

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** OCT 1, 2021 **and ending** SEP 30, 2022

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE CONCORD CONSORTIUM, INCORPORATED  <b>Doing business as</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 25 LOVE LANE _____ <b>City or town, state or province, country, and ZIP or foreign postal code</b> CONCORD, MA 01742	<b>D Employer identification number</b> 04-3254131  <b>E Telephone number</b> 978-405-3200
	<b>F Name and address of principal officer:</b> LAWRENCE BEHAN SAME AS C ABOVE	<b>G Gross receipts \$</b> 11,489,391.  <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CONCORD.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1994 <b>M State of legal domicile:</b> MA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: TO IGNITE LARGE-SCALE IMPROVEMENTS IN TEACHING AND LEARNING THROUGH TECHNOLOGY.		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	45
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	11
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,479,792.	10,553,666.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	480,449.	739,727.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	773.	145.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,406.	195,853.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,970,420.	11,489,391.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,364,488.	5,493,847.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,499,454.	2,800,414.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,863,942.	8,294,261.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	106,478.	3,195,130.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,988,565.	4,473,971.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,981,790.	1,272,066.
		6,775.	3,201,905.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ LAWRENCE BEHAN, CFO Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHARLES WEBB, CPA	Preparer's signature CHARLES WEBB, CPA	Date 02/21/23	Check if self-employed <input type="checkbox"/>	PTIN P01584539
	Firm's name ▶ AAFCPAS, INC.			Firm's EIN ▶ 04-2571780	
Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581			Phone no. 508-366-9100		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CONCORD CONSORTIUM IS A RESEARCH AND DEVELOPMENT ORGANIZATION DEDICATED TO TRANSFORMING EDUCATION THROUGH TECHNOLOGY... (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 515,312. including grants of \$ ) (Revenue \$ ) PRECIPITATING CHANGE WITH ALASKAN AND HAWAIIAN SCHOOLS: BRIDGING INDIGENOUS AND WESTERN SCIENCE WHILE MITIGATING COASTAL EROSION PROJECT - 2022

THE PRECIPITATING CHANGE PROJECT (HTTPS://CONCORD.ORG/PRECIPITATING-CHANGE-ALASKA-HAWAII/) AT THE CONCORD CONSORTIUM (CC) IS A MULTI-YEAR COLLABORATION WITH THE UNIVERSITY OF MONTANA; UNIVERSITY OF HAWAI'I, MANOA; THE UNIVERSITY OF ALASKA AT ANCHORAGE APPLIED ENVIRONMENTAL RESEARCH CENTER (UAA-AERC); AND PARTNER MIDDLE SCHOOLS IN ALASKA AND HAWAI'I. THE PROJECT GOAL IS TO DESIGN AND TEST INSTRUCTIONAL MATERIALS AND TECHNOLOGIES TO PROMOTE MIDDLE SCHOOL STUDENTS' CAPACITY TO BRIDGE BETWEEN INDIGENOUS AND

4b (Code: ) (Expenses \$ 561,217. including grants of \$ ) (Revenue \$ ) TECROCKS PROJECT - 2022

IN THE SECOND YEAR OF THE GEOLOGICAL CONSTRUCTION OF ROCK ARRANGEMENTS FROM TECTONICS: SYSTEMS MODELING ACROSS SCALES (ALSO KNOWN AS THE TECROCKS PROJECT HTTPS://CONCORD.ORG/OUR-WORK/RESEARCH-PROJECTS/TECROCKS/), THE CONCORD CONSORTIUM (CC) COLLABORATED WITH PROJECT PARTNERS AT PENNSYLVANIA STATE UNIVERSITY TO ENACT THE GOALS OF THE PROJECT. THE FIRST GOAL OF THIS PROJECT IS TO DEVELOP AN EARTH SYSTEM SIMULATION AND CURRICULUM MODULE TO TRANSFORM HOW STUDENTS LEARN ABOUT THE CONNECTION BETWEEN PLATE TECTONIC PROCESSES AND ROCK FORMATION PROCESSES. THIS FIRST GOAL IS ACCOMPLISHED THROUGH MULTIPLE ITERATIVE DESIGN CYCLES. THE SECOND

