DLN: 93493129019758 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

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

2016

Open to Public

Department of the Treasury Internal Revenue Service

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 <a href="www.IRS gov/form990">www.IRS gov/form990</a>

Inspection

		2016	<del>,                                     </del>	07.04.2046   1. 06.2	0 2017			
			C Name of organization	ginning 07-01-2016 , and ending 06-3	0-2017		ıdantıf	ication number
		pplicable change	CONCORD ACADEMY					ication number
	me ch	-				04-12006	00	
	tıal ret	turn	Doing business as					
Fin Detur		nınated	Number and street (or P.O. boy it	f mail is not delivered to street address) Room/su	uto	E Telephone	number	
_		d return	166 MAIN STREET	Thair is not delivered to screet address/ [Room/sc	ince	(978) 402	-2200	
□Ар	plication	on pending	City or town, state or province, c	ountry, and ZIP or foreign postal code		(370) 102	. 2200	
			CONCORD, MA 01742			<b>G</b> Gross rece	ıpts \$ 4	1,143,670
			<b>F</b> Name and address of princ	ıpal officer	H(a)	Is this a group retu	•	<del>, ,</del>
			RICHARD G HARDY		"(")	subordinates?	111 101	□Yes <b>☑</b> No
			166 MAIN STREET   CONCORD, MA 01742		Н(ь)	Are all subordinates	5	☐ Yes ☐No
Ta:	x-exer	npt status	<b>✓</b> 501(c)(3)	◀ (insert no )	1	included?  If "No," attach a list	- (500	
1 W	ehsit	·• • \/\\	WW CONCORDACADEMY ORG	(insert no ) = 4347(d)(1) or = 327	H(c)	Group exemption n		•
	CDJIL		THE CONCORDACABEITH ONG					
<b>K</b> Forr	n of or	rganization	☑ Corporation ☐ Trust ☐ A	ssociation ☐ Other ►	<b>L</b> Year o			of legal domicile
						Įv.	1A	
Pa	rt I		mary					
			scribe the organization's mission ACADEMY IS A FOUR-YEAR. NO	n or most significant activities ONPROFIT, COEDUCATIONAL, BOARDING A	ND DAY	COLLEGE-PREP SCH	וסטו כ	ONSISTING OF
ല	(	GRADES N	NINE THROUGH TWELVE THE 2	016-17 ENROLLMENT WAS COMPOSED OF	380 STU	DENTS, 159 OF WH	OM WE	
ဋိ	=	STUDENTS	S AND 221 OF WHOM WERE DA	Y STUDENTS FROM 15 STATES/TERRITORI	ES AND	14 FOREIGN COUNT	RIES	
Ē	-							
Governance	-							
				discontinued its operations or disposed of r			ets 3	1 30
<b>≈5</b> √2	l		-	ning body (Part VI, line 1a)			4	29
E E			•	of the governing body (Part VI, line 1b) calendar year 2016 (Part V, line 2a)			5	354
Activities &	l		• •	necessary)			6	357
ď	l		`	art VIII, column (C), line 12			7a	
				rom Form 990-T, line 34		• •	7a 7b	26,087 22,578
		Net unie	lated business taxable income in	10111 101111 990-1, line 34	<del></del>	Prior Year	1,0	Current Year
	。	Contribut	tions and grants (Part VIII, line	16)		15,644,93	7	6,798,417
Ravenue			• ,	2g)		19,494,21	+	20,260,456
ēΛċ		-	ent income (Part VIII, column (A	360,64	+ ' '			
æ			venue (Part VIII, column (A), lir	*	-		0	0
	l			must equal Part VIII, column (A), line 12)		35,499,79	2	28,051,881
				(, column (A), lines 1–3 )	-	4,014,04	_	3,996,898
			• •	, column (A), line 4)		.,,-	0	0,220,020
S			•	benefits (Part IX, column (A), lines 5–10)		13,268,24	3	13,894,549
Expenses	l			olumn (A), line 11e)			ol	
Ð	Ь	Total fund	raising expenses (Part IX, column (D	), line 25) ▶2,040,769				
ŭ	17	Other ex	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		8,870,05	3	9,087,763
	18	Total exp	enses Add lines 13-17 (must e	equal Part IX, column (A), line 25)		26,152,33	7	26,979,210
	19	Revenue	less expenses Subtract line 18	from line 12		9,347,45	5	1,072,671
8 8					Beg	inning of Current Yea	ır	End of Year
Net Assets or Fund Balances								
Ass Ba	l		ets (Part X, line 16)			124,420,49	+	129,780,889
₹ <u>₽</u>			ollities (Part X, line 26)			22,531,35	+	20,668,796
		_	ts or fund balances Subtract lin	e 21 from line 20		101,889,13	9	109,112,093
	t III		ature Block errury I declare that I have exa	amined this return, including accompanying	schedul	es and statements	and to	the best of my
knowl	edge	and belie		ete Declaration of preparer (other than offi				
any k	nowle	edge						
		****	*			2018-05-09		
Sign		Signat	ure of officer			Date		_
Here	;	AMY M	ILLER-FREDERICKS CFO					
			r print name and title					
			rint/Type preparer's name YNNE JOHNSON	Preparer's signature LYNNE JOHNSON	Date	Check I if PO	IN 075733	
Paid	k	<u>_</u>		LIMME JOHNSON		self-employed		
Pre	pare	#I ⊢	irm's name RSM US LLP			Firm's EIN ► 42-07		
Use	On	ly   <sup>F</sup>	firm's address ► 80 CITY SQUARE			Phone no (617) 91	2-9000	
			BOSTON, MA 02129	93742				
May t	he IR	S discuss	this return with the preparer sh	nown above? (see instructions)			✓ \	∕es 🗆 No

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statement of	Program Service	Accomplis	hments		
	Check if Schedul	e O contains a respor	ise or note to a	any line in this Part III		🗹
1	Briefly describe the orga			•		
BACK COM STUI SCHO THIS INDI	(GROUNDS AND PERSPEC MUNITY OF LEARNERS DE DENTS DISCOVER AND DE DOL IS COMMITTED TO EI DIVERSITY FOSTERS RE	TIVES, AND GUIDED EDICATED TO INTELL EVELOP TALENTS AS MBRACING AND BRO SPECT FOR OTHERS A	BY A COVENAI ECTUAL RIGOR SCHOLARS, AR ADENING THE AND GENUINE	NT OF COMMON TRUST AND CREATIVE ENDEA TISTS, AND ATHLETES DIVERSITY OF BACKGR EXCHANGE OF IDEAS	OF LEARNING, ENRICHED BY A DISTUDENTS AND TEACHERS WOLVER IN A CARING AND CHALLEN AND ARE ENCOURAGED TO FIND OUNDS, PERSPECTIVES, AND TA COMMON TRUST CHALLENGES STUDEN LEARNING PREPARES STUDEN TO THE COMMON TRUST CHALLENGES STUDENT TO THE COMMON TRUST CHALLENGES STUDENT TRUST CHALLENGE STUDENT TRUST CHALLENGE STUDENT TRUST CHALLENGE STUDENT TRUST CHALLENGE STUDENT TRUS	RK TOGETHER AS A NGING ATMOSPHERE, THEIR VOICES THE LENTS OF ITS PEOPLE UDENTS TO BALANCE
2	Did the organization und the prior Form 990 or 9 If "Yes," describe these	90-EZ?				☐ Yes ☑ No
3	Did the organization cea			changes in how it condu	icts, any program	
•	services?			_	· · · · · · · ·	☐ Yes ☑ No
4		i01(c)(4) organization	ns are required	to report the amount o	largest program services, as mea f grants and allocations to others	
4a	(Code	) (Expenses \$	20,295,081	including grants of \$	3,996,898 ) (Revenue \$	20,260,456 )
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4-	(6.4)	Management			\(\(\frac{1}{2}\)	
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services	•	,			
	(Expenses \$		ding grants of	·	) (Revenue \$	)
4e	Total program service	e expenses 🕨	20,295,0	81		

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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16

17

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Nο

No

Nο

Nο

Nο

Nο

No

Nο

**Checklist of Required Schedules** 

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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? 

