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DLN: 93493319053496

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

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\ Fo	or the 2	015 cal	endar year, or tax year beg C Name of organization	ginning 07-01-2015 , and ending 06-30-2	016			
_	ck if app		KIMBALL UNION ACADEMY			D Emple	oyer ic	dentification number
_	ldress cha ame chan	-				02-0	2221	47
_	itial returi	-	Doing business as					
Fır	nal		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, .	E Teleph	one nu	umber
	terminate		PO BOX 188	ox if mail is not delivered to street address) Room/	suite	(603	1469	-3211
_	iended re olication p		City or town, state or province	te, country, and ZIP or foreign postal code			, 105	3211
ן אף	Jilcacion p	benuing	MERIDEN, NH 037700188			G Gross	receipt	ts \$ 27,959,228
			F Name and address of p	principal officer	H(a) 1	s this a grou	o rotu	rn for
			ROBERT BLAKE	'		subordinates?		⊤ Yes ✓
			MAIN STREET MERIDEN,NH 03770			No		
Tax	x-exempt	t status	▼ 501(c)(3)) ◀ (insert no)		Are all subord ncluded?	ınate	S
) ((insert no) 4947(a)(1) 01 327			n a lis	t (see instructions)
W	ebsite:	► ww	W KUA ORG		H(c)	Group exemp	tion n	iumber 🕨
(Forn	n of orga	nızatıon	✓ Corporation Trust	Association	L Year	of formation 1	813	M State of legal domicile NF
		_						
Pa	rt I	Sum						
			RY EDUCATION	ission or most significant activities				
ń								
ž ŧ								
<u> </u>	2 Ch	neck thi	ıs hox ▶ □ıf the organizat	tion discontinued its operations or dispose	d of more th	han 25% of it	s net	assets
dovemble		icen em	is box ? If the organizat		u 01 111010 ci		5	45500
8	3 Nu	ımber o	of voting members of the go	overning body (Part VI, line 1a)			3	14
Ď	4 Nu	ımber o	f independent voting memb	bers of the governing body (Part VI, line 1	b)		4	13
ACHANIES	5 To	tal num	nber of individuals employe	ed in calendar year 2015 (Part V, line 2a)			5	198
1	6 To	tal num	nber of volunteers (estimat		6	0		
				om Part VIII, column (C), line 12			7a	131,661
	b Net	unrela	ted business taxable incor	me from Form 990-T, line 34			7b	-111,526
						Prior Year		Current Year
Qı .	8	Contril	butions and grants (Part V	III, line 1h)	2,745	-	4,726,852	
in Lie		_	·	III, line 2g)		16,870		18,160,214
Š			,	olumn (A), lines 3, 4, and 7d)	•	1,621		876,064
Ravenue			•	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		220	,136	185,265
		12)	evenue—add imes o tinouç	gh 11 (must equal Part VIII, column (A), l	ille	21,458	,063	23,948,395
	13	Grants	and similar amounts paid	(Part IX, column (A), lines 1-3)		3,566	,113	3,962,003
	14	Benefit	ts paid to or for members (Part IX, column (A), line 4)			0	0
"				nployee benefits (Part IX, column (A), lines	s	8,042	.093	8,764,436
Expenses		5-10)						
p er	16a		- '	art IX, column (A), line 11e)	·		0	0
ă			ndraising expenses (Part IX, colu	· · · · · · · · · · · · · · · · · · ·	-	0.120	242	0.053.130
				n (A), lines 11a-11d, 11f-24e)		9,120		8,852,129
			·	7 (must equal Part IX, column (A), line 25) t line 18 from line 12		20,728 729	_	21,578,568
ν φ.	13	Keven	de leas expelises Subtrue					
Net Assets of Fund Balances					Beginn	ing of Current	Year	End of Year
Back	20	Total a	assets (Part X, line 16) .			72,260	,277	74,566,993
<u> </u>	21	Totall	iabilities (Part X, line 26)			23,822	,159	24,608,503
				otract line 21 from line 20		48,438	,118	49,958,490
	t II		ature Block	ve examined this return, including accomp	anving sch	edules and st	ateme	ants and to the best of
				nd complete Declaration of preparer (other				
repa	rer has	any kn	owledge					
		****	* *			2016-11-01		
Sign	, []	Signa	ture of officer			Date		
lere		ROBE	RT BLAKE CFO					
	[]	Туре	or print name and title	_				
			rint/Type preparer's name / JAY SIMMS	Preparer's signature W JAY SIMMS	Date 2016-10-31	Check ıf	PTIN P004	I 435321
Paic		-				self-employed		
	parer	F	rm's name ► TYLER SIMMS & rm's address ► 19 MORGAN DRI	ST SAUVEUR CPA PC		Firm's EIN ► (
Jse	Only	<i>'</i> [¨				Thome no (60	J, 033	VV 17
		ı	LEBANON, NH 0	13/00		1		

