

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTH SHORE COUNTRY DAY SCHOOL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
310 GREEN BAY ROAD

City or town, state or province, country, and ZIP or foreign postal code
WINNETKA, IL 600934094

D Employer identification number
36-1558460

E Telephone number
(847) 446-0674

G Gross receipts \$ 31,630,874

F Name and address of principal officer:
THOMAS FLEMMMA
310 GREEN BAY ROAD
WINNETKA, IL 600934094

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NSCDS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1912 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PRIVATE, INDEPENDENT EDUCATIONAL INSTITUTION PROVIDING A COLLEGE PREPARATORY CURRICULUM TO STUDENTS FROM JUNIOR KINDERGARTEN THROUGH TWELFTH GRADE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	31
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	295
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,051,478	7,255,973
9 Program service revenue (Part VIII, line 2g)	17,291,512	17,749,986
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,314,473	1,564,196
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,308	124,710
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,786,771	26,694,865
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,335,762	2,401,182
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,503,498	14,487,365
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,084,926		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,077,592	6,584,892
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,916,852	23,473,439
19 Revenue less expenses. Subtract line 18 from line 12	5,869,919	3,221,426

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	79,972,876	87,346,875
21 Total liabilities (Part X, line 26)	14,422,025	19,816,890
22 Net assets or fund balances. Subtract line 21 from line 20	65,550,851	67,529,985

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.

Sign Here

Signature of officer
Date 2022-02-01

THOMAS FLEMMMA HEAD OF SCHOOL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-01-03 Check if self-employed PTIN P00008827

Firm's name ▶ PASQUESI SHEPPARD LLC Firm's EIN ▶ 36-4049282

Firm's address ▶ 585 BANK LANE LAKE FOREST, IL 60045 Phone no. (847) 234-5000

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

1 Briefly describe the organization's mission:

A PRIVATE INDEPENDENT CO-EDUCATIONAL DAY SCHOOL ROOTED IN TRADITION WHICH IS COMMITTED TO ACADEMIC EXCELLENCE, THE PARTNERSHIP OF STUDENTS, FACULTY, PARENTS AND ALUMNI WHICH FOSTERS INTELLECTURAL CURIOSITY, INDEPENDENT AND CRITICAL THINKERS. EMBRACE PARTICIPATION IN ACADEMICS, ATHLETICS, ARTS AND ACTIVITIES TO EMBODY OUR MOTTO, "LIVE AND SERVE."

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 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 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 \$ 14,296,806 including grants of \$) (Revenue \$ 16,476,001)
See Additional Data

4b (Code:) (Expenses \$ 795,367 including grants of \$) (Revenue \$ 491,365)
See Additional Data

4c (Code:) (Expenses \$ 576,850 including grants of \$) (Revenue \$ 782,620)
See Additional Data

(Code:) (Expenses \$ 2,401,182 including grants of \$ 2,401,182) (Revenue \$)
STUDENT AID ENDOWMENT GRANTS - 105 GRANTS AWARDED

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,401,182 including grants of \$ 2,401,182) (Revenue \$)

4e Total program service expenses ▶ 18,070,205

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	295		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)						1,044,307	0		300,419

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 ► **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VALENTI BUILDERS INC 200 W MADISON STREET CHICAGO, IL 60606	GENERAL CONTRACTOR	2,912,250
HANDCUT FOODS 1441 W WILLOW STREET CHICAGO, IL 60642	FOOD SERVICE	613,724
HILL MECHANICAL SERVICES 11045 GAGE AVENUE FRANKLIN PARK, IL 60131	HVAC CONTRACTOR	252,959
MALKO COMMUNICATIONS 5401 FARGO AVENUE SKOKIE, IL 60077	COMMUNICATIONS	193,427
COMMUNITY COUNSELING SERVICE CO LLC 155 N WACKER DRIVE SUITE 1790 CHICAGO, IL 60606	CONSULTING	128,069