4c (Code: ) (Expenses \$ 534,498. including grants of \$ ) (Revenue \$ ) INQUIRYSPACE 2 2022

THE MAJOR GOAL OF THE INQUIRYSPACE 2 PROJECT (HTTPS://CONCORD.ORG/INQUIRYSPACE) AT THE CONCORD CONSORTIUM (CC) IS TO MAKE IT POSSIBLE FOR ANY SCHOOL TO OFFER STUDENTS THE CHANCE TO EXPERIENCE THE EXCITING PRACTICE OF SCIENCE AS AN INTEGRAL PART OF SCIENCE LEARNING. THE PROJECT SET THREE GOALS TO (1) REDUCE BARRIERS TO IMPLEMENTATION AND INCREASE EQUITABLE PARTICIPATION IN SCIENCE BY DEVELOPING TECHNOLOGIES THAT SUPPORT ENGAGEMENT IN EXPERIMENTAL DESIGN, DATA COLLECTION, AND ANALYSIS IN HIGH SCHOOL BIOLOGY, PHYSICS, AND CHEMISTRY CLASSES, (2) DEVELOP CURRICULAR MATERIALS THAT COHERENTLY SCAFFOLD STUDENTS IN DEVELOPING THE NECESSARY KNOWLEDGE, SKILLS, AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,953,130. including grants of \$ ) (Revenue \$ 935,580.)

4e Total program service expenses 6,564,157.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part 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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

**1a** Complete 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHAD DORSEY PRESIDENT/CEO	40.00	X		X			216,089.	0.	46,360.	
(2) LAWRENCE BEHAN CFO	40.00			X			180,061.	0.	26,054.	
(3) LESLIE BONDARYK DIRECTOR OF TECHNOLOGY	40.00				X		154,076.	0.	21,455.	
(4) AMY PALLANT PI & SENIOR RESEARCHER	40.00				X		126,741.	0.	36,853.	
(5) CAROLYN STAUDT PI & SENIOR RESEARCHER	40.00				X		135,459.	0.	23,212.	
(6) KIRK SWENSON SENIOR PRINCIPAL ENGINEER	40.00				X		134,746.	0.	23,306.	
(7) CYNTHIA MCINTYRE DIRECTOR OF COMMUNICATIONS	40.00				X		130,078.	0.	24,637.	
(8) HELEN QUINN CHAIR	1.00	X		X			0.	0.	0.	
(9) CHRIS MANOS TREASURER	2.50	X		X			0.	0.	0.	
(10) LISA BUONCUORE CLERK	1.00	X		X			0.	0.	0.	
(11) KATHY HURLEY BOARD MEMBER	0.50	X					0.	0.	0.	
(12) KIM KASTENS BOARD MEMBER	0.50	X					0.	0.	0.	
(13) PAULETTE ALTMAIER BOARD MEMBER	0.50	X					0.	0.	0.	
(14) PAMELA PELLETIER BOARD MEMBER	0.50	X					0.	0.	0.	
(15) CARLOS MORALES BOARD MEMBER	0.50	X					0.	0.	0.	
(16) HEIDI SCHWEINGRUBER BOARD MEMBER	0.50	X					0.	0.	0.	
(17) MAYA GARCIA BOARD MEMBER	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID VAN ESSELSTYN BOARD MEMBER	0.50	X						0.	0.	0.
(19) THOMAS PHILLIP BOARD MEMBER	0.50	X						0.	0.	0.
(20) DIEDERICH FRAMHEIN BOARD MEMBER (UNTIL 12/2021)	0.50	X						0.	0.	0.
(21) JUDY CAI BOARD MEMBER (UNTIL 12/2021)	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,077,250.	0.	201,877.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,077,250.	0.	201,877.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIOTR JANIK IT CONSULTING, UL.GEN. AUGUSTA FIELDORFA-NILA 17/65, KRACOW, POLAND	PROGRAMMING	102,461.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,971,846.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,581,820.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			10,553,666.			
<b>Program Service Revenue</b>	<b>2 a</b> CONTRACT REVENUE	<b>Business Code</b>	541900	739,727.	739,727.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			739,727.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			145.		145.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	195,853.	195,853.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			195,853.			
<b>12 Total revenue.</b> See instructions			11,489,391.	935,580.	0.	145.	