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	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? If "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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	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 2	11 c	1	No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	5111 535 (2013)								
Pa	rt IV Checklist of Required Schedules (continued)								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21							
	domestic government on Part IX, column (A.) line 12 If "Yes," complete Schedule I, Parts I and II								

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

22

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24a

24b

24c

24d

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25b

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28c

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Yes

Form 990 (2015)

Yes

Yes

Yes

Yes

Yes

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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effects if Seffedule of Contains a response of flote to any line in this	Tare	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	71			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
_	Did th	e organization comply with backup withholding rules for reportable payments to	o veno	fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	198			
.	,	s return			2b	Yes	
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year ⁷	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		γ time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc nt)?	count,	or other financial	4a		No
b		,					110
_		s," enter the name of the foreign country ▶	cand	Emancial Accounts			
	(FBAR		· ana	maneral Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		Νo
b	Dıd ar	ly taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5с		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi es provided to the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7 b		
C		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as			
	requir		٠		7 g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles	•	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess but the year?	sines:	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	· .		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		ıncome from other sources (Do not net amounts due or paid to other sources	11b				
17-	_	ه . on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	i in li-	u of Form 10413	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		4 011 01111 10 11'	-£a		
,	year	2, 22. The amount of tax exempt medical received of decrace during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.	_				
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	lote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
r		ch the organization is licensed to issue qualified health plans					
		e organization receive any payments for indoor tanning services during the tax	13c	7	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		110
		, , , , , , , , , , , , , , , , , , , ,		=	_		

orm 99	0 (2015)						Рa
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			8a, 8b,	or 1	0b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			
Sect	ion A. Governing Body and Management						
						Yes	N
	nter the number of voting members of the governing body at the end of the tax	1a		14			
bo	there are material differences in voting rights among members of the governing bdy, or if the governing body delegated broad authority to an executive committee explain in Schedule O						

	,						l	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		13				
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				2		No	
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co				3		No	
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 99	90 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's asse	ts? .	5		No	
6	Did the organization have members or stockholders?				6		No	
7a	Did the organization have members, stockholders, or other persons who had the powmore members of the governing body?				7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		7b		No			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ui	ndertaken dı	ırıng the				
а	The governing body?				8a	Yes		
b	b Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>				9		No	
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the	Internal R	eveni	ue Cod	e.)	
				,		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10 a		No	
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization ${\sf res}$				10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of ithe form?	ts gov	erning body • • •	before filing	11a	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review this ${\sf I}$	Form 9	90					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12 a	Yes		
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?			ould give • • •	12b	Yes		
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done							
13	3 Did the organization have a written whistleblower policy?							
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 revindependent persons, comparability data, and contemporaneous substantiation of the			,				
а	The organization's CEO, Executive Director, or top management official				15 a	Yes		

organization's exempt status with respect to such arrangements? Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶ROBERT BLAKE KIMBALL UNION ACADEMY MERIDEN, NH 037700188 (603) 469-2000

15b

16a

16b

Yes

Νo

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) DAVID G POND VICE CHAIR	1 00	x		×				0	0	0
(2) ROB SNOW BOARD CHAIR	1 00	х		х				0	0	0
(3) MICHAEL BORISLOW SECRETARY	1 00	х		×				0	0	0
(4) CHRISTOPHER BURNS TRUSTEE	1 00	х						0	0	0
(5) PHILLIP R DEGUIRE TREASURER	1 00	x		×				0	0	0
(6) ROBERT P FITZGERALD JR TRUSTEE	1 00	x						0	0	0
(7) KONRAD GESNER TRUSTEE	1 00	x						0	0	0
(8) KRISTIN GRAHAM TRUSTEE	1 00	x						0	0	0
(9) WALTER SULLIVAN TRUSTEE	1 00	x						0	0	0
(10) CATHERINE PIPAS MD TRUSTEE	1 00	x						0	0	0
(11) HANS OLSEN TRUSTEE	1 00	х						0	0	0
(12) GLENN POGUST TRUSTEE	1 00	х						0	0	0
(13) JOSEPH THIBERT TRUSTEE	1 00	х						0	0	0
(14) WILLIAM ELLIOT TRUSTEE	1 00	х						0	0	0
	ı	'	•	'		•				Form 990 (2015)

