			Γ _{Yes}	▼ No			
12	Is the organ	ızatıon a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity						
	formed to administer charitable gaming?									
13	Indicate the	percentage of gamıı	ng activity operated in							
а	_	•			13a		1 00 %			
b	An outside f	acılıty			13b		0 %			
14	Provide the records	name and address o	f the person who prepares the organıza	tion's gaming/special events book	s and					
	Name 🟲	Concord Academy	Advancement Office							
	Address 🟲	166 Main Street Concord, MA 017	742							
15a	Does the ord		ntract with a third party from whom the							
						L Vas	▼ No			
b			ning revenue received by the organizat			, 103	, 140			
			ned by the third party 🟲 \$							
С										
	Name 🟲									
	Address 🟲									
16	Gamıng man	ager information								
	Name 🟲									
	Gamıng man	Gaming manager compensation 🕨 \$								
	Description of services provided •									
	☐ Director,		□ Employee	Independent contractor						
17	Mandatory d									
а			er state law to make charitable distribu			_	_			
L	retain the state gaming license?									
b			t activities during the tax year 🟲 💲 0	o other exempt organizations of sp	ent					
Pai	rt IV Com		provide additional information for	responses to quuestion on Sci	hedule G (see				
$\overline{\Box}$		entifier	ReturnReference	Explana	tion					
<u></u>		=-	1							

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493045021983

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number CONCORD ACADEMY 04-1200600 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Tuition Grants	88	0	3,176,768	A ward granted after family's qualification process	Grants deducted from school tuition
(2) Music Lesson Financial Aid	37	0	41,560	award granted after family's qualification process	financial aid deducted from music lesson fees
(3) Health Insurance Financial Aid	30	0	41,755	award granted after family's qualification process	financial aid deducted from student health insurance costs
(4) Monthly Supplemental	33	15,100	0		monthly checks in the amount of \$50 (boarding students) and/or \$100 (day students) for incidentals and transportation costs to and from school
(5) Travel/Weekend Activities/Food/Misc	88	1,467	1,289	based on need	Long distance travel home, weekend activities, misc items including food and family travel to the school

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I , Part I , Line 2	Concord Academy awarded financial assistance to 88 students including tuition grants and assistance for music lessons, health insurance, bookstore purchases, transportation and miscellaneous expenses. Assistance is awarded on a financial need basis through the Financial Aid Office. Both the Financial Aid Director and the Finance Office staff administer and monitor all grants and student spending in the recipient's Concord Academy Bookstore account on a monthly basis. The Financial Aid Director meets monthly with each Financial Aid recipient to review spending. Class attendance is required and monitored by the Academic Office staff.

Compensation Information

DLN: 93493045021983

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization CONCORD ACADEMY

Employer identification number

04-1200600

Pa	Tt I Questions Regarding Compensation	<u> </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee					
	Independent compensation consultant	 -	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
	y- Form 550 of other organizations	,-	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
ь	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of \ensuremath{N}	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe			l
				8		No
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		componention incentive re		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Richard G Hardy	(I) (II)	278,861 0	0	0	37,328 0	11,406 0	327,595 0	o 0	
(2) Judi Seldin	(I) (II)	177,856 0	0 0	0	31,107 0	17,597 0	226,560 0	0 0	
(3) Kathleen Kelly	(I) (II)	173,823 0	0	0	14,019 0	708 0	188,550 0	0	
(4) Pamela Safford	(I) (II)	140,640 0	0	_	11,491 0	6,176 0	158,307 0	0	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a		Head of School's spouse accompanied him on trip to London for area gatherings and school updates. Also, Head of School and some faculty and staff live in school-owned housing as a requirement of their jobs.
SchJ_P01_S00_L03	Part I, Line 3	The Concord Academy Board of Trustees Executive Committee also acts as the Compensation Committee This group reviews and deliberates compensation for the Head of School and The Chief Financial Officer using peer school data and financial reporting (Form 990) and other external sources Compensation for FY 11-12 for these positions was reviewed and approved by the Committee in the Spring of 2011
SchJ_P01_S00_L04		Richard Hardy, Head of School and Judi Seldin, CFO, both participate in nonqualified retirement plans, employer contributions for FY 11/12 in the amount of \$16,500 and \$16,000 respectively are included in Form 990, Part V11, Column F and Schedule J, Part 11, Column C

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493045021983

Open to Public **Inspection**

Internal Revenue Service

Department of the Treasury

	e of the organization						E	mployer	· identifi	cation nu	mber				
CUI	NCORD ACADEMY									C	04-120	0600			
Pa	art I Bond Issues														
									(g) Defeased			On alf of	of (1) PC		
	(a) Issuer Name	Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose		(g) De	leaseu		suer	financing							
										Yes	No	Yes	No	Yes	No
A	Massachusetts Development Finance Agency	04-3431814	Noneavail	12-17-2010	11,526,201 Refunding of 12/23/1997 & 11/23/2004 Issues						×		X		×
Pa	rt III Proceeds									•					
						4		E	3		С			D	
1	A mount of bonds retired					11,526	,201						┼		
	A mount of bonds defeased						0						 		
3	Total proceeds of issue					11,526	,201						<u> </u>		
4	Gross proceeds in reserve fun-						0						 		
5 Capitalized interest from proceeds					0										
6	Proceeds in refunding escrow						0								
7	Issuance costs from proceeds	;				0									
8	Credit enhancement from proc	eeds			0							T			
9	Working capital expenditures f	from proceeds				0									
10	Capital expenditures from prod	ceeds			0										
11	Other spent proceeds				0										
12	Other unspent proceeds				0										
13	Year of substantial completion	1			20	2006			<u> </u>						
					Yes	No	- <u> </u>	Yes	No	Yes		No	Yes	<u></u>	No
14	Were the bonds issued as part	of a current refund:	ing issue?		Х										
15	Were the bonds issued as part	of an advance refur	nding issue?			Х									
16	16 Has the final allocation of proceeds been made?														
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pai	rt IIII Private Business U	se			_										
					<i>F</i>	·		B	-		С			D	
					Yes	No	<u> </u>	Yes	No	Yes	-	No	Yes	3	No
1	Was the organization a partner property financed by tax-exem		Х												

financed property?