**Part IX Statement of Functional Expenses**

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

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

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) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	504,570.	123,026.	381,544.	
<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)				
<b>7</b> Other salaries and wages	3,767,488.	3,056,595.	710,893.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	376,688.	376,688.		
<b>9</b> Other employee benefits	533,983.	228,998.	304,985.	
<b>10</b> Payroll taxes	311,118.	311,118.		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	145.		145.	
<b>c</b> Accounting	39,400.		39,400.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	742,671.	698,844.	43,827.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	75,735.	47,279.	28,456.	
<b>14</b> Information technology	482,583.	370,518.	112,065.	
<b>15</b> Royalties				
<b>16</b> Occupancy	343,477.	260,135.	83,342.	
<b>17</b> Travel	34,697.	33,361.	1,336.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,127.	4,848.	1,279.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,856.	1,856.		
<b>23</b> Insurance	18,091.		18,091.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACTORS	943,667.	943,667.		
<b>b</b> PARTICIPANT SUPPORT	84,962.	84,962.		
<b>c</b> MISCELLANEOUS	20,980.	18,856.	2,124.	
<b>d</b> DUES AND SUBSCRIPTIONS	6,023.	3,406.	2,617.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,294,261.	6,564,157.	1,730,104.	0.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	361.	<b>1</b>	361.
	<b>2</b> Savings and temporary cash investments .....	1,072,942.	<b>2</b>	3,127,478.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	830,740.	<b>4</b>	1,257,019.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	44,122.	<b>9</b>	50,569.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 159,306.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 159,306.	1,856.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	38,544.	<b>15</b>	38,544.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,988,565.	<b>16</b>	4,473,971.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	905,380.	<b>17</b>	831,283.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,076,410.	<b>25</b>	440,783.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,981,790.	<b>26</b>	1,272,066.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-213,949.	<b>27</b>	1,163,150.
	<b>28</b> Net assets with donor restrictions .....	220,724.	<b>28</b>	2,038,755.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,775.	<b>32</b>	3,201,905.
<b>33</b> Total liabilities and net assets/fund balances .....	1,988,565.	<b>33</b>	4,473,971.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,489,391.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,294,261.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,195,130.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,775.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,201,905.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> THE CONCORD CONSORTIUM, INCORPORATED	<b>Employer identification number</b> 04-3254131
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,954,599.	9,848,382.	8,479,847.	7,479,792.	10,553,666.	45,316,286.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	8,954,599.	9,848,382.	8,479,847.	7,479,792.	10,553,666.	45,316,286.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						45,316,286.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	8,954,599.	9,848,382.	8,479,847.	7,479,792.	10,553,666.	45,316,286.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,037.	5,846.	2,987.	773.	145.	11,788.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						45,328,074.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	2,047,083.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.97 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.92 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a, b, c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal 'Copy' watermark.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE CONCORD CONSORTIUM, INCORPORATED Employer identification number 04-3254131

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Conservation Easements with checkboxes for various purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting requirements and amounts for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		50,865.	50,865.	0.
d Equipment		101,296.	101,296.	0.
e Other		7,145.	7,145.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GRANT ADVANCES	440,783.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	440,783.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,739,722.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	250,331.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	250,331.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,489,391.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,489,391.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,544,592.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	250,331.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	250,331.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,294,261.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,294,261.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION

HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT SEPTEMBER

30, 2022. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO

EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CONCORD CONSORTIUM, INCORPORATED

Employer identification number

04-3254131

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHAD DORSEY PRESIDENT/CEO	(i)	216,089.	0.	0.	22,690.	23,670.	262,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAWRENCE BEHAN CFO	(i)	180,061.	0.	0.	17,355.	8,699.	206,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LESLIE BONDARYK DIRECTOR OF TECHNOLOGY	(i)	154,076.	0.	0.	15,401.	6,054.	175,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY PALLANT PI & SENIOR RESEARCHER	(i)	126,741.	0.	0.	13,183.	23,670.	163,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROLYN STAUDT PI & SENIOR RESEARCHER	(i)	135,459.	0.	0.	13,537.	9,675.	158,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIRK SWENSON SENIOR PRINCIPAL ENGINEER	(i)	134,746.	0.	0.	12,381.	10,925.	158,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CYNTHIA MCINTYRE DIRECTOR OF COMMUNICATIONS	(i)	130,078.	0.	0.	11,819.	12,818.	154,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