Down VIII Continue A Officer Direct	Furnaha a a 17 - 17	I			المحد	u: l-		Camamar 1 - 1 1	======================================		
Part VII Section A. Officers, Directors, 1	rustees, Key E	mplo	yees	s, a	nd	nighe	est (compensated I	:mpioyees (<i>col</i>	ntinued)	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estir amou ot compe from organ and re	F) mated unt of her nsation the ization elated zations
(15) ROBERT YH SHI	1 00	х						0	C)	0
TRUSTEE (16) MICHAEL SCHAFER HEAD OF SCHOOL	40 00			х				352,049	C)	112,954
(17) ROBERT BLAKE CFO	40 00			х				132,000	С)	31,401
(18) JOSEPH WILLIAMS ASSISTANT HEAD OF SCHOOL	40 00			х				116,768	C)	124,868
(19) HUNTER ULF CHIEF OPERATING OFFICER	40 00			х				125,000	С)	23,495
(20) GREGORY POLLARD DIRECTOR OF DEVELOPMENT	40 00					х		115,770	С)	96,341
1b Sub-Total			<u>.</u>	>			8	41,587	0		389,059
2 Total number of individuals (including but r \$100,000 of reportable compensation from	not limited to tho	se list		bove	e) w	no re	ceiv	ed more than	1		
										Yes	No
3 Did the organization list any former officer, on line 132 If "Yes" complete Schedule 1 for			•		•		_	st compensated	employee		

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
		4	1 05	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DR MAX CLEANING INC	CLEANING SERVICES	161,755
3 HARTHORNE AVE W LEBANON, NH 03784		
MAK'S TRUCKING AND EXCAVATION LLC	TRUCKING AND LANDSCAPING SERVICES	111,210
909 ROUTE 120 MERIDEN, NH 03770		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Form 99	0 (20	15)						Page S
Part V	* + + +	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
Gra	c	Fundraising eve	ents 1c					
Ę į		_						
<u>ia</u> 5:	d	_	zations 1d					
ıs,	е	Government grant	s (contributions) 1e					
ti S Z	f	All other contribution	ons, gifts, grants, and 1f	4,726,852				
ള	g		ons included in lines	124,392				
a tr	-	1a-1f \$			4 706 050			
Containe	h	Total. Add lines	s 1a-1f		4,726,852			
<u>+</u>				Business Code				
Program Service Revenue	2a	TUITION		611710	16,878,570	16,878,570		
å	b	PROGRAM SUPPOR	RT	611710	1,024,220	1,024,220		
<u>د</u>	С	SUMMER PROGRAI	MS	611710	257,424	257,424		
<u>\$</u>	d							
Ē	е							
gra	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	s 2a-2f	>	18,160,214			
	3		ome (including divident		040 507			040 505
	_		ar amounts)	-	848,597			848,597
	4		stment of tax-exempt bond p	proceeds P				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	8,200	(II) I CISOIIdI				
	١.		0					
	b	Less rental expenses	0					
	С	Rental income or (loss)	8,200					
	d	Net rental inco	me or (loss)		8,200			8,200
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,822,326	8,725				
	b	Less cost or other basis and	3,791,948	11,636				
		sales expenses	' '					
	С	Gain or (loss)	30,378	-2,911	27.467			27.46
	d 8a	Net gain or (los	r	· · · · >	27,467			27,467
Other Revenue	Ja	events (not inc	luding s reported on line 1c)					
ē			а					
₽	b		penses b					
_	C		(loss) from fundraising (-	events >				
	9a		rom gaming activities ne 19					
			а					
	b	Less direct ex	penses b [
	С	Net income or ((loss) from gaming activ	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo						
			a	186,692				
	b	_	oods sold b [207,249	-20,557			-20,557
	С	Net income or i	(loss) from sales of inve	Business Code	-20,55/			-20,557
	11a			624410	81,754		81,754	
	ь	CHILD CARE F		624410	65,961		,. 31	65,961
	C	CHILD CARE F		713940	49,907		49,907	33,301
	d	ATHLETIC FAC		. 133.10	15,557		.5,507	
	e e	Total. Add lines	L	•				
					197,622			
	12	iotal revenue.	See Instructions	•	23,948,395	18,160,214	131,661	929,668