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?

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? 

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 

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

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 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

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 🐒 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . . 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 . . . . . . . . . . . . . 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? If "Yes," complete Schedule F, Parts II and IV . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Form **990** (2016) 23

29

Page 4

Checklist of Required Schedules (continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

Fair	Checklist of Required Schedules (Continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

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," 

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? .

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

If "Yes," complete Schedule L, Part II

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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)?

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

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

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

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

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?

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 member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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 and

23

24a

24b

24c

24d

25a

25b

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28a

28b

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35a

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Yes

Yes

Yes

Form 990 (2016)

Yes Yes

Nο

Νo

Nο

rmر	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 129	J 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4 I	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
	, (,,,,,	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	2. 12. 12. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the annual and annual annu	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2	2016)			Page <b>6</b>				
Part	VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li					
		Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓				
Sec	tion	A. Governing Body and Management							
1a	Enter	the number of voting members of the governing body at the end of the tax year label 1a 29		Yes	No				
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O							
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 28							
		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No				
		he organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Dıd tl	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did tl	he organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	6 Did the organization have members or stockholders?								
		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No				
		ony governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	<b>7</b> b		No				
		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing							
а	The g	governing body?	8a	Yes					
		committee with authority to act on behalf of the governing body?	8b	Yes					
	orgar	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Sec	tion	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	<u> Code</u>						
100	D-4 +1	he organization have local chapters, branches, or affiliates?	10a	Yes	No No				
		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		110				
	and b	oranches to ensure their operations are consistent with the organization's exempt purposes?  The organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b						
	form?	ribe in Schedule O the process, if any, used by the organization to review this Form 990	11a		No				
		the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124	165					
	confli	cts? .´	12b	Yes					
	Sched	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes					
		he organization have a written whistleblower policy?	13	Yes					
15	Did th	he organization have a written document retention and destruction policy?	14	Yes					
		organization's CEO, Executive Director, or top management official	15a	Yes					
		r officers or key employees of the organization	15b	Yes					
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)							
		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No				
		es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
		s with respect to such arrangements?	16b						
		C. Disclosure							
17	Lıst tl	he States with which a copy of this Form 990 is required to be filed▶  MA							
		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able 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)							
		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year							
20	State	the name, address, and telephone number of the person who possesses the organization's books and records							
	►AM	Y MILLER-FREDERICKS CFO 166 MAIN STREET CONCORD, MA 01742 (978) 402-2200							

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Part VII	Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
La Complete	e 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

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

(B)

(A)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

505 WASHINGTON STREET REVERE, MA 02151

compensation from the organization ▶ 6

Page 8

Form 990 (2016)													Page <b>8</b>
Part VII Section A. Officers, Direc		, Key	Empl			and	High				conti		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, u in off tor/t	t che inles ficer	and a	son	compens from t organization	(D) (E) portable pensation om the ization (W- 99-MISC) (E) Reportable compensatio from related organizations ( 2/1099-MISC)		v-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1	1130)	2/ 1099-M13C/		relat organiza	ed
See Additional Data Table											+		
											+		
							-				+		
											+		
											-		
											_		
1b Sub-Total	art VII, Sectio	nΑ.				<b>&gt;</b>	1						
Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rec	1,390, eived more t			P		420,489
												Yes	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k		mple •	oyee,	or hi	ghest compe	ensated • •	employee on	3		No
For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization								_	or indi	vidual for	5		No
Section B. Independent Contract													
<ol> <li>Complete this table for your five high from the organization Report compe</li> </ol>											npens	sation	
Name	(A) and business addre	200							Desc	(B) ription of services		(C Comper	
DEWING SCHMID KEARNS	and Dusiness addre	-33						ARC	CHITECTS			Compe	495,121
O MONUMENT SQUARE CONDORD, MA 01742													
DUNCEIT								11 0	CONSULT	ANIS			457,303
PO BOX 3137 WORCESTER, MA 01603													
CASNER & EDWARDS LLC								ATT	ORNEYS				336,954
803 CONGRESS STREET BOSTON, MA 02210													
NTEGRATED MULTIMEDIA SOLUTIONS								MUI	LTIMEDIA	A CONSULTANTS			217,184
19 CROSBY DRIVE BEDFORD, MA 01730													
NSE ENVIRONMENTAL SERVICES								ABA	ATEMENT	CONSULTANTS			155,700
								1			- 1		

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

Part		II Statement of	Revenue									rage <b>9</b>
		<del></del>		a respo	onse or note to any	line in th	ıs Part VII	г				🗆
				<u> </u>		( <i>A</i> Total re	١)	Rela ex- fur	B) ted or empt ction	Unre bus	C) elated siness enue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				rev	enue			512-514
nts Ints		<b>b</b> Membership dues		1b								
ira! ou		c Fundraising events		1c								
s. ( An		d Related organizatio		1d								
Gift		e Government grants (co		1e								
S. E		f All other contributions		1.6								
tior sr S		and similar amounts n		1f	6,798,417							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$		355,	,640							
Contained		n <b>Total.</b> Add lines 1a-1	1f		•	6	798,417					
					Business		, 30, 11,					
E.	<b>2</b> a	TUITION AND FEES/SUN	MMER PROGRAM	1		611110	20,1	188,950	20,18	8,950		
Service Revenue	b	MISCELLANEOUS INCOM	ME			611110		71,506	7	1,506		
ر د	c	:										
ž.		l										
Ξ.	е			_								
Program	f	All other program se	ervice revenue	:								
Ĕ	g	Total.Add lines 2a-2	f		<b>▶</b>	260,456						
		Investment income (i			nterest, and other		667 73	1			26,087	641,635
		similar amounts)  . Income from investm			• • • • • • • • • • • • • • • • • • •	`}	667,72.	4			26,067	641,633
		Royalties			ond proceeds	-						
		Noyanies I I	(ı) Rea		(II) Personal							
	6a	Gross rents			. ,	1						
		. Loss routal synoness				4						
		Less rental expenses										
	•	Rental income or (loss)				1						
	,	Net rental income o	L (loss)			4						
		- Net rental income o	(ı) Securi		(II) Other							
	7a	Gross amount from sales of assets other than inventory		117,075								
	Ł	Less cost or other basis and sales expenses	13,0	068,342	23,447	7						
	•	Gain or (loss)	:	348,733	-23,447	7						
		d Net gain or (loss) .			<b></b>		325,28	6				325,286
Other Revenue	8a	Gross income from f (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
Re		Less direct expense		b								
her		Net income or (loss)			ents 🕨							
5	9a	Gross income from g See Part IV, line 19		ies a								
	ŀ	Less direct expense	ne .	a b		$\dashv$						
		: Net income or (loss)			les 🕨	_						
		aGross sales of invent returns and allowand	tory, less	a								
	Ł	Less cost of goods s	sold	b		]						
	(	Net income or (loss)  Miscellaneous		invent								
	11		Revenue		Business Code	4						
		La										
	t											
	c							1				
						_						
		d All other revenue .										
	•	Total. Add lines 11a	-11d		•	L						
	12	<b>2 Total revenue.</b> See	Instructions		• • • •		28,051,88	1	20,260,456	5	26,087	966,921 Form <b>990</b> (2016)
												Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	Jumps All other orga	anizations must com	olete column (A)	
Check if Schedule O contains a response or note to any	_	•		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	3,996,898	3,996,898		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	987,011	200,944	786,067	
<b>6</b> 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	9,931,740	7,463,177	1,294,099	1,174,464
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	704,612	534,377	98,459	71,776
9 Other employee benefits	1,516,531	1,095,240	309,838	111,453
<b>10</b> Payroll taxes	754,655	547,598	137,470	69,587
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	274,397		274,397	
c Accounting	88,243		88,243	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	372,645		372,645	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	955,108	695,371	215,364	44,373
12 Advertising and promotion	55,001	2,147	28,156	24,698

