

Form 990-T

EXTENDED TO MAY 17, 2021
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceFor calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<u>CONCORD ACADEMY</u>	<u>04-1200600</u>
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code	
		<u>166 MAIN STREET</u>	<u>525990</u>
		<u>CONCORD, MA 01742</u>	
C Book value of all assets at end of year <u>148,552,196.</u>		F Group exemption number (See instructions.)	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of AMY MILLER-FREDERICKS, CFO Telephone number 978-402-2200

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-9,730.	-9,730.
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-443.	-443.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-10,173.	-10,173.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	21b	
23	Contributions to deferred compensation plans	22	
24	Employee benefit programs	23	
25	Excess exempt expenses (Schedule I)	24	
26	Excess readership costs (Schedule J)	25	
27	Other deductions (attach schedule)	26	
28	Total deductions. Add lines 14 through 27	27	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29	-10,173.
31	Unrelated business taxable income. Subtract line 30 from line 29	30	0.
		31	-10,173.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-10,173.
33	Amounts paid for disallowed things	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and other deductions Subtract line 33 from the sum of lines 32 and 34	35	-10,173.
36	Reduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before special deductions Subtract line 36 from line 35	37	-10,173.
38	Special deduction (generally \$1,000), but see line 33 instructions for exceptions	38	1,000
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	-10,173.

Part IV Tax Computation

40	Organizations taxable as corporations. No reply line 39 by 21% (4.21)	40	0.
41	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on nonexempt facility income. See instructions	44	
45	Total. Add lines 40, 43, and 44 to line 42, whichever applies	45	0.

Part V Tax and Payments

46	Foreign tax credit (corporations attach Form 1116; trusts attach Form 1118)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3820	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8527)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4254 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8607 <input type="checkbox"/> Form 8850 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net BEI liability paid from Form 990-A or Form 990-B, Part II, column (b), line 9	50	0.
51	a Payments. A 2019 overpayment credited to 2019	51a	5,814.
b	Self-employment tax payments	51b	4,986.
c	Tax deposited with Form 990	51c	
d	Foreign organizations tax paid or withheld at source (see instructions)	51d	
e	Risk pool withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8931)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	10,800.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	10,800.
56	Enter the amount of line 55 you want credited to 2020 estimated tax 10,800 Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 8878, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year did the organization receive a distribution from, or was it the grantor of or transferor to, a foreign trust? If "Yes," enter the name of the foreign trust here		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year	59	0.

Sign Here

Lynne Johnson **5/16/21** **CFO**
Signature of officer Date Title

Has the preparer ever been convicted of a federal crime involving dishonesty or fraud? ☐ Yes ☒ No

Preparer Use Only

Preparer's name: **LYNNE JOHNSON** Preparer's signature: *LH* Date: **05/06/21** Check ☐ If self-employed PIN: **P00757336**
Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**
Firm's address: **80 CITY SQUARE BOSTON, MA 02129-3142** Phone: **617-912-9000**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **► N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 5 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I line 11, col (A) 0.	Enter here and on page 1, Part I line 11, col (B) 0.				Enter here and on page 1, Part II, line 26 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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UBTI FROM QUALIFYING PARTNERSHIP INTEREST

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
EIG ENERGY FUND XVI, LP - ORDINARY BUSINESS INCOME (LOSS)		-2,124.
EIG ENERGY FUND XVI, LP - OTHER NET RENTAL INCOME (LOSS)		21.
EIG ENERGY FUND XVI, LP - INTEREST INCOME		74.
EIG ENERGY FUND XVI, LP - ROYALTIES		296.
EIG ENERGY FUND XVI, LP - OTHER PORTFOLIO INCOME (LOSS)		-172.
EIG ENERGY FUND XVI, LP - OTHER INCOME (LOSS)		-16,867.
GRAMERY DISTRESSED OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME (LOS		688.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)		3,209.
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME		-31.
LANDMARK EQUITY PARTNERS XV, LP - OTHER NET RENTAL INCOME (LOSS)		122.
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME		102.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME		68.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES		46.
LANDMARK EQUITY PARTNERS XV, LP - OTHER PORTFOLIO INCOME (LOSS)		204.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)		-4,716.
MONROE CAPITAL SR SEC DIR LOAN FUND (UNLEV) - ORDINARY BUSINESS INCOME (LOSS		-1,961.
PARK SQUARE CAPITAL CREDIT OPPORTUNITIES II (USD), LP - ORDINARY BUSINESS IN		23,616.
PRIVATE ADVISORS SMALL COMPANY COINVESTMENT FUND LP - ORDINARY BUSINESS INCO		35,146.
PRIVATE ADVISORS SMALL COMPANY COINVESTMENT FUND LP - OTHER INCOME (LOSS)		-38,157.
INDUSTY VENTURES PARTNERSHIP HOLDINGS V, LP - OTHER INCOME (LOSS)		-10.
SS RUSSELL SMALL CAP COMPLETENESS INDEX NON-LENDING COMMON TRUST - DIVIDEND		3.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-443.

FORM 990-T

CONTRIBUTIONS

STATEMENT 4

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
EIG ENERGY FUND XVI, LP	N/A	4.
LANDMARK EQUITY PARTNERS XV, LP	N/A	2.
PRIVATE ADVISORS SMALL COMPANY	N/A	
COINVESTMENT FUND LP		132.
CONCORD FREE PUBLIC LIBRARY	N/A	10,000.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		10,138.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
FOR TAX YEAR 2014
FOR TAX YEAR 2015
FOR TAX YEAR 2016
FOR TAX YEAR 2017
FOR TAX YEAR 2018

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

10,138

TOTAL CONTRIBUTIONS AVAILABLE

10,138

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

10,138

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

10,138

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

SCHEDULE D

(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2019

Name

CONCORD ACADEMY

Employer identification number

04-1200600

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				1,479.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	1,479.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-1,771.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-1,771.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Social security number or taxpayer identification no.

04-1200600

CONCORD ACADEMY

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions) For short-term transactions, see page 1

Note You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.