Part IX Statement of Functional Expenses

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

			(F)		(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	3,962,003	3,962,003		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	907,029		907,029	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,764,691	4,979,629	270,921	514,141
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	500,376	433,190	22,460	44,726
9	Other employee benefits	1,131,229	926,740	108,804	95,685
10	Payroll taxes	461.444	252.054	72 705	26.250
	Fees for services (non-employees)	461,111	352,056	72,705	36,350
11	Management				
a	-				
b	Legal	62.225		62 225	
C	Accounting	63,235		63,235	
d	Professional fundrations convices. See Part IV. June 17				
e •	Professional fundraising services See Part IV, line 17	130,003		120.002	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	138,903		138,903	
g	amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	112,835	112,835		
13	Office expenses	198,300	76,470	30,384	91,446
14	Information technology				
15	Royalties				
16	Occupancy	893,872	893,872		
17	Travel	140,833	69,447	25,056	46,330
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,545	2,770	11,775	
20	Interest	524,516	524,516		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,217,209	2,217,209		
23	Insurance	102,639	69,010	33,629	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EDUCATIONAL EXPENSES	2,314,566	2,314,566		
b	PLANT EXPENSE	441,670	441,670		
c	SCHOOL- GENERAL	397,418	182,851	211,327	3,240
d	UNAMORTIZED BOND ISSUAN	219,837		219,837	
e	All other expenses	1,071,751	722,748	121,592	227,411
25	Total functional expenses. Add lines 1 through 24e	21,578,568	18,281,582	2,237,657	1,059,329
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

End of year

4,977,740

2,000,925

961,978

138,822

222,464

36,350,132

25,598,293

2,094,434

2,222,205

74,566,993

1 676 818

6,095,963

12,279,566

442,344

4,113,812

24,608,503

30,694,674

4.998.450

14,265,366

49,958,490

74,566,993 Form 990 (2015)

Beginning of year

6,188,931

2,380,151

342,879

189,794

215,016

36,025,827

24,280,353

1,833,077

804 249

72,260,277

1,182,578

7,120,897

12,290,000

507, 127

2,721,557

23,822,159

29,729,860

6,204,024

12,504,234

48.438.118

72,260,277

60 072 160

23,722,028

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Part X	Balance Snee
	Chack if Schodu

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

1

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10a

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Net Assets or Fund Balances

Check if Schedule O contains a response or note to any line in this Part X (A) (B)

Form 990 ((2015)	Pag
Part X	Balance Sheet	
	Charles Cabadala O anniana a managana anniah ta ana barang tika Dant V	

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

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

10a

10b

Peroncilliation of Net Assets

Total expenses (must equal Part IX, column (A), line 25) . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

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

Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

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

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

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

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

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

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

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

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

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

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

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments

air VI	Recoliciniation of Net Assets
	Check if Schedule O contains a respons

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)

21,578,568 2,369,827

Page 12

23,948,395

48,438,118

-1,261,675

Νo

Nο

Form 990 (2015)

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Yes	No
49,9	58,490
-1,3	316,944
1,7	729,164

2a

2b

2c

3a

3b

Yes

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

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

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

02-0222147

DLN: 93493319053496 OMB No 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

Department of the Treasury

990EZ)

Part I

✓

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SCHEDULE A

Internal Revenue Service Name of the organization

KIMBALL UNION ACADEMY

(Form 990 or

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

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

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

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

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

Open to Public Inspection

9	I	receipts from activitie	es related to it	s exempt functions—s	ubject to certa	in exceptions	, and (2) no more than : 11 tax) from businesse	331/3% of its support
				ee section 509(a)(2).			11 tax/ Holli busillesse	is acquired by the
10	Г	An organization organ					on 509(a)(4).	
11	İ-	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the					n 509(a)(3). Check	
а			n(s) the power	to regularly appoint o	r elect a major		organization(s), typical ctors or trustees of the	
b			pporting organ	nization vested in the s			oorted organization(s), t manage the supported	
c		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.						
d			ated The orga	anızatıon generally mu	st satisfy a dis	trıbutıon requ	n with its supported org irement and an attentiv	
e		Check this box if the contegrated, or Type III	organization re I non-function	ceived a written deter ally integrated suppor	mination from t ting organization	the IRS that it on	is a Type I, Type II, T	ype III functionally
f g	Ente	r the number of support Provide the following i	-				· · · · · · · · · · · · · · · · · · ·	
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization Isted in your governing document? (see instructions)			(vi) A mount of other support (see instructions)	
					Yes	No		
Total								
For P	aperv	ork Reduction Act Noti	ice. see the In	structions for Form 99	00 or 990EZ.	Cat No 11	285F	