THE CONCORD CONSORTIUM, INCORPORATED

Employer identification number

04-3254131

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WESTERN SCIENCE THROUGH A MULTI-PERSPECTIVE INSTRUCTIONAL APPROACH THAT

INCLUDES AND VALUES INDIGENOUS KNOWLEDGE AND CULTURE AND ENGAGES

STUDENTS WITH WESTERN SCIENCE WITHOUT ASKING THEM TO ABANDON OR DEVALUE

THEIR HOME CULTURE PERSPECTIVE. THE PROJECT AIMS TO PROMOTE MIDDLE

SCHOOL STUDENTS' ABILITY TO APPLY INTEGRATED EARTH SCIENCE,

MATHEMATICS, AND COMPUTATIONAL THINKING SKILLS IN THE CONTEXT OF

COASTAL EROSION. THE INSTRUCTIONAL UNIT IS DESIGNED WITH UNIVERSAL

DESIGN FOR LEARNING (UDL) PRINCIPLES, INCLUDING A

MULTIPLE-REPRESENTATION GLOSSARY, TRANSLATIONS FOR INDIGENOUS

LANGUAGES, AND SCAFFOLDING TO ASSIST STUDENTS IN UNDERSTANDING

INDIGENOUS AND WESTERN SCIENCE TERMS. THE PRECIPITATING CHANGE: COASTAL

EROSION INSTRUCTIONAL UNIT TARGETS THREE MAIN NGSS STANDARDS.

INSTRUCTIONAL UNIT. THIS YEAR, EIGHT MIDDLE SCHOOL SCIENCE TEACHERS

FROM EIGHT DIFFERENT SCHOOLS, FOUR IN ALASKA AND FOUR IN HAWAI'I,

PARTICIPATED IN PROFESSIONAL DEVELOPMENT IN HILO, HAWAI'I. CONSISTENT

WITH A DESIGN-BASED IMPLEMENTATION RESEARCH APPROACH, UNIT DESIGN AND

INSTRUCTION REFLECT COLLABORATION AMONG PARTNERS REPRESENTING DIVERSE

AREAS OF EXPERTISE INCLUDING INDIGENOUS AND WESTERN SCIENCE, AND

SCIENCE EDUCATION RESEARCH, DESIGN, AND PRACTICE. UNIT DESIGN AND

INSTRUCTION ALSO REFLECT INTEGRATION AND ITERATIVE REFINEMENT OF

MULTIPLE INSTRUCTIONAL ELEMENTS. IN THE FIVE-WEEK COASTAL EROSION UNIT,

THESE ELEMENTS ARE INFUSED AND ORGANIZED INTO THE CREATIVE PROCESS

INSTRUCTIONAL MODEL SEQUENCE. THERE IS A FOCUS ON STORIES, LEARNING

WITH ELDERS, COMMUNITY PRACTICES AND ARTS FOR INDIGENOUS WAYS OF

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

Schedule O (Form 990) 2021

132211 11-11-21

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KNOWING THROUGHOUT THE LESSONS.

WORKING WITH ENVIRONMENTAL SCIENTISTS AT UAA-AERC, WE CREATED COASTAL EROSION SCENARIOS FOR STUDENTS TO ENGAGE WITH USING HISTORICAL DATA.

THUS, USING BOTH EMBEDDED PHENOMENA AND COMPUTATIONAL MODELS, STUDENTS EXPERIENCE EROSION EVENTS EVOLVING IN THE SAME WAY THAT THE ACTUAL EVENTS EVOLVED THROUGH INTERACTIONS AMONG VARIABLES SUCH AS SEA LEVEL, WAVE HEIGHT, SUBSTRATE MATERIAL, VEGETATION, PRECIPITATION, AND WIND SPEED.