285,529

158,527

879,821

239,342

145,183

321,163

1,924,793

1,627,992

599,838

171,971

157,993

696,832

26,979,210

133,385

227,395

105,575

830,255

137,773

99,473

240,847

1,813,748

1,411,618

538,100

94,288

260,257

20,295,081

41,126

35,618

30,040

68,467

42,461

48,203

67,300

133,385

100,252

18,366

171,971

51,323

230,110

4,643,360

17,008

17,334

19,526

33,102

3,249

32,113

43,745

116,122

43,372

12,382

206,465

2,040,769

Form 990 (2016)

section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,931,740	7,463,177	1,294,099	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	704,612	534,377	98,459	
<b>9</b> Other employee benefits	1,516,531	1,095,240	309,838	
10 Payroll taxes	754,655	547,598	137,470	

**13** Office expenses . .

14 Information technology

**20** Interest . . . .

23 Insurance . . .

a FOOD

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . . .

expenses on Schedule O )

**b** EQUIPMENT PURCHASE REPA

c EXTINGUISHMENT OF DEBT

d DUES & SUBSCRIPTIONS

e All other expenses

15 Royalties .

**17** Travel .

16 Occupancy .

Page **11** 

21,926,580

52,344,869

1.747.171

1,101,638

10,231,166 8,443,450

892.542

20,668,796

53,194,375

15,433,674

40.484.044

109,112,093

129.780.889

Form **990** (2016)

129.780.889

Form 990 (2016)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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 . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

1	Cash-non-interest-bearing	2,523	1	3,173
2	Savings and temporary cash investments	13,878,103	2	11,510,831
3	Pledges and grants receivable, net	11,647,393	3	8,749,456
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and			

	5	trustees, key employees, and highest compensa II of Schedule L		5			
s	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 tions c	(c)(3)(B), and of section 501(c)(9)		6	
et	7	Notes and loans receivable, net	33,771	7	20,412		
Assets	8	Inventories for sale or use		10,471	8	11,514	
۸	9	Prepaid expenses and deferred charges			512,163	9	434,134
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	60,957,893			
	b	Less accumulated depreciation	10b	27,925,144	29,314,919	10c	33,032,749

19.742.340

47.436.688

1,842,123

2,556,137

9,588,334

9,065,069

415.027

906.788

22,531,355

46.954.397

15,594,438

39.340.304

101,889,139

124,420,494

124,420,494

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

☐ Both consolidated and separate basis

2c

3a

3b

Yes

Nο

Form 990 (2016)

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

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

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

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

### Additional Data

Software ID: Software Version:

SECONDARY EDUCATION 380 STUDENTS IN GRADES 9 THROUGH 12, EDUCATIONAL PROGRAMS, GENERAL/OTHER SUMMER CAMP 8-WEEK PROGRAM FOR CHILDREN IN

**EIN:** 04-1200600

Name: CONCORD ACADEMY

Form 990 (2016) Form 990, Part III, Line 4a:

GRADES PRE-K THROUGH 9

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest comper employee Office Former Individual trust or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		Ť.	)Stee		nsated			
KIM WILLIAMS	4 00	X		x		0	0	0
PRESIDENT		^					Ŭ	
FAY LAMPERT SHUTZER FIRST VP AND TRUSTEE	3 00	×		×		0	0	0
W ANTHONY BROOKE	3 00	×		x		0	0	0

W ANTHONY BROOKE	3 00	×	×		0	0	
SECOND VP AND TRUSTEE		^	^		,	Ŭ	
JENNIFER A PLINE	3 00	_	\ \		0	0	
TREASURER AND TRUSTEE		_ ^	^		, i	· ·	
ELISABETH FRUSZTAJER	3 00						

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SECOND VP AND TRUSTEE		Х	х		
JENNIFER A PLINE TREASURER AND TRUSTEE	3 00	X	×		
ELISABETH FRUSZTAJER SECRETARY AND TRUSTEE	3 00	x	x		

JENNIFER J BURLEIGH

JOANNE R CASPER

AMY CAMMANN CHOLNOKY

MARY WADSWORTH DARBY

THIRD VP AND TRUSTEE

SEAN M DALTON

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compens Former Individual trustee or director key employee Institutional MISC) organizations MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

			त व		on e-d			
MICHAEL B FIRESTONE TRUSTEE	1 00	x				0	0	
KRISTAN FIRST	1 00	x				0	0	
TRUSTEE								
JOHN GROSSMAN	1 00	×				0	0	·
TRUSTEE								
	1 00		1	 				

TRUSTEE	•••••	×			0	0	
SARAH FAULKNER HUGENBERGER	1 00	×			0	0	
TRUSTEE					9	, and the second	
BRIDGET C JOHNSON	1 00	_			0	0	
TRUSTEE		_ ^				0	
DAME WEIGHTEIN	1.00						

SARAH FAULKNER HUGENBERGER	1 00	,			,	0	
TRUSTEE		_ ^				0	
BRIDGET C JOHNSON	1 00	×			0	0	
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JAMIE KLICKSTEIN	1 00	,			0	0	
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ROSE PEABODY LYNCH

PETER H MATTOON

JILL CONWAY MEHL

MERVAN F OSBORNE

TRUSTEE

**TRUSTEE** 

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SARAH FAULKNER HUGENBERGER	1 00	×				0	0	
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BRIDGET C JOHNSON	1 00	V					0	
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IAMIE VI ICVETEIN	1 00							

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation amount of other compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line) 1 00 DERRICK YAT BOND PANG

TRUSTEE		X			0	0	1
KEVIN PARKE	3 00	×			0	0	
TRUSTEE		.,					
NEIL E RASMUSSEN	3 00	×			0	0	
TRUSTEE		^			Ĭ		1

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351,614

211,887

189,190

60,654

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OLIVIA HOWARD SABINE

CAROLYN STAFFORD STEIN

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

CFO

NASHAN VASSALL

MARGARET WALKER

LAUREN BRUCK SIMON

RICHARD G HARDY

HEAD OF SCHOOL

AMY MILLER-FREDERICKS

......