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

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

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

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

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DLN: 93493319053496

OMB No 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

reas	sury nal Revenue Service	Information about Schedule D ((Form 990) and its instructions is at <u>www.ir</u>	s.gov/f		Inspect	
Na	me of the organi			Empl	oyer identificat	tion numbe	r
KIM	1BALL UNION ACADE	МҮ		02-0	222147		
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.				
	•	<u>-</u>	(a) Donor advised funds	(b)	Funds and othe	r accounts	
1	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	_		dvisors in writing that the assets held in doi he organization's exclusive legal control?	nor advis	sed	☐ Yes	┌ No
6	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose	☐ Yes	∏ No
Pa	rt III Conse	rvation Easements. Comple	te if the organization answered "Yes" i	on Form	n 990, Part IV	/, line 7.	
1			e organization (check all that apply)				
	Preservati education)	on of land for public use (e g , recre	eation or Preservation of a	ın histori	ically important	t land area	
		of natural habitat	Preservation of a				
	Preservati	on of open space	·				
2	Complete lines		neld a qualified conservation contribution in	the form	of a conservat	ion	
					Held at the	End of the	Year
а		f conservation easements		2a			
b	_	restricted by conservation easeme		2b			
с		servation easements on a certified	, ,	2c			
d	historic structu	ure listed in the National Register) acquired after 8/17/06, and not on a	2d			
3	Number of cons tax year ►	servation easements modified, trar	nsferred, released, extinguished, or terminat	ed by the	e organization o	Juring the	
4	,	es where property subject to cons	ervation easement is located •				
· 5			ding the periodic monitoring, inspection, han	—— idling of			
•	violations, and	enforcement of the conservation e	asements it holds?	J		•	
6	year	teer hours devoted to monitoring, i	nspecting, handling of violations, and enforc	ing cons	ervation easer	nents durin	g the
	>						
7	A mount of expe	enses incurred in monitoring, inspe 	ecting, handling of violations, and enforcing c	onserva	tion easements	s during the	year:
В		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)	es No)
9	balance sheet,	•	s conservation easements in its revenue an of the footnote to the organization's financia sements		•		
a r			tions of Art, Historical Treasures,	or Oth	er Similar A	\ssets.	
1a		<u>-</u>	ed "Yes" on Form 990, Part IV, line 8. AS 116 (ASC 958), not to report in its reve	nue stat	ement and hala	ance sheet	
La	works of art, his	storical treasures, or other similar	assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furthera		
b	works of art, his	•	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items				ıc
((i) _{Revenue inclu}	ıded on Form 990, Part VIII, line 1		> \$			
(i	ii) Assets include	ed in Form 990, Part X		> \$			
			ustorical treasures, or other similar assets f				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Par	11 III Organizations Maintaining (continued)	g Collections of	Art, His	storica	l Tre	asures, or	Other Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other re	ecords, ch	neck any	of the	following that	are a significant us	se of its
а	Public exhibition		d	Г	oan or	exchange pro	grams	
b	Scholarly research		e	Γ	ther			
c	<u> </u>							
	Preservation for future generations		unlain hai			ha araanizatio	n/a ayamat nyenaa	
4	Provide a description of the organization Part XIII	is collections and ex	xpiain nov	w they fu	irther t	ne organizatio	n's exempt purpose	e in
5	During the year, did the organization sol assets to be sold to raise funds rather t						_	
Pa	rt IV Escrow and Custodial Arra		a as parce	or the or	gamza	tion's conectic	on? Ye	s No
	Complete if the organization Part X, line 21.		n Form	990, Pa	rt IV,	line 9, or re	ported an amou	nt on Form 990,
1 a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	istodian or other inte	ermediary	for cont	ributio	ons or other as	sets not Ye	s No
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the fol	lowing t	able		An	nount
c	Beginning balance					10	С	
d	Additions during the year					10	d	
e	Distributions during the year					10	2	
f	Ending balance					11	F	
2 a	Did the organization include an amount	on Form 990, Part X	, line 21,	for escr	ow or c	ustodial acco	unt liability? Ye	s No
b	If "Yes," explain the arrangement in Par	t XIII Check here ı	f the expl	anation	has be	en provided in	Part XIII	🗆
Pa	ert V Endowment Funds. Compl	ete if the organiza	ation ans	wered	"Yes"	to Form 990	, Part IV, line 10	
		(a)Current year	(b) Pno	•	+ -	Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	25,668,137	2	25,684,289	+	22,378,528	14,253,374	13,889,800
b	Contributions	3,147,294		303,432	4	866,811	7,159,012	978,760
c	Net investment earnings, gains, and losses	1,255,668		180,416	5	2,903,410	1,466,142	34,814
d	Grants or scholarships							
е	Other expenditures for facilities and programs	582,000		500,000		500,000	500,000	650,000
f	Administrative expenses							
g	End of year balance	29,489,099	2	25,668,137	7	25,684,289	22,378,528	14,253,374
2	Provide the estimated percentage of the	current year end ba	alance (lin	ne 1g, co	lumn (a)) held as		
а	Board designated or guasi-endowment	40.500.00	·					
ь	Permanent endowment ► 48 370 %							
c	Temporarily restricted endowment ►	11 030 %						
	The percentages on lines 2a, 2b, and 2c	should equal 100%	6					
3a	Are there endowment funds not in the po	ssession of the orga	anızatıon	that are	held a	nd administer	ed for the	
	organization by						_	Yes No
	(i) unrelated organizations				•			a(i) Yes No
ь	(ii) related organizations							3b
4	Describe in Part XIII the intended uses							
Pa	rt VI Land, Buildings, and Equi							
	Complete if the organization Description of property	answered 'Yes' to	Form 9	90, Par (a)	t IV,	ine 11a.See (ь)	Form 990, Part 2	K, line 10. (d)Book value
	Description of property			st or othe (investme		Cost or other ba (other)		(u)book value
1 a	Land					4,154,	494	4,154,494
b	Buildings							
			<u> </u>			38,458,		
	Leasehold improvements		•			12,417,		
	Equipment		·			3,659,	407 2,107,75	56 1,551,651
_	O CITC							