USING A VARIETY OF METHODS THAT BUILD FLEXIBILITY THAT CAN BE ADJUSTED FOR EVERY STUDENT'S STRENGTHS AND NEEDS, UDL PROVIDES ALL STUDENTS AN EQUAL OPPORTUNITY TO SUCCEED THROUGHOUT THE CURRICULUM. UDL FEATURES PROVIDE FLEXIBILITY IN INFORMATION PRESENTATION AND REDUCE BARRIERS IN INSTRUCTION. A KEY UDL PROJECT FEATURE IN THE COASTAL EROSION UNIT IS A MULTI-REPRESENTATIONAL GLOSSARY WHERE STUDENTS CAN VIEW INDIGENOUS AND WESTERN SCIENCE TERMS AND SYMBOLS HYPERLINKED, REPRESENTED, AND CONTEXTUALIZED THROUGH PICTURES, DIAGRAMS, AND A SHORT MOVIE. SUCH OPPORTUNITIES FOR STUDENTS TO USE THE GLOSSARY TO TOGGLE BACK AND FORTH BETWEEN ENGLISH AND THEIR NATIVE LANGUAGE ARE ESPECIALLY POWERFUL FOR PLACE-BASED AND CULTURALLY CONGRUENT INSTRUCTION WITH INDIGENOUS STUDENTS.

TECHNOLOGY AND SOFTWARE. THREE TECHNOLOGICAL TOOLS WERE DEVELOPED FOR THE COASTAL EROSION UNIT-EMBEDDED PHENOMENA (EP), CLASSROOM WAVE TANK PHYSICAL MODEL, AND NETLOGO COMPUTATIONAL MODELS-TO HELP STUDENTS

ANSWER THE FOLLOWING QUESTION: "HOW DOES COASTAL EROSION AFFECT OUR LIVES AND WHAT, IF ANYTHING, SHOULD WE DO ABOUT IT?" DURING THE COASTAL

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EROSION INVESTIGATIONS STUDENTS STUDY THREE DRIVING QUESTIONS: 1. HAS THE SHORELINE CHANGED IN THE PAST AND IS IT CHANGING NOW? HOW AND WHY?; 2. IF THE SHORELINE KEEPS CHANGING THE WAY IT HAS BEEN, WHAT WILL IT BE LIKE IN THE FUTURE?; AND 3. WHAT COULD OR SHOULD BE DONE ABOUT THE CHANGING SHORELINE?

THE EP SOFTWARE PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE A LARGE COMPLEX DATASET KINESTHETICALLY TO HELP THEM VISUALIZE A BEACH PROFILE USING THE EMERY METHOD. EACH CLASSROOM IS PROVIDED A LARGE WAVE TANK TO INVESTIGATE AND CONDUCT PHYSICAL TESTS OF HOW WATER HEIGHT AND WAVE ACTION IMPACT COASTS. USING THE WAVE TANK MODEL, STUDENTS CAN TEST DIFFERENT MITIGATION TREATMENTS INCLUDING SEAWALLS AND REVETMENTS OF DIFFERENT FORMS, ROCK ARMOR, AND BREAKWATERS TO EXAMINE THE RELATIVE EFFECTIVENESS OF THESE METHODS FOR MITIGATING EROSION. NETLOGO MODELS COMPLEMENT THE EP AND WAVE TANK EXPERIENCES BY PROVIDING STUDENTS WITH A TOOL THAT CAN HELP THEM DEVELOP AND TEST THE RULES THEY BUILD AROUND COASTAL EROSION. STUDENTS USE THIS MODEL TO MAKE SENSE OF LOCAL DATA REPRESENTED IN MAPS AND VISUALIZATIONS THAT EXTEND OVER TIME; IDENTIFY PATTERNS AND RELATIONSHIPS AMONG VARIABLES; AND MAKE PREDICTIONS FOR IMPACTS OF SEA LEVEL RISE, STORM SURGE, AND COASTAL EROSION ON THEIR COMMUNITIES.