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related

(F)

Estimated

compensation

37,453

10,655

16,429

113,789

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JENNIFER R CHANDLER DEAN OF FACULTY	55 00				x			156,717	0	34,209
JOHN DREW ASSOCIATE HEAD OF SCHOOL	55 00					х		152,118	0	35,697
DONALD KINGMAN	55 00					х		146,384	0	36,202

JOHN BREN				x	152,118	0	
ASSOCIATE HEAD OF SCHOOL				^	132,110		
DONALD KINGMAN	55 00			×	146,384	0	
DIRECTOR OF OPERATIONS					110,301		
DAVID BOST	55 00						

DONALD KINGMAN	55 00				×		146,384	0	
DIRECTOR OF OPERATIONS									
DAVID ROST	55 00				×		124,331	0	
DEAN OF STUDENTS		l	l	l	l ^`		1 121,331	l	

DIRECTOR OF OPERATIONS				^	140,364	0	
DAVID ROST	55 00			х	124.331	0	
DEAN OF STUDENTS				ζ.	121,331	0	

DAVID ROST	33 00			v	124,331	0	
DEAN OF STUDENTS					124,331	0	
ALICE R ROEBUCK	55 00						
	•••••			Х	133,557	0	

Χ

55 00

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DIRECTOR OF ADVANCEMENT

COMMUNICATIONS DIRECTOR

BENJAMIN CARMICHAEL

efile	GR/	APHIC prin	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493129019758
SCH	IED	ULE A	Publ	ic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(Fori	n 990			he org	anization is a sect	ion <b>501</b> (c)(3) c	organization o		2016
990E	Z)				1947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Information a		Schedule A (Form			ıctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza	tion		<u> </u>	<u>54/10/11/1990</u> .		Employer identific	<u> </u>
ONCC	KD AC	ADEMY						04-1200600	
Par			for Public Charity S					See instructions.	
ne or	ganız.		a private foundation bec onvention of churches, o		`	•	•	(A)(:)	
2		•	•					(A)(I).	
3	<b>✓</b>		scribed in <b>section 170</b> or a cooperative hospital			·	• • • • • • • • • • • • • • • • • • • •		
4		•			-				ntor the beenital's
•	Ш		esearch organization op and state	erated	in conjunction with	a nospital descri	bea in <b>section</b>	170(D)(1)(A)(III). E	nter the nospital's
5			ation operated for the be ( <b>iv).</b> (Complete Part II )		of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in <b>section 170</b>
6			tate, or local governme		jovernmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	A)(v).	
7			ation that normally recei ( <b>0(b)(1)(A)(vi).</b> (Com			s support from a	governmental u	unit or from the gener	al public described in
8		A communi	ty trust described in <b>sec</b>	ction :	170(b)(1)(A)(vi)	Complete Part I	I )		
9			ural research organization rant college of agricultur						ege or university or a
0		from activit	ation that normally receives related to its exemp income and unrelated because income and unrelated because in the section 509(a)(2)	t funct	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
.1		•	ation organized and ope	•		public safety S	ee section 509	(a)(4).	
.2		more public	ation organized and ope ly supported organization through 12d that descr	ons de	scribed in section 5	<b>09(a)(1)</b> or sec	tion 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	supporting organization n(s) the power to regula	operat arly ap	ed, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		<b>Type II.</b> A manageme	Part IV, Sections A an supporting organization nt of the supporting org	super anızat	ion vested in the san				
С		Type III fo	plete Part IV, Sectiona unctionally integrated organization(s) (see inst	I. A su	pporting organization				ited with, its
d		functionally	on-functionally integrated The organizes) You must complete	zatıon	generally must satisf	y a distribution i			
e		Check this	box if the organization r	eceive	d a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organizati		negrated supporting	organization			
g			ing information about th		ported organization(:	5)			
(i)Na		f supported (			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Γotal		usuk Di i	tion Act Notice, see th			Cat No 11285	·-	Cabadula A / T	 90 or 990-EZ) 2016

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
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	<b>Public support.</b> Subtract line 5 from line 4						
	Section B. Total Support	1	•		•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<del>_</del> _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is fo	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a <b>33 1/3% support test—2016.</b> If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and <b>stop here.</b> The organization qual						ightharpoons
b	<b>33 1/3% support test—2015.</b> If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	The organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· <b>—</b>
	instructions		, -	. , ,	,		►□
					Schodu	le Δ (Form 990 o	r 990-F7) 2016

Section A. Public Support										
the organization fails to qualify under the tests listed below, please complete Part II.)										
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT									

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	L
	m section 305(a)(1) or (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	
	below	Γ
•	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 <b>Part VI</b> when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below	3a			
b	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				

	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 <b>Part VI</b> when and how the organization made the			
	determination			
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	thecked 12a or 12b in Part I, answer (b) and (c) below			
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewer or comparted	$\Box$		

		30	l		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
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 <b>Part VI</b> what controls the organization used to ensure that all support				

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
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 <b>Part VI</b> , 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 the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

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8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	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	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported	n 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 <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	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 <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

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.

DLN: 93493129019758 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** CONCORD ACADEMY 04-1200600 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

2

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

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

Cat No 52283D

Par	t IIII	Organizations Ma	aintaining Coll	ections of	f Art, His	torica	Trea	asures, c	r Other	Similar As:	<b>sets</b> (cont	inued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other	records, ch	eck any	of the	e following	that are a	significant us	se of its col	lection	
а		Public exhibition				q [	Lo	oan or excl	nange prog	grams .			
b		Scholarly research				e [	] 0	ther					
С		Preservation for future	e generations										
4	Provi Part	de a description of the XIII	organization's colle	ections and	explain hov	w they f	urther	the organ	ization's e	xempt purpos	e in		
5		ng the year, did the org ts to be sold to raise fur								nılar	☐ Yes	□ N-	o
Pa	rt IV	Escrow and Cust	odial Arranger	nents.									
		Complete if the ord X, line 21.									nt on Forn	า 990, ——	Part ———
1a		e organization an agent ded on Form 990, Part I		ın or other ır	ntermediary	y for cor	ntribut	ions or oth	ner assets	not	☐ Yes	□ N	0
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complet	te the follow	wing tab	le			An	nount		_
c		nning balance		,		-			1c				_
d	Addıt	tions during the year							1d				_
е	Distri	ibutions during the year	r						1e				_
f	Endır	ng balance							1f				_
<b>2</b> a	Dıd t	he organization include	an amount on For	m 990, Part	: X, line 21,	, for esc	row or	r custodial	account lia	ability?	☐ Yes	□ N	— о
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	ıf the expla	anation	has be	een provide	ed in Part 1	×III			
Pā	ırt V	Endowment Fund	<b>ds.</b> Complete if	the organi	zation ans	wered	"Yes'	' on Form	990, Par	t IV, line 10	).		
				(a)Current		<b>(b)</b> Prior			years back	(d)Three year		Four year	
<b>1</b> a	Beginr	ning of year balance .			362,974		305,35		63,991,806		23,321		266,142
		butions			477,923		500,25		2,219,979	·	96,384		402,648
С	Net in	vestment earnings, gair	ns, and losses	7,:	235,483		552,64	10	-1,189,427	·	53,101	3,6 	574,531
d	Grants	or scholarships			505,118		516,91	10	430,118	4	27,544		429,098
е		expenditures for facilitie rograms	es	2,!	514,882	2	373,09	90	2,286,882	2,2	53,456	2,0	090,902
f	Admın	istrative expenses .											
g	End of	year balance	[	67,0	056,380	60	362,97	74	62,305,358	63,9	91,806	56,8	823,321
2	Provi	de the estimated perce	ntage of the curre	nt year end	balance (lır	ne 1g, c	olumn	ı (a)) held	as				
а	Board	d designated or quasi-e	ndowment 🕨 💢	32 160 %									
b	Perm	nanent endowment 🕨	52 410 %										
С	Temp	porarily restricted endov	wment ► 15 4	30 %									
	The p	percentages on lines 2a	, 2b, and 2c should	d equal 100	%								
3а													
	_	nization by nrelated organizations									3a(i)	Yes	No No
		related organizations .				•	•				3a(ii)	+	No
b		es" on $3a(\pi)$ , are the rel		s listed as re	equired on s	• • Schedul	• e R?				3b	+	
4	Desc	ribe in Part XIII the inte	ended uses of the	organızatıon	's endowm	ent fund	s						
Pa	rt VI	Land, Buildings,	and Equipmen	it.									
		Complete of the or											
	Descr	ription of property	(a) Cost or othe (Investmer		(b)Cost or o	other bas	s (othe	er) <b>(c)</b> Ac	cumulated d	lepreciation	<b>(d)</b> B	ook value	9
1a	Land						5,359,7	794				6	,359,794
b	Buildin	ngs				4	7,583,7	773		24,199,371		23	,384,402
c	Leaseh	nold improvements											
d	Equipr	ment					5,068,2	262		3,657,966		2	,410,296