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

36,350,132

(a) Description of security or catego (including name of security)	ргу	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)O ther			
Table (Colors (b) and and 5 m 200 Bat V at (B) (a 42)	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.			
Complete if the organization answer (a) Description of investment	ed 'Yes' on Form 990,	Part IV, line 11c. _{Se}	e Form 990, Part X, line 13. (c) Method of valuation
(-)		(-,	Cost or end-of-year market valu
Total (Column (h) must equal Form 990, Part Y, col (R) line 13.)	•		
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line :	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line :	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line :	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line :	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV , line :	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV, line	
Part IX Other Assets. Complete if the organiza (a) Des	ntion answered 'Yes' on Foscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the organiza (a) Des	ntion answered 'Yes' on Foscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the organiza	ntion answered 'Yes' on Foscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	ntion answered 'Yes' on Foscription scription re 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ntion answered 'Yes' on Foscription scription re 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	tion answered 'Yes' on Foscription re 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE	rganization answered 'Yes' on Fo		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	re 15) rganization answered ' (b) Book value 252,08 501,85		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	rganization answered 'Yes' on Fo		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION	re 15) rganization answered ' (b) Book value 252,08 501,85		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	re 15) rganization answered ' (b) Book value 252,08 501,85		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	re 15) rganization answered ' (b) Book value 252,08 501,85		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	re 15) rganization answered ' (b) Book value 252,08 501,85		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CAPITAL LEASE RETIREMENT OBLIGATION DEFERRED COMPENSATION	re 15) rganization answered ' (b) Book value 252,08 501,85	Yes' on Form 990, I	(b) Book value

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

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

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Net unrealized gains (losses) on investments . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b .

Return Reference

Schedule D (Form 990) 2015

1

2

b

d

3

c

Part XIII

information

PART V.LINE 4

17,476,118

-6,333,374 23,809,492

1

2e

3

-1,261,675

-5,071,699

4,253,745

4c

а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 138,903		
b	Other (Describe in Part XIII).............4b		
c	Add lines 4a and 4b	4c	138,903
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	23,948,395
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	17,393,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	207,249
3	Subtract line 2e from line 1	3	17,185,919
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 138,903		

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

MAINTENANCE, BOOKS, AND OPERATING SUPPORT

Explanation

2a

2b

2c

2d

4b

KIMBALL UNION ACADEMY USES THEIR ENDOWMENT FUNDS FOR ACADEMICS, THE EOUESTRIAN PROGRAM, DEPARTMENT MANAGER SALARIES, FINANCIAL AID, BUILDING

4,392,648

21,578,567

Schedule D (Form 990) 2015					
Part XIII Supplemental Int	formation (continued)				
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 207,249				
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID 3,962,003 PROVISION FOR DOUBTFUL PLEDGES 71,905 UNAMORTIZED BOND ISSUANCE COSTS 219,837				

Schedule D (Form 990) 2015

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

(Form 990 or

990-EZ)

DLN: 93493319053496

OMB No 1545-0047

2015

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Schools

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service

	e of the organization ALL UNION ACADEMY	Employer identificat	ion nun	nber	
	E STAGIT ACADEM	02-0222147			
Pa	rtI				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	its charter, bylaws,	1	Yes	NO
2	Does the organization include a statement of its racially nondiscriminatory policy toward studen brochures, catalogues, and other written communications with the public dealing with student ad programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please de please explain If you need more space use Part II	ogram, in a way	3	Yes	
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the p with student admissions, programs, and scholarships?	ublic dealing	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? Admissions policies?		5a 5b		No No
	Employment of faculty or administrative staff?		5c		No
d	Scholarships or other financial assistance?		5d		No
е	Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5 g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
6-	Does the organization receive any financial aid or assistance from a governmental agency?				No
					ı
_	Has the organization's right to such aid ever been revoked or suspended? 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 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		6b 7	Yes	No