RESEARCH: RESEARCH ON STUDENT LEARNING IS GUIDED BY THE FOLLOWING QUESTIONS:  
-DEVELOPING MULTI-PERSPECTIVE LEARNING PROGRESSION FRAMEWORKS: WHAT ARE DIFFERENT WAYS STUDENTS MAKE SENSE OF COASTAL EROSION? HOW DO STUDENTS' WAYS OF MAKING SENSE REFLECT PERSONAL AND CULTURAL (INCLUDING INDIGENOUS) FUNDS OF KNOWLEDGE AS WELL AS WESTERN STEM PERSPECTIVES

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REFLECTIVE OF NGSS- ALIGNED THREE-DIMENSIONAL SCIENCE KNOWLEDGE AND PRACTICE?

-EXAMINING LEARNING: HOW DO CULTURALLY CONGRUENT, MULTI-PERSPECTIVE LEARNING EXPERIENCES THAT VALUE BOTH STUDENTS' HOME CULTURE AND WESTERN SCIENCE PERSPECTIVES RELATE TO CHANGES IN STUDENTS' SCIENCE KNOWLEDGE AND PRACTICES INTEGRATING COASTAL EROSION AND COMPUTATIONAL THINKING?

-EXAMINING PREPARATION FOR FUTURE LEARNING: HOW DO MULTI-PERSPECTIVE LEARNING EXPERIENCES INFLUENCE THE APPROACHES TO LEARNING STUDENTS DESCRIBE WHEN THEY ENCOUNTER A NEW SOCIOSCIENTIFIC ISSUE?

-STUDYING PARTNERSHIPS: WHAT THEMES ARISE FROM WHAT OUR PARTNERS HAVE SHARED REGARDING SCIENCE, SCIENCE EDUCATION, MULTIPLE PERSPECTIVES, AND INDIGENOUS CULTURAL INTEGRITY? HOW ARE THE IDEAS THAT ARE SHARED SIMILAR AND DISTINCT ACROSS DIFFERENT PARTNERS?

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: GOAL IS TO CONDUCT TARGETED RESEARCH ON TEACHING AND LEARNING WITH THESE MATERIALS.

THIS YEAR, WE MADE SIGNIFICANT ADVANCES IN THE DEVELOPMENT OF THE TECROCKS EXPLORER MODEL, A COMPUTATIONAL MODEL-BASED SIMULATION OF TECTONIC PLATES ON A THREE-DIMENSIONAL EARTH-LIKE PLANET. THIS SIMULATION ALLOWS STUDENTS TO SIMULTANEOUSLY VISUALIZE SURFACE AND SUBSURFACE TECTONIC INTERACTIONS AS WELL AS ROCK FORMATION AND TRANSFORMATION. ADDITIONALLY WE DESIGNED AND DEVELOPED THE EARTH ROCKS MAP, WHICH DISPLAYS A THREE-DIMENSIONAL, GENERALIZED REPRESENTATION OF



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EARTH'S GEOLOGY. UNLIKE TRADITIONAL GEOGRAPHIC MAPS, WHICH ARE COMPLEX AND FOCUS ON GEOLOGIC ERAS, THIS NEW MAP IS DESIGNED FOR STUDENTS AND IS FOCUSED PRIMARILY ON THE DISTRIBUTION OF IGNEOUS, METAMORPHIC, AND SEDIMENTARY ROCKS ON EARTH'S SURFACE.

TO CAPTURE THE COMPLEX REASONING THAT INTEGRATES TECTONIC PROCESSES AND ROCK FORMATION, WE DEVELOPED THE TECROCKS REASONING FLOW THAT FRAMES THE SENSEMAKING PROCESS NEEDED TO ARTICULATE THE CONNECTIONS BETWEEN THESE PROCESSES. WE USED THIS FRAMEWORK TO GUIDE THE DEVELOPMENT OF A WEEK-LONG ONLINE CURRICULUM MODULE, THE ROCKS & TECTONICS MODULE, WHICH INCLUDES FIVE ACTIVITIES. EMBEDDED ASSESSMENTS ARE INCLUDED IN THE MODULE. WE ALSO DEVELOPED PRE- AND POST-ASSESSMENTS.