878,257

33,032,749

67,807

946,064

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

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.			wered 'Yes' on		
	(a) Description of security or category (including name of security)	( <b>b</b> )B	ook value	Cos	(c)Method of tor end-of-year	
(1)Financial	derivatives					
(3)Other (A) EQUITIES	<u> </u>		11,855,866		F	
(B) FIXED IN			9,947,216			
(C) MULTI A			10,378,845			
(D) ABSOLU			8,734,156			
(E) REAL AS:			2,825,701		 F	
(F) PRIVATE			2,055,815		 F	
(G) OPPORT			6,547,270		 F	
(G)					·	
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )		52,344,869			
Part VIII	<b>Investments—Program Related.</b> Complete if See Form 990, Part X, line 13.	the orga	nization ans	swered 'Yes' o	n Form 990, F	Part IV, line 11c.
	(a) Description of investment	(b	) Book value		(c) Method of t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>				
Part IX	Other Assets. Complete if the organization answered (a) Description		Form 990, Pa	art IV, line 11d	See Form 990,	Part X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )					•
Part X	<b>Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	answered	l 'Yes' on Fo	orm 990, Part	IV, line 11e oi	r 11f.
1. (1) Federal I	(a) Description of liability		(b) B	Book value		
	income taxes					
ACTIVITIES	ACCOUNT			361,015		
CAPITAL LEA	SE OBLIGATIONS			53,394		
HOUSING DE	POSITS			16,778		
	ON DEPOSITS					
(5)	ON DEFOSITS			461,355		
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )		.1	892,542		
2. Liability fo	or uncertain tax positions In Part XIII, provide the text o	of the foot	note to the o	rganization's fina		
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	740) Che	ck here if the	text of the foot	note has been p	rovided in Part XIII 🗹

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Part XI

b

Part XII

5

1

2

b

d

е 3

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	7,302,104	

Donated services and use of facilities . . . . . 2b 2c 

c 2d -5.569.573 d

Other (Describe in Part XIII ) . . 2e

Add lines 2a through 2d . . . е 3 Subtract line 2e from line 1 . 4

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

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

Investment expenses not included on Form 990, Part VIII, line 7b.

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,

Other (Describe in Part XIII ) . . . . . .

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 information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b

2a

2b

2c

2d

4b

Explanation

3

4c

2e

3

4c

5

4,417,752

Page 4

1,732,531

28,051,881

28,051,881

22,561,458

22.561.458

4,417,752

26,979,210

Schedule D (Form 990) 2015

Page <b>5</b>	chedule D (Form 990) 2015					
tinued)	Part XIII Supplemental Information (co					
Explanation	Return Reference					

Schedule D (Form 990) 2016

### **Additional Data**

## Software ID: Software Version: **EIN:** 04-1200600 Name: CONCORD ACADEMY

# **Supplemental Information**

PART V, LINE 4

Return Reference

Explanation

THE ENDOWMENT FUNDS ARE TO BE USED IN FURTHERANCE OF THE ACADEMY'S EXEMPT PURPOSES

Supplemental Information						
Return Reference	Explanation					
PART X, LINE 2	THE ACADEMY QUALIFIES AS A TAX-EXEMPT, NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF T HE INTERNAL REVENUE CODE (THE "CODE") AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAX ON R ELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAX HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ACADEMY IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME THE ACADEMY Y FOLLOWS FASB ASC 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN IN COME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS THE ACADEMY RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES MANAGEMENT EVALUATED THE ACADEMY'S TAX POSITIONS AND CONCLUDED THAT THE ACADEMY HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES UNDER IRS STATUTES, THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2014 THE ACADEMY WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE					

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 88,179 FINANCIAL AID GRANTS NETTED WITH REVE NUE ON FINANCIAL STATEMENTS -3,873,135 INVESTMENT ADVISORY FEES NETTED WITH GAINS -372,64 5 UNCOLLECTIBLE PLEDGES -1,240,000 LOSS ON EXTINGUISHMENT OF DEBT -171,972

ADJUSTMENTS

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER FINANCIAL AID GRANTS NETTED WITH REVENUE 3.873,135 INVESTMENT ADVISORY FEES NETTED WITH G ADJUSTMENTS AINS 372,645 LOSS ON EXTINGUISHMENT OF DEBT 171,972

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129019758 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** CONCORD ACADEMY 04-1200600 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a 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 nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

Schedule E (Form 990 or 990EZ) (2016) Page <b>2</b>						
<b>Part II</b> Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)						
Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	THE FOLLOWING STATEMENT IS PUBLISHED ANNUALLY IN THE BOSTON GLOBE WE MEMBER SCHOOLS OF THE ASSOCIATION OF INDEPENDENT SCHOOLS IN NEW ENGLAND REAFFIRM OUR LONG-STANDING POLICY OF NONDISCRIMINATORY ADMISSION OF STUDENTS WE ADMIT STUDENTS OF ANY RACE, COLOR, RELIGIOUS AFFILIATION, NATIONAL AND ETHNIC ORIGIN AND QUALIFIED HANDICAPPED STUDENTS TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT OUR SCHOOLS WE DO NOT DISCRIMINATE IN VIOLATION OF ANY LAW OR STATUTE IN THE ADMINISTRATION OF OUR EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAM, AND ATHLETIC OR OTHER SCHOOL ADMINISTERED PROGRAMS INFORMATION AND SCHOOL					

SCHOOL ADMINISTERED PROGRAMS INFORMATION AND SCHOOL
CATALOGUES MAY BE OBTAINED BY CALLING THE SCHOOL

Schedule F (Form 990 or 990-F7) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129019758 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** CONCORD ACADEMY 04-1200600 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) See Add'l Data (2) (3) (4) (5) 21,580,738 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 21,580,738