Page 2

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

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	KIMBALL UNION ACADEMY'S NONDISCRIMINATORY POLICY IS PUBLISHED ON ITS WEBSITE, ON ITS APPLICATION AND EMPLOYMENT DOCUMENTS, AND IN EMPLOYMENT ADS THE NONDISCRIMINATORY POLCY IS ALSO INCLUDED IN OUR ADMISSIONS MATERIALS, INCLUDING OUR APPLICATION FOR ADMISSION EVERY STUDENT HAS AN ANNUAL CONTRACT WITH THE SCHOOL THAT CLEARLY STATES THE SCHOOL'S NONDISCRIMINATORY POLICY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

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

Internal Revenue Service

Name of the organization

KIMBALL UNION ACADEMY

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493319053496OMB No 1545-0047

2015

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Schedule I (Form 990) 2015

Employer identification number

						02-0222147	
Part I General Informati	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organi 	ward the grants or a	ssistance?			or the grants or assis	stance, and	✓ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 5	501(c)(3) and gover	nment organizations li	sted in the line 1 table .				
3 Enter total number of other org	janizations listed in t	the line 1 table				•	

Cat No 50055P

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015

DLN: 93493319053496

OMB No 1545-0047

Schedule J (Form 990)

Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization KIMBALL UNION ACADEMY 02-0222147 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel ▼ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Νo Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract ✓ Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6h Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

ın Part III

section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

DIRECTOR OF DEVELOPMENT

(ii)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111)	for each listed individu	al must equal the total	amount of Form 990, I	Part VII, Section A, lin	ie 1a, applicable colur	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 MICHAEL SCHAFER HEAD OF SCHOOL	(i)	300,979	50,000	1,070	26,500	86,454	465,003	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT BLAKECFO	(i)	132,000	0	0	8,700	22,701	163,401	0
	(ii)	0	0	0	0	0	0	0
3 JOSEPH WILLIAMS ASSISTANT HEAD OF SCHOOL	(i)	115,770	0	998	11,600	113,268	241,636	0
	(ii)	0	0	0	0	0	0	0
4 HUNTER ULF CHIEF OPERATING OFFICER	(i)	125,000	0	0	5,288	18,207	148,495	0
	(ii)	0	0	0	0	0	0	0
5 GREGORY POLLARD	(i)	115,770	0	0	15,145	81,196	212,111	0

Schedule J (Form 990) 2015						
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					

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

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990.

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DLN: 93493319053496 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Employer identification number KIMBALL UNION ACADEMY 02-0222147 Part I **Bond Issues** (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) O n (i) Pool behalf of financing ıssuer Yes No Yes No Yes No NHHEFA 02-0279866 664614TA7 08-27-2015 14,657,301 REFINANCE EXISTING BONDS Х Х Х AND RENOVATIONS **Proceeds** Part II С D Α 2 Total proceeds of issue 3 14,657,301 6 Issuance costs from proceeds 232,108 8 9 10 1,760,878 11 12 13 2015 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Has the final allocation of proceeds been made? Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned

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

				١	ı	В	Ū	С	I	D
				No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar									
prope	erty?									
С	Are there any research agreements that may result in private business use financed property?	of bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or 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 other than a section $501(c)(3)$ organization or a state or local government.									
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d				•		•			
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х						
Par	t IV Arbitrage				•	•		•	•	
	 -	А			В	С			D	
		Yes	No	Yes	No	No Yes		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
с	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•		•		•	
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	UNITED BAN	К							
С	Term of hedge	1000 00000	00000 %							
d	Was the hedge superintegrated?		Х							
e	Was the hedge terminated?		Х							
				-				6-11-	ulo V (Eorma (200) 2015

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary Х period? Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** No No No Yes Yes Yes Yes No Has the organization established written procedures to ensure

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

that violations of federal tax requirements are timely identified

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

Х

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

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DLN: 93493319053496 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

www.irs.gov/form990. **Employer identification number** Name of the organization KIMBALL UNION ACADEMY 02-0222147 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of (d) Loan to (h) (i)Written (b) Relationship (c) (e)Original (f)Balance (g) In Purpose of or from the agreement? ınterested with principal due default? Approved person organization loan organization? amount by board or committee? Τо From Yes No Yes Yes No Total