DURING SPRING 2022 WE PILOTTED A FIRST DRAFT OF THE CURRICULUM MODULE WITH 178 NINTH GRADE EARTH SCIENCE STUDENTS IN COLORADO AND KENTUCKY. BASED ON THE FEEDBACK FROM TEACHERS, AND ANALYSIS OF STUDENT RESPONSES, WE REVISED THE MODULE AND COMPLETED THE REVISION IN SEPTEMBER OF 2022. WE RECRUITED 15 TEACHERS TO ATTEND A 4-DAY IN-PERSON PROFESSIONAL LEARNING WORKSHOP AT PSU THAT TOOK PLACE IN JULY OF 2022. WE ALSO BEGAN RECRUITING TEACHERS TO PILOT THE UPDATED CURRICULUM MODULE AND ASSESSMENTS IN THE 2022-23 SCHOOL YEAR.

WE HONED OUR THEORETICAL FRAMEWORK AND REVISED OUR RESEARCH PLAN. IN THE 2022-23 SCHOOL YEAR, WE WILL RUN TWO CYCLES OF CLASSROOM IMPLEMENTATIONS. EACH WILL INCLUDE AN ONLINE WORKSHOP FOR TEACHERS, A POST-IMPLEMENTATION SURVEY FOR TEACHERS, AND POST-IMPLEMENTATION FOCUS GROUPS. WE ALSO PLAN TO OBSERVE CLASSROOM IMPLEMENTATIONS OF THE MODULE, COLLECT SCREENCASTS OF STUDENT WORK, AND ANALYZE STUDENT RESPONSES. ALL THESE DATA WILL BE USED TO REFINE THE STUDENT AND TEACHER MATERIALS FOR THE 2023-24 SCHOOL YEAR.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ABILITIES TO EXPLORE NATURAL PHENOMENA, AND (3) DEVELOP TEACHER

MATERIALS TO SUPPORT A PEDAGOGICAL APPROACH THAT FACILITATES STUDENT

LEARNING THROUGH INDEPENDENT EXPERIMENTATION.

SIGNIFICANT EFFORT HAS BEEN DEDICATED TOWARD CURRICULUM, RESEARCH, AND

DRAFTING PUBLICATIONS DURING THE SIXTH PROJECT YEAR BY CC IN

COLLABORATION WITH OUR PARTNER AT PHYSICS FRONT IN SANTA CRUZ, CA. ALL

PARTICIPATING SCHOOLS WERE MEETING BACK IN PERSON DURING THE 2021-22

SCHOOL YEAR. WHILE STILL SUPPORTING TEACHERS REMOTELY, THE INQUIRYSPACE

2 TEAM WAS LESS INVOLVED IN HELPING TEACHERS PLAN THE DAY-TO-DAY

IMPLEMENTATION OF PROJECT-DEVELOPED CURRICULUM. WE ALSO RECRUITED A SET

OF TEACHERS NEW TO INQUIRYSPACE TO PARTICIPATE. IN THIS WAY THE

CLASSROOM IMPLEMENTATION WAS CLOSER TO WHAT THE TYPICAL IMPLEMENTATION

MIGHT LOOK LIKE MOVING FORWARD AFTER THE PROJECT IS OVER. THE 2021

SUMMER PD BROUGHT NEW AND RETURNING TEACHERS TOGETHER TO SHARE

PEDAGOGICAL AND CURRICULAR PATHS FOR SCAFFOLDING EXPERIMENTAL DESIGN,

DATA COLLECTION AND ANALYSIS, AND SCIENTIFIC EXPLANATION. IN PARALLEL,

RESEARCH ACTIVITIES CONTINUED, BUT MOSTLY THROUGH DATA THAT COULD BE

COLLECTED REMOTELY, AS WELL AS CONTINUED ANALYSIS OF THE PRIOR YEAR'S

DATA. AS THE IMPLEMENTATIONS WERE COMPLETED DURING THE SCHOOL YEAR,

FINAL REVISIONS WERE MADE TO THE CURRICULAR MATERIALS AND THE AVAILABLE

TEACHER RESOURCES.