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3** 

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
( 2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 3320 and 3320-Ay	☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	☐ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Institution for Form 5555)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713)	☐ Yes	<b>✓</b> No

#### Additional Data

Schedule F (Form 990) 2016

CENTRAL AMERICA & THE

CARIBBEAN

#### Software ID: Software Version:

**EIN:** 04-1200600

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

Name: CONCORD ACADEMY

FAIRS/RECRUITMENT

FAIRS/RECRUITMENT

SCHOOL

Page 5

9,821

**Supplemental Information** Part V

> amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & THE PACIFIC			FUNDRAISING/PROGRAM SERVICE	CA EVENTS/UPDATES	29,739
EAST ASIA & THE PACIFIC			PROGRAM	SCHOOL	12,653

PROGRAM

Form 990 Schedule F Par	t I - Activities	Outside The L	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		21,528,525

efile GRAPHIC print - DO NOT PROCESS DLN: 93493129019758 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** CONCORD ACADEMY 04-1200600 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

CONCORD ACADEMY AWARDED FINANCIAL ASSISTANCE TO 96 STUDENTS INCLUDING TUITION GRANTS AND ASSISTANCE FOR MUSIC LESSONS, HEALTH

ON A MONTHLY BASIS. THE FINANCIAL AID DIRECTOR MEETS MONTHLY WITH EACH FINANCIAL AID RECIPIENT TO REVIEW SPENDING

INSURANCE, BOOKSTORE PURCHASES, TRANSPORTATION AND MISCELLANEOUS EXPENSES ASSISTANCE IS AWARDED ON A FINANCIAL NEED BASIS THROUGH THE FINANCIAL AID OFFICE BOTH THE FINANCIAL AID DIRECTOR AND THE FINANCE OFFICE STAFF ADMINISTER AND MONITOR ALL GRANTS AND STUDENT SPENDING

# (5) (6)

(7)

Part IV

PART I, LINE 2

Return Reference

Explanation

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I (Form 990) 2016

#### Additional Data

(a)Type of grant or assistance

MUSIC LESSON FINANCIAL AID

TO/FROM CA EVENTS

HEALTH INSURANCE FINANCIAL AID

MONTHLY SUPPLEMENTAL FOR INCIDENTALS

TRAVEL EXP REIMB - FA PARENT/GUARDIAN

#### Software Version: **EIN:** 04-1200600 Name: CONCORD ACADEMY

(c)Amount of

cach arant

17,200

3,395

Software ID:

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

	recipients	cash grant	गिठान-८वडम वडडाडरवा
TUITION GRANTS	96		3,873

34

26

38

14

(b) Number of

(d)Amount of non-cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(f)Description of non-cash assistance

3,873,135 DIFFERENCE AFTER EXPECTED GRANTS DEDUCTED FROM SCHOOL TUITION FAMILY CONTRIBUTION PER

FINANCIAL AID SOFTWARE

43,244 PERCENTAGE OF FINANCIAL

38,575 PERCENTAGE OF FINANCIAL

AID AWARD

laid award

FINANCIAL AID DEDUCTED FROM MUSIC LESSON

**FEES** FINANCIAL AID DEDUCTED FROM STUDENT HEALTH INSURANCE COSTS

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other)

PURCHASED ON THEIR BEHALF TO/FROM HOME, SUMMER PROGRAM/TRAVEL EXPENSE	TRAVEL EXPS - FA STUDENTS TIX	20	9,636		
HOME, SUMMER PROGRAM/TRAVEL EXPENSE					
	HOME, SUMMER PROGRAM/TRAVEL EXPENSE				

FA STUDENTS COMPUTER 38 8,678

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

1,956 CASH REIMBURSEMENTS SUPPLIES PURCHASED FOR STUDENTS BY DIRECTOR OF FA ON STUDENT'S BEHALF GRANTS/COMPUTER SUPPLIES

170 909 MILEAGE REIMBURSEMENT TO FA SOFTWARE/SUPPLIES

MISC FA RELATED EXPS FA STAFF efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129019758

#### OMB No 1545-0047

2015

Open to Public Inspection

### Schedule J

Compensation Information (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization CONCORD ACADEMY 04-1200600 **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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Independent compensation consultant Compensation survey or study 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? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4с 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? 5а Νo 5h Any related organization? 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 Νo Any related organization? 6b 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 67 If "Yes," describe in Part III 7 Yes 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 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

#### 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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) 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 RICHARD G HARDY HEAD OF SCHOOL	(i)	350,822	0	792	109,200	79,990	540,804	0	
	(ii)	0			0	0	0		
2 AMY MILLER-FREDERICKS CFO	(i)	211,371	0	516	35,325	25,329	272,541	0	
	(ii)	0	0	0	0	0	0	0	
3 JENNIFER R CHANDLER DEAN OF FACULTY	(i)	156,201	0	516	13,171	21,038	190,926	0	
DEAR OF THEOETT		0	0	0	0	0	0	0	
4 JOHN DREW ASSOCIATE HEAD OF SCHOOL		151,842	0	276	13,007	22,690	187,815	0	
		0	0	0	0	0	0	0	
5 DONALD KINGMAN DIRECTOR OF OPERATIONS		145,868	0	516	12,399	23,803	182,586	0	
		0	0	0	0	0	0	0	
6 DAVID ROST DEAN OF STUDENTS		123,888	0	443	10,863	26,590	161,784	0	
	(ii)	0	0	0	0	0	0	0	

rage v								
Part IIII Supplemental Inform	nation							
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	Evaluation							

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

Additional Data

Software Version: **EIN:** 04-1200600

Software ID:

Name: CONCORD ACADEMY

Part III,	Supplemental	Informati
	Return Reference	

## ion

Explanation

PART I. LINE 1A

CONCORD ACADEMY IS A COEDUCATIONAL BOARDING AND DAY SCHOOL AS A REOUIREMENT OF EMPLOYMENT, HEAD OF SCHOOL AND ISOME FACULTY AND STAFFLIVE IN SCHOOL-OWNED HOUSING WHICH IS A NONTAXABLE BENEFIT TO THEM. THE HEAD OF SCHOOL'S

HEAD OF SCHOOL, RICHARD HARDY, TRAVEL FOR COMPANION EXPENSES WHICH ARE NONTAXABLE TO THE HEAD OF SCHOOL CERTAIN TRANSPORTATION EXPENSE WERE INCURRED FOR THE HEAD OF SCHOOL'S SPOUSE IN RELATION TO CONCORD ACADEMY PLANNED EVENTS

ESTIMATED NONTAXABLE HOUSING BENEFIT IS \$55,000 AND IT IS REPORTED IN PART II. COLUMN D. CONCORD ACADEMY REIMBURSED THE

Part III, Supplemental Information Return Reference Explanation THE CONCORD ACADEMY BOARD OF TRUSTEES EXECUTIVE COMMITTEE ALSO ACTS AS THE COMPENSATION COMMITTEE THIS GROUP REVIEWS AND DELIBERATES COMPENSATION FOR THE HEAD OF SCHOOL AND THE CHIEF FINANCIAL OFFICER