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 ► **5**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,255,973				
	g Noncash contributions included in lines 1a - 1f:\$	1g	98,462				
	h Total. Add lines 1a-1f			7,255,973			
Program Service Revenue	2a TUITION	Business Code					
		611600	16,476,001	16,476,001			
	b SUMMER DAY CAMP	611600	782,620	782,620			
	c FOOD SERVICE	611710	359,170	359,170			
	d STUDENT SUPPORT SERVICES	611710	132,195	132,195			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.		17,749,986					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		628,313			628,313	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	124,710				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	124,710				
	d Net rental income or (loss)			124,710		124,710	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	5,871,892				
		b Less: cost or other basis and sales expenses	7b	4,936,009			
	c Gain or (loss)	7c	935,883				
	d Net gain or (loss)			935,883		935,883	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			26,694,865	17,749,986	0	1,688,906	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,401,182	2,401,182		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	353,207	270,921	68,266	14,020
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,292,572	7,894,741	1,989,287	408,544
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,841,586	2,846,886	881,402	113,298
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	14		14	
b Legal	157,893		157,893	
c Accounting	1,550		1,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,901		5,551	350
12 Advertising and promotion	57,507		57,507	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	612,894	612,894		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	342,058	342,058		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,436,929	1,096,510	291,223	49,196
23 Insurance	179,924		179,924	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INSTRUCTIONAL SUPPORT	567,727	567,727		
b FOOD SERVICE	486,630	486,630		
c CAPITAL CAMPAIGN EXPENS	375,738			375,738
d PROFESSIONAL DEVELOPMEN	343,443	333,160		10,283
e All other expenses	2,016,684	1,217,496	685,691	113,497
25 Total functional expenses. Add lines 1 through 24e	23,473,439	18,070,205	4,318,308	1,084,926
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,568,438	2	6,118,843
	3 Pledges and grants receivable, net	7,428,755	3	8,100,685
	4 Accounts receivable, net	290,643	4	243,824
	5 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	325,881	5	316,442
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	73,208	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,307,605	9	1,050,480
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,296,009		
	b Less: accumulated depreciation	10b 21,247,613	35,459,870	10c 39,048,396
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	3,101,787	12	3,953,832
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	29,416,689	15	28,514,373
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,972,876	16	87,346,875	
Liabilities	17 Accounts payable and accrued expenses	1,186,539	17	345,529
	18 Grants payable		18	
	19 Deferred revenue	3,010,359	19	6,679,195
	20 Tax-exempt bond liabilities	9,347,732	20	9,359,895
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	2,089,200
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	877,395	25	1,343,071
	26 Total liabilities. Add lines 17 through 25	14,422,025	26	19,816,890
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,475,680	27	28,768,926
	28 Net assets with donor restrictions	37,075,171	28	38,761,059
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	65,550,851	32	67,529,985	
33 Total liabilities and net assets/fund balances	79,972,876	33	87,346,875	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,694,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,473,439
3	Revenue less expenses. Subtract line 2 from line 1	3	3,221,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,550,851
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,242,292
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,529,985

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-1558460

Name: NORTH SHORE COUNTRY DAY SCHOOL

Form 990 (2019)

Form 990, Part III, Line 4a:

GENERAL EDUCATION PROGRAM AND ACTIVITIES K-12

Form 990, Part III, Line 4b:

STUDENT SERVICES FOOD AND OTHER SUPPORT

Form 990, Part III, Line 4c:

SUMMER PROGRAM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
VAHE DOMBALAGIAN TRUSTEE	5.00	X						0	0	0
THOMAS FLICKINGER SECRETARY	5.00	X		X				0	0	0
KATIE FREIBURGER TRUSTEE	5.00	X						0	0	0
RASHID GHAZI TRUSTEE	5.00	X						0	0	0
AMY GRAY TRUSTEE	5.00	X						0	0	0
ANNE KELLY TRUSTEE	5.00	X						0	0	0
MOLLY SHOTWELL OELERICH BOARD CHAIR	5.00	X		X				0	0	0
KENNY OLATUNJI TRUSTEE	5.00	X						0	0	0
MAGGIE SCHEYER TRUSTEE	5.00	X						0	0	0
DAVID THOMAS TRUSTEE	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
HILLARY WIRTZ TRUSTEE	5.00	X						0	0	0
KWESI STEELE TRUSTEE	5.00	X						0	0	0
MICHAEL CANMANN TRUSTEE	5.00	X						0	0	0
TOM FLEMMMA HEAD OF SCHOOL	65.00	X		X				353,206	0	97,841
JEFF FOREMAN TRUSTEE	5.00	X						0	0	0
GINNY GEORGE TRUSTEE	5.00	X						0	0	0
TOM MACEJKO TRUSTEE	5.00	X						0	0	0
QUI BELLOWS MILLER TRUSTEE	5.00	X						0	0	0
NOREEN POTEMPA TRUSTEE	5.00	X						0	0	0
DUFF STEVENSON BOARD VICE-CHAIR	5.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
BRIAN CAPOZZI TRUSTEE	5.00	X						0	0	0
ERICA CONLON TRUSTEE	5.00	X						0	0	0
LISA DOI TRUSTEE	5.00	X						0	0	0
TOM GERAGHTY TRUSTEE	5.00	X						0	0	0
DAVID KLASKIN TRUSTEE	5.00	X						0	0	0
MIKE MURDOCK TRUSTEE	5.00	X						0	0	0
MOHAN RAO TRUSTEE	5.00	X						0	0	0
JENNIFER STONE TRUSTEE	5.00	X						0	0	0
KELLY TYSON TRUSTEE	5.00	X						0	0	0
SUSANNA VER EECKE TRUSTEE	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JOHN WATROUS TRUSTEE	5.00	X						0	0	0
NICHOLE WILSON TRUSTEE	5.00	X						0	0	0
LAWRENCE CHRISTOPHER BOYLE ACADEMIC DEAN	50.00					X		146,922	0	23,050
DAVID POTTER UPPER SCHOOL HEAD	50.00					X		148,645	0	67,948
CYNTHIA HOOPER DIRECTOR OF OPERATIONS	50.00					X		131,717	0	19,988
SUSAN DOWNING CONTROLLER	50.00					X		143,211	0	30,334
TIMOTHY SHEEHAN LOWER SCHOOL HEAD	50.00					X		120,606	0	61,258