CURRICULUM. WE RAN A FIVE-DAY IN PERSON TEACHER TRAINING IN JULY 2021

FOR 22 TEACHERS. IN THIS LAST YEAR OF THE PROJECT, CURRICULAR REVISIONS

WERE COMPLETED FOR ALL INVESTIGATIONS ACROSS EACH OF THREE DISCIPLINES:

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PHYSICS, CHEMISTRY, AND BIOLOGY. THE CURRICULAR MATERIALS AND TEACHER

RESOURCES ARE ALL AVAILABLE AT: [HTTPS://LEARN.CONCORD.ORG/INQUIRYSPACE](https://learn.concord.org/inquiryspace)

RESEARCH AND PUBLICATIONS. DURING YEAR 6, THERE WAS A STRONG FOCUS ON

DISSEMINATION THROUGH PUBLICATIONS. WE DRAFTED A TOTAL OF 10 PAPERS,

INCLUDING 8 JURIED PUBLICATIONS OR CONFERENCE PRESENTATIONS. PAPERS

WERE PUBLISHED IN THE FOLLOWING TOPICS: INQUIRY AND SIMULATION,

PROFESSIONAL DEVELOPMENT AND BUILDING A SUCCESSFUL PROFESSIONAL

LEARNING COMMUNITY, INQUIRY AS A PROCESS AT MULTIPLE SCALES AND

ITERATIONS, AND THE CHALLENGES OF USING GRAPHS AND PUSHING THE LIMITS

OF SENSOR RESOLUTION IN OPEN INQUIRY EXPLORATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CONCORD CONSORTIUM PRODUCED TECHNOLOGY-BASED CURRICULUM MATERIALS

FOR SCIENCE, MATH, AND ENGINEERING FOR STUDENTS IN ELEMENTARY SCHOOL

THROUGH COLLEGE. OUR MAJOR PROGRAMS PRODUCED DOZENS OF CURRICULAR UNITS

AND ACTIVITIES SUPPORTING LEARNING IN PHYSICS, PHYSICAL SCIENCE, EARTH

AND ENVIRONMENTAL SCIENCE, CHEMISTRY, BIOLOGY, MATHEMATICS, DATA

SCIENCE, AND ENGINEERING. ASIDE FROM OUR MAJOR PROGRAMS, WE GATHERED

AND INVESTIGATED RESEARCH DATA FROM 40 ADDITIONAL PROGRAMS THAT INFORM

THE DEVELOPMENT AND REFINEMENT OF CURRICULUM MATERIALS, AND BENEFIT

OTHER RESEARCHERS AND ORGANIZATIONS DEVELOPING EDUCATIONAL TECHNOLOGY.

EXPENSES \$ 4,953,130. INCLUDING GRANTS OF \$ 0. REVENUE \$ 935,580.

FORM 990, PART VI, SECTION A, LINE 8B:

NO MINUTES ARE REQUIRED TO BE TAKEN FOR THE FINANCE COMMITTEE MEETING. THE

TREASURER AND CFO REPORT WHAT IS DISCUSSED IN THE MEETING TO THE FULL BOARD

AND THE MINUTES ARE TAKEN AT THIS TIME AND BECOME PART OF THE BOARD

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MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO SENDS THE FORM 990 TO THE BOARD FOR REVIEW AND DRAWS ATTENTION TO THE ITEMS WARRANTING ATTENTION BY THE BOARD MEMBERS. THE FINANCE COMMITTEE APPROVES THE FORM AND NO RESPONSE IS REQUIRED FROM THE REMAINING BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY FORM ON AN ANNUAL BASIS AND THE FORMS ARE REVIEWED BY THE FINANCE COMMITTEE BEFORE THE RECOMMENDATION IS MADE TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD. THE COMPENSATION OF THE SENIOR MANAGERS ARE REVIEWED AND APPROVED BY THE CEO AND CFO.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC IN MASSACHUSETTS ATTORNEY GENERAL'S OFFICE OR UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTING FIRM.

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Copy

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  THE CONCORD CONSORTIUM, INCORPORATED	Taxpayer identification number (TIN)  04-3254131
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 25 LOVE LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONCORD, MA 01742	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LAWRENCE BEHAN, CFO

- The books are in the care of ▶ 25 LOVE LANE - CONCORD, MA 01742
- Telephone No. ▶ 978-405-3200 Fax No. ▶ 617-522-2799
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.