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

SCILE	dule K (Form 990) 2011								Page ∠
Par	t IIII Private Business Use (Continued)								
	·	Α		В		С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities 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		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the	V							

Part IV Arbitrage

	Albidage								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	×							
Ь	Name of provider	RBS Citizens	NA						
С	Term of hedge		9						
d	Was the hedge superintegrated?		х						
e	Was a hedge terminated?		х						
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider		•				•		•
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?	Х							

Procedures To Undertake Corrective Action

post-issuance compliance of its tax-exempt bond liabilities?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045021983

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

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

Open to Public Inspection

Internal Revenu	ie Service											Inspec	tion
Name of CONCORD	the organiz ACADEMY	ation										ition numb	er
Part I	Excess F	Benefit Tra	nsact	ions (section 501	(c)(3) a	and section 501	(c)(4)		4-12006 zations (
							Part IV, line 25a o					ıne 40b	
													(c)
1	(a)) Name of disc	qualified	persor	l		(b) Desc	ription	of trans	action			rected?
												Yes	No
						-							
		•		_		_	disqualified perso			ear unde	r		
										P	· \$ —		
3 Ente	er the amour	nt or tax, ir any	y, on iin	e 2, abo	ove, reimburs	ea by th	e organization .		• •	•	·		
Part II		to and/or											
	Complet	e if the organi	ization a	answere	d "Yes" on F	orm 990), Part IV, line 26, I	or Forn	1 990-E			<u>a</u>	
				oan to				(e)	In	(f) Appro		(g)Writ	ten
(a) Name	of intereste purpose	ed person and		m the zation?	(c)O rig		(d)Balance due	defau		by boar	d or	agreem	
	parpose		То	From	- principal a	mount		V	N _a	commit			l Na
(1) Highly	Compensat	ted	10	From				Yes	No	Yes	No	Yes	No
	te Purchase			Х		9,900	3,963		No	Yes		Yes	
(2) Truste													
Real Estat	te Purchase		X		2,0	00,000	1,400,685		No	Yes		Yes	
Total .						▶ \$	1,404,648				•		
Part III		or Assista											
	Comple	te if the orga	anızatı				rm 990, Part IV		7.				
(a	a) Name of i	nterested per	son	'			een interested pers ganization	son	(c) A m	ount of g	rant or ty	pe of assı	stance
				\top	4		<u> </u>						

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) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) Ben Eberle	Jeffrey Eberle, Trustee, father of Ben	35,386	Employment		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation	 Identifier
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493045021983

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization CONCORD ACADEMY

Employer identification number

Рa	rt I Types of Property				04-1200600			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	- etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	11,000	See Part 2			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	53	475,855	See Part 2			
LO	Securities—Closely held stock .							
l 1	Securities—Partnership, LLC, or trust interests							
L 2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
6	Real estate—Commercial							
.7	Real estate—O ther							
.8	Collectibles							
.9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
<u>2</u> 7	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			0
			,		•		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement							
31	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L06	Schedule M, Part I, Line 6	Column D Method of determining noncash contribution amount Donor, Registry of Motor Vehicles, Concord Academy's Auto Insurance Representative Form 1098-C sent to Donor
SchM_P01_S00_L09	Schedule M, Part I, Line 9	Column D method of determining noncash contribution amounts mean of the high/low price of stock on the date of the gift
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	UBS Securities, LLC an affiliate of UBS Financial Services, Inc

Schedule M (Form 990) 2011

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DLN: 93493045021983

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization CONCORD ACADEMY	Employer identif	cation number
	04-1200600	

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Upon completion of the 2011 Form 990 the form, including Schedule B, was presented for discussion and review to members of the Audit Committee of the CA Board of Trustees A copy was then made available to each CA Trustee on the Trustee Website for further review Soon after the 2011 Form 990 was efiled with the IRS
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	In October of each year new and returning trustees are asked to complete, sign and return to the Assistant to the Head of School a Conflict of Interest form Once returned, each form is reviewed by the Head and CFO to ensure compliance. In the event of a conflict, said conflict would be discussed with the Committee on Trustees and/or legal counsel to determine how to proceed. The original forms are kept in the individual trustee files in the Head's Office.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Concord Academy Board of Trustess Executive Committee also acts as the Compensation Committee This group reviews and deliberates compensation for the Head of School and the Chief Financial Officer using peer school data and financial reporting (Form 990) and other external sources Compensation for FY 11-12 for these positions was reviewed and approved by the Committee in the Spring of 2011
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization does not make these documents available to the public
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net unrealized losses on investments \$-4,593,037, Unrealized loss on interest rate swap \$-207,539, Changes in Value of split-interest agreements \$3,281 for a total of \$-4,797,295

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 04-1200600

Name: CONCORD ACADEMY

Form 990, Special Condition Description:

Special Condition Description