SCHEDULE A
 (Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
 36-1558460

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 or 990-EZ).)
- 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 **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 in 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		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 stop here. 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 10%-facts-and-circumstances test—2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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

b 33 1/3% support tests—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in 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>		
	9b		
c	Did a disqualified person (as defined in 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>		
	9c		
10a	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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 36-1558460

Name: NORTH SHORE COUNTRY DAY SCHOOL

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
36-1558460

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 in 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	27,708,908	26,642,500	25,671,997	22,998,966	23,534,883
b Contributions	1,495,915	624,911	315,500	64,000	859,554
c Net investment earnings, gains, and losses	662,593	1,057,224	2,287,727	2,674,183	-178,247
d Grants or scholarships					
e Other expenditures for facilities and programs	1,496,196	615,727	1,632,724	65,152	1,217,224
f Administrative expenses					
g End of year balance	28,371,220	27,708,908	26,642,500	25,671,997	22,998,966

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 ▶ 9.690 %
- c** Temporarily restricted endowment ▶ 90.310 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		1,170,500		1,170,500
b Buildings		38,427,742	9,322,721	29,105,021
c Leasehold improvements				
d Equipment		7,980,207	5,428,598	2,551,609
e Other		12,717,560	6,496,294	6,221,266
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				39,048,396

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)		
Total. (Column (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)		
Total. (Column (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) BENEFICIAL INTEREST IN FOUNDATION	28,272,607
(2) CONSTRUCTION IN PROGRESS	241,766
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	28,514,373

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) FUNDS HELD FOR OTHERS	89,194
(3) INTEREST RATE SWAP AGREEMENT	1,199,977
(4) OBLIGATION HELD UNDER REMAINDER TRUST	53,900
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,343,071

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	23,051,391
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-474,017
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		-3,169,457
e	Add lines 2a through 2d		2e	-3,643,474
3	Subtract line 2e from line 1		3	26,694,865
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,694,865

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.

1	Total expenses and losses per audited financial statements		1	21,072,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	21,072,257
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		2,401,182
c	Add lines 4a and 4b		4c	2,401,182
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	23,473,439

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-1558460

Name: NORTH SHORE COUNTRY DAY SCHOOL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INCOME FROM THE SCHOOL'S ENDOWMENT FUNDS IS INTENDED TO SUPPORT THE SCHOOL'S OPERATIONS AND MISSION.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UNREALIZED LOSS ON INVESTMENT IN FOUNDATION -768,275. SCHOLARSHIPS -2,401,182.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 2,401,182.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
36-1558460

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4	Does the organization maintain the following?		
4a	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
4b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
4c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
4d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5	Does the organization discriminate by race in any way with respect to:		
5a	Students' rights or privileges?		No
5b	Admissions policies?		No
5c	Employment of faculty or administrative staff?		No
5d	Scholarships or other financial assistance?		No
5e	Educational policies?		No
5f	Use of facilities?		No
5g	Athletic programs?		No
5h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?		No
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	NONDISCRIMINATORY POLICY OF ADMISSIONS IS DISPLAYED IN ALL PRINT MEDIA INCLUDING FLYERS AND POST CARDS MAILED TO SURROUNDING COMMUNITY UTILIZING A MAIL LIST FOR SURROUNDING ZIP CODES SERVED BY THE SCHOOL.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number 36-1558460