PART I, LINE 3

THIS GROUP REVIEWS AND DELIBERATES COMPENSATION FOR THE HEAD OF SCHOOL AND THE CHIEF FINANCIAL OFFICER USING PEER SCHOOL DATA AND FINANCIAL REPORTING (FORM 990) AND OTHER EXTERNAL SOURCES COMPENSATION FOR FY 16-17 FOR THESE POSITIONS WAS REVIEWED AND APPROVED BY THE COMMITTEE IN THE SPRING OF 2016

Part III, Supplemental Information Return Reference Explanation RICHARD HARDY, HEAD OF SCHOOL, PARTICIPATES IN THE ACADEMY'S NONOUALIFIED RETIREMENT PLAN (SEC. 457F PLAN) EMPLOYER CONTRIBUTIONS FOR FY 16-17 ARE IN THE AMOUNT OF \$70.000 AND INCLUDED IN FORM 990. PART VII, COLUMN PART I. LINE 4B IF AND SCHEDULE J. PART II. COLUMN C

Part III, Supplemental Information Return Reference Explanation THE ACADEMY ACCRUED \$37,500 FOR RICHARD G HARDY, HEAD OF SCHOOL, BASED UPON THE ACADEMY MEETING ITS

PART I. LINE 7 ANNUAL BUDGET AS WELL AS THE EMPLOYEE MEETING SPECIFIC PERFORMANCE METRICS ESTABLISHED BY THE ACADEMY

efile GRAPHIC prir	ile GRAPHIC print - DO NOT PROCESS											DLN: 9	3493	12901	9758		
Schedule K (Form 990)				nformation o					scriptions,				No 154	15-0047 6			
			explanations	, and any additional	information	in Part	VI.					Open to Public					
Department of the Treasury Internal Revenue Service		<b>▶</b> Information		► Attach to Form 999 ( (Form 990) and its		s is at <u>w</u>	ww.i	rs.gov/fori	<del>m990</del> .				en to P Inspect				
Name of the organization CONCORD ACADEMY										Emplo	yer ıden	tıficatıoı	n numbe	er .			
CONCORD ACADEMI										04-12	00600						
Part I Bond Iss	ues									_							
(a) Issuer na	ame	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(	( <b>f)</b> Descripti	on of purpose	(g) De	feased		On alf of uer	(i)   finar	Pool ncing		
										Yes	No	Yes	No	Yes	No		
A MASSACHUSETTS I FINANCE AGENCY	MASSACHUSETTS DEVELOPMENT 04-3431814 02-09-2017 FINANCE AGENCY				18,6	<i>'</i>	ARE L		OND PROCEEDS FUND SERIES ND SERIES		X		X		X		
Part II Proceeds	s			<u> </u>													
						A		E	3	C				D			
						75	,000										
		d															
							,446										
		ds															
						51	,000										
		eds															
		m proceeds															
		eds															
						8,698	,446										
						9,949	,000										
13 Year of substantia	l completion .																
					Yes	No		Yes	No	Yes	No		Yes	'	No		
		f a current refunding			Х									$\perp$			
15 Were the bonds is	sued as part of	f an advance refundır	ng issue?			×											
.6 Has the final allocation of proceeds been made?						×											
		adequate books and r				Х											
Part IIII Private I	Business Use	e															
						Α			3	C				D			
1 Was the organizat	tion a partner ii xempt bonds? .	n a partnership, or a	member of an LLC,	which owned property	Yes	No X	$\dashv$	Yes	No	Yes	No		Yes		No		
2 Are there any leas	se arrangement	ts that may result in i	private business use			Х											
For Paperwork Reduct					Ca	t No 50	193F				S	chedul	e K (Fo	rm 990	) 2016		

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Was the hedge superintegrated? . . . . . . 

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

Does the bond issue meet the private security or payment test? . . .

C

d

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

Χ

Х

Χ

В

Nο

Yes

Χ

Α

No

Х

Χ

Х

Χ

Х

Χ

Yes

Α

C

Nο

Yes

C

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

voluntary closing agreement program if self-remediation is not available under

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

applicable regulations?

Return Reference

SCHEDULE K, PART I, BOND

Yes

No

Χ

Х

No

Yes

Х

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

BOND PROCEEDS ARE AVAILABLE TO BE DRAWN FOR CAPITAL EXPENDITURES

**Explanation** (A) ISSUER NAME MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE SERIES

2017A BOND PROCEEDS ARE USED TO REFUND SERIES 2010A BONDS AND SERIES 2014B BONDS. SERIES 2017B.

Schedule K (Form 990) 2016

(GIC)?

period?

Part V

Part VI

**ISSUES** 

# Yes

В

No

B

No

Yes

Yes

C

No

Yes

No

Yes

Yes

D

No	

Page 3

No

Return Reference	Explanation								
SCHEDULE K, PART II, LINE	THE SERIES 2017B BONDS ARE AVAILABLE FOR THE ACADEMY TO DRAW DOWN UPON THROUGH MARCH 2020 AS OF JUNE 30, 2017, THE ACADEMY HAS DRAWN DOWN \$51,000 RELATING TO THE SERIES 2017B BONDS AND \$9,949,000 IS THE AMOUNT REMAINING								

етп	e GRAPHIC pr	int - DO NOT PR	ROCESS	As Filed Data -			DLN:	9349312	9019	758
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(For	m 990)		ı	ioncasii contii	Dutions			20	1 (	-
		l -	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30	).	<b>20</b>	10	)
		► Attach to Form								
•	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/i	<u>form990</u>	Open to Inspe		
Name	e of the organizat	ion				Emplo	yer ident	ification n	umbei	
CONC	ORD ACADEMY					04-120	0600			
Pa	rt I Types	of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	n		(d) of determinent of determinent		s
					1g					
1	Art—Works of art									
2	Art—Historical tr									
3	Art—Fractional in									
4	Books and public Clothing and hou					-				
5										
6	Cars and other v	ehicles								
7	Boats and planes	s								
8	Intellectual prope	,								
9	Securities—Public	•	X	32	355,640	FAIR	MARKET V	ALUE		
	Securities—Close	•								
11	Securities—Partr or trust interest	1 ' '								
12	Securities—Misce									
13	Qualified conserve contribution—Hi	istoric								
14	structures . Qualified conserv									
	contribution—Of									
15	Real estate—Res	sidential .								
16	Real estate—Cor	nmercial								
17	Real estate—Oth									
18	Collectibles .					-				
19	Food inventory									
20 21	Drugs and medic	ai supplies .								
	Historical artifact	• • • • • • • • • •								
23	Scientific specim									
24	Archeological art									
25	Other ▶ (	)								
26	Other ▶ (									
27	Other ► (	•								
28	Other ▶ (	,								
29				ition during the tax year for 3, Part IV, Donee Acknowled		29				
	_								Yes	No
30a	During the year	, dıd the organızatıo	n receive by	contribution any property i	reported in Part I, lines 1 th	rough 2	28, that			
	ıt must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be u	sed			
		ooses for the entire h						30a		No
h		e the arrangement i				•		304		INO
	•	_					_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
31	_	_		olicy that requires the review	·		s <sup>2</sup>	31	Yes	
	contributions?		ird parties o	or related organizations to s	olicit, process, or sell nonca	sh •		32a	Yes	
	If "Yes," describ					, .				
33	_	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,			
	describe in Part	II			Cat No. 512271			ule M (Form		