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance

person	interested person and the organization		

(e) Purpose of assistance

Supplemental Information

Return Reference

Part V

No

Νo

Νo

Nο

Νo

(e) Sharing

οf

revenues? Yes

organization's

(d) Description of transaction

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of between interested transaction

person and the

organization

(1) GAYLE SCHAFER	ADMISSIONS ASSOCIATE	30,500	GAYLE SCHAFER, AN EMPLOYEE OF THE SCHOOL, IS THE WIFE OF THE HEAD OF THE SCHOOL, MICHAEL J SCHAFER	
(2) BARBARA POLLARD	ASSISTANT ATHLETIC DIRECTOR	28,344	BARBARA POLLARD, AN EMPLOYEE OF THE SCHOOL, IS THE WIFE OF THE SCHOOL'S DIRECTOR OF DEVELOPMENT, GREG POLLARD	
(3) ALLAN FERGUSON	FORMER TRUSTEE	13,500	MR FERGUSON SOLD HIS 14 29% INTEREST IN A REAL ESTATE LLC FOR FAIR MARKET VALUE BASED UPON AN APPRAISAL	
(4) EILEEN WILIAMS	COMMUNICATIONS ASSOCIATE	21,462	EILEEN WILLIAMS, AN EMPLOYEE OF THE SCHOOL, IS THE WIFE OF THE SCHOOL'S ASSISTANT HEAD OF SCHOOL	
				<u> </u>
-				<u> </u>

Explanation

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

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

(Form 990)

Department of the

Noncash Contributions

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

► Attach to Form 990.

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

DLN: 93493319053496 OMB No 1545-0047

2015

Open to Public

Treas Inten	sury nal Revenue Service					Inspe	ectioi	n
	ne of the organization				Employer identificat	ion nu	mber	
KIMB	ALL UNION ACADEMY							
Da	rt I Types of Property				02-0222147			
-6	Types of Property	T			Τ			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
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							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	3	38,496	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests				_			
	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıderm y							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other▶(TS-IN-KIND)	X	7	85,896	FMV			
26	Other ▶ ()							
27	Other ► ()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	s 1 through 28.that		Yes	No
	it must hold for at least three ye							
	,				ired to be dated			١
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangements of the organization have a gut			roulow of any non-standard	Contributions 2	31	Yes	1
31	Does the organization have a gif			,		31	1 65	
32 a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is checked,			

describe in Part II

Schedule M (Form 990) (2015)

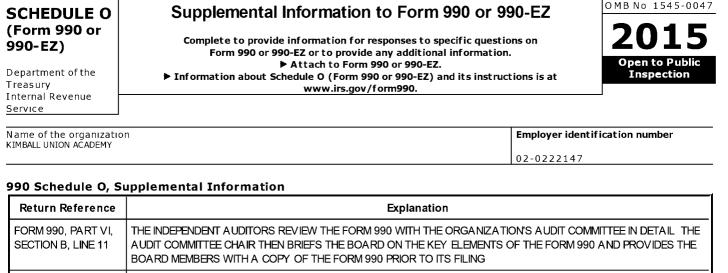
Page 2

Schedule M (Form 990) (2015)

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

PART I. LINE 32B ITHE ORGANIZATION'S GIFTS OF STOCK ARE TRANSFERRED TO A BROKERAGE HOUSE FOR IMMEDIATE SALE REALESTATE GIFTS NOT CORE TO THE MISSION OF THE ACADEMY ARE

PLACED WITH A QUALIFIED. LOCAL REAL ESTATE BROKER AND PLACED FOR SALE



THE ORGANIZATION REQUIRES EACH TRUSTEE, PRIOR TO TAKING A POSITION ON THE BOARD, TO SUBMIT IN WRITING ANY POSSIBLE CONFLICTS THE ORGANIZATION REQUIRES EACH TRUSTEE TO UPDATE THE L

ISTS ANNUALLY TRUSTEES HAVING A FINANCIAL INTEREST IN THE TRANSACTION AT HAND ARF NOT ALL

DLN: 93493319053496

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FORM 990, PART VI,

SECTION B, LINE 12C

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI,	THE ORGANIZATION HAS A COMPENSATION COMMITTEE THE COMMITTEE HIRES A THIRD-PARTY EXPERT TO
SECTION B, LINE 15	REVIEW, BENCHMARK, AND ASSIST IN THE NEGOTIATION OF THE HEAD'S CONTRACT

FORM 990, PART VI,
SECTION C. LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ONLY

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XI, LINE 9 INTEREST RATE SWAP -1,316,946 ROUNDING 2