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION	105		2,401,182	FAIR VALUE BASED ON TUITION RATES DETERMINED BY GRADE LEVEL	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	TUITION ASSISTANCE IS ONLY GIVEN TO CURRENT STUDENTS. THE STUDENT RECEIVES A CREDIT TO THEIR TUITION ACCOUNT TO OFFSET OR PAY THE YEARS TUITION.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
36-1558460

Part I Questions Regarding Compensation

		Yes	No
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"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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?	5a	No
b	Any related organization?	5b	No
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?	6a	No
b	Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(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 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 TOM FLEMM HEAD OF SCHOOL	(i)	353,206	0	0	15,914	81,927	451,047	0
	(ii)	0	0	0	0	0	0	0
2 LAWRENCE CHRISTOPHER BOYLE ACADEMIC DEAN	(i)	146,922	0	0	15,474	7,576	169,972	0
	(ii)	0	0	0	0	0	0	0
3 DAVID POTTER UPPER SCHOOL HEAD	(i)	148,645	0	0	15,691	52,257	216,593	0
	(ii)	0	0	0	0	0	0	0
4 CYNTHIA HOOPER DIRECTOR OF OPERATIONS	(i)	131,717	0	0	12,412	7,576	151,705	0
	(ii)	0	0	0	0	0	0	0
5 SUSAN DOWNING CONTROLLER	(i)	143,211	0	0	15,697	14,637	173,545	0
	(ii)	0	0	0	0	0	0	0
6 TIMOTHY SHEEHAN LOWER SCHOOL HEAD	(i)	120,606	0	0	7,189	54,069	181,864	0
	(ii)	0	0	0	0	0	0	0

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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
36-1558460

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH SHORE COUNTRY DAY SCHOOL	36-1558460	45188R6F1	07-01-2003	11,500,000	TO FINANCE CONSTRUCTION & EXPANSION OF FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,000,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	11,500,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	266,448			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	1,126,797			
10	Capital expenditures from proceeds	10,106,755			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number 36-1558460

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number
36-1558460

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	98,462	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number

36-1558460

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW. ANY QUESTIONS ARE RESOLVED BY THE BUSINESS MANAGER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MONITORS COMPLIANCE BY HAVING MEMBERS DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD WILL DISCUSS THE NATURE, EXTENT, SEVERITY AND EXPOSURE RELATING TO THE CONFLICT. THE BOARD THEN WILL VOTE ON ACCEPTING OR REJECTING THE SITUATION RESULTING IN A CONFLICT. THE MEMBER WHO HAS THE CONFLICT WILL NOT VOTE ON THE MATTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION WILL BE DISCUSSED DURING A BOARD MEETING. FOR THAT MEETING, THIRD PARTY INDUSTRY DATA IS USED TO ENSURE SALARIES ARE IN LINE WITH THE SIZE OF THE ORGANIZATION, LEVEL OF EMPLOYEES AND GEOGRAPHICAL LOCATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL DOES NOT MAKE THE FINANCIAL STATEMENTS OR THE CONFLICT OF INTEREST POLICY AVAILABLE UNLESS REQUESTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNREALIZED LOSS ON INVESTMENT IN FOUNDATION -768,275. UNREALIZED LOSS ON INTEREST RATE SWAP -474,017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1M:	THE SCHOOL PROVIDES THE FOUNDATION USE OF FACILITY, EQUIPMENT, MAILING LISTS AND OTHER ASSETS . THE AMOUNT OF THESE COSTS PROVIDED TO THE FOUNDATION IS INCONSEQUENTIAL AND THE SCHOOL DOES NOT CHARGE THE FOUNDATION FOR THESE COSTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1N:	SCHOOL EMPLOYEES SPEND AN INCONSEQUENTIAL AMOUNT OF TIME ON FOUNDATION WORK AND THE SCHOOL DOES NOT CHARGE THE FOUNDATION FOR THESE EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1E:	NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION HAS A NEGATIVE PLEDGE AGREEMENT ON THE SERIES 2003 REVENUE BONDS. THE NEGATIVE PLEDGE AGREEMENT COVERS THE FULL \$9,500,000 OUTSTANDING ON THE BONDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART I	ORIGINALLY FILED RETURN WAS BASED ON PRELIMINARY INFORMATION. RETURN IS BEING AMENDED TO CONFORM WITH THE FINAL AUDITED FINANCIALS FOR THE SCHOOL. ALL CHANGES ARE A RESULT OF THIS ADJUSTMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART I	LINES 3 & 4 DECREASED FROM 31 TO 30. LINE 5 INCREASED FROM 211 TO 295. LINE 8 INCREASED FROM 7,100,230 TO 7,255,973. LINE 9 DECREASED FROM 