Schedule M (Form 990) (2016)	Page <b>2</b>							
Part II  Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.								
Return Reference	Explanation							
' ',	THE NUMBER OF CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES IS BASED ON THE NUMBER OF GIFTS OF SECURITIES RECEIVED							
•	MORGAN STANLEY SMITH BARNEY, LLC PROCESSED AND SOLD THE STOCK DONATIONS ON BEHALF OF TH ACADEMY							
	Schedule M (Form 990) (2016)							

efile GRAPH	DLN:	DLN: 93493129019758							
(Form 990 or EZ) Department of the T	► Attach to Form 990 or 990-EZ.  ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.								
Name of the organization CONCORD ACADEMY  990 Schedule O, Supplemental Information  WWW.IIS.gov/IoIII990.  Employer identific 04-1200600									
Return Reference			Explanation						
FORM 990, PART VI, SECTION B, LINE 11B	UPON COMPLETION OF THE 2016 FORM 990, THE ENTIRE FORM IS FIRST REVIEWED BY MANAGEMENT, SOO N AFTER, THE FORM, NOT INCLUDING SCHEDULE B, IS REVIEWED WITH THE CHAIR OF THE AUDIT COMMI TTEE, THEN THE FORM, NOT INCLUDING SCHEDULE B, IS PRESENTED IN A MEETING WITH ALL MEMBERS OF THE AUDIT COMMITTEE OF THE CONCORD ACADEMY BOARD OF TRUSTEES FOR REVIEW, DISCUSSION, IN CLUDING ANY PROPOSED CHANGES, AND APPROVAL AFTER APPROVAL AND BEFORE FILING WITH THE IRS, THE FORM, NOT INCLUDING SCHEDULE B, IS MADE AVAILABLE TO EACH BOARD MEMBER ON THE CONCORD ACADEMY TRUSTEE WEBSITE								

Return Explanation
Reference

FORM 990,	IN OCTOBER OF EACH YEAR NEW AND RETURNING TRUSTEES ARE ASKED TO COMPLETE, SIGN AND RETURN
PART VI,	TO THE ASSISTANT TO THE HEAD OF SCHOOL A CONFLICT OF INTEREST FORM ONCE RETURNED, EACH FO
SECTION B,	RM IS REVIEWED BY THE HEAD AND CFO TO ENSURE COMPLIANCE IN THE EVENT OF A CONFLICT, SAID
LINE 12C	CONFLICT WOULD BE DISCUSSED WITH THE COMMITTEE ON TRUSTEES AND/OR LEGAL COUNSEL TO DETERMI
	NE HOW TO PROCEED THE ORIGINAL FORMS ARE KEPT IN THE INDIVIDUAL TRUSTEE FILES IN THE HEAD
	'S OFFICE

Return Explanation

Reference

FORM 990,	THE CONCORD ACADEMY BOARD OF TRUSTEES SUB-COMMITTEE REVIEWS AND DELIBERATES COMPENSATION F
PART VI,	OR THE HEAD OF SCHOOL USING PEER SCHOOL DATA AND FINANCIAL REPORTING (FORM 990) AND OTHER
SECTION B,	EXTERNAL SOURCES THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE CH
LINE 15	IEF FINANCIAL OFFICER COMPENSATION FOR FY 16-17 FOR THESE POSITIONS WAS REVIEWED AND APPR
	OVED BY THE COMMITTEE IN THE SPRING OF 2016 IN THE SPRING OF 2017, THE SUB-COMMITTEE MET
	TO APPROVE THE HEAD OF SCHOOL'S COMPENSATION NOTED IN SCHEDULE J, PART I, LINE 7

Return
Reference

Explanation

LINE 19

FORM 990, THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC PART VI, SECTION C,

Return Explanation
Reference

FORM 990, PART XI, LINE 9

efile GRAPHIC print - Do	O NOT PROCESS As Filed Data -										DLN: 93493	129019	758		
SCHEDULE R (Form 990)	Related O  Complete if the organi	_					-		37.		20	1545-004	17		
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Inform	nation al	out Schedul	e R (Form	990) and	its instruct	ions is at	<u>www.i</u>	rs.gov/form9	<u>90</u> .	Open to Public Inspection				
Name of the organization CONCORD ACADEMY								Emp	oloyer identif	icatior	n number				
									.200600						
Part I Identification	n of Disregarded Entities Complete if the	ne organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.							
Name, address, and	(a) Name, address, and EIN (if applicable) of disregarded entity		( <b>b)</b> Primary a	ctivity	Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	sets	<b>(f</b> Direct co ent	ntrolling			
	of Related Tax-Exempt Organizations mpt organizations during the tax year.	<b>S</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I'	V, line 34 be	cause	it had one or	more			
Name, address, an	(a) nd EIN of related organization	Prim	<b>(b)</b> ary activity	Legal dom	<b>c)</b> nicile (state n country)	Exempt Coo			(e) charity status on 501(c)(3))	Dii	<b>(f)</b> rect controlling entity	Section (13) cor enti	512(b) ntrolled		
For Paperwork Poduction Ac	ct Notice, see the Instructions for Form 99	<u> </u>			t No 5013	257				Sch	edule R (Form	990) 26	116		

		(b)	1 7-5 1	(4)	1 .	1 40	1 (-)	1 4		1 .	1	,	. 1	71.3
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(rel- unrelate excluded f tax undi sections 5 514)	ated, total inc rom er		Olsprop alloca	1) rtionate tions?	(i) Code V- amount ir 20 of Schedule (Form 10	box r	(j) Genera mana partn	alor P ging c	(k) Percent Owners
					314)			Yes	No			Yes	No	
													$\top$	
													+	
			1											
▼ Identification of Related Org	ganizations Tavable as a C	ornoration	or Trus	t Comple	e if the oro	anization a	aswered "Ye	s" on F	orm 9	90 Part	TV Ju	ıne 3	:4	
V Identification of Related Org because it had one or more rela (a) Name, address, and EIN of related organization	ganizations Taxable as a Cated organizations treated as	a corporation	(c) Legal omicile or foreign	st during Dir	e if the org the tax yea (d) ect controlling entity	anization a r.  (e) Type of entity (C corp, S corp or trust)	(f) Share of tota	l Share	(g) e of end year assets	-of- F	IV, lı (h) dercenta	age	Sect. (13)	tion 5 ) conf
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during	the tax yea  (d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es
because it had one or more rela  (a)  Name, address, and EIN of	ated organizations treated as (b)	a corporation	(c) Legal omicile or foreign	st during  Dir	(d) ect controlling	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during  Dir	(d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during  Dir	(d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	_
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during  Dir	(d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during  Dir	(d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	on or tru (c) Legal comicile or foreign country)	st during  Dir	(d) ect controlling entity	r.  (e)  Type of entity (C corp, S corp	(f) Share of tota	l Share	(g) e of end year	-of- F	(h) ercenta	age	Sect (13)	tion 5 ) cont entity es

Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	$\neg$	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	$\neg$	No

J	Lease of facilities, equipment, or other assets to related organization(s)	-'	+	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	c .	No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n	a T	No
0	Sharing of paid employees with related organization(s)	10	,	No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	,—	No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	1	No
r	Other transfer of cash or property to related organization(s)	1r	-	No
		100	. —	No

|1s | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2016

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

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

<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g	<b>(k)</b> Percentage ownership
İ		514)	Yes	No	ļ ,		Yes	No		Yes	No	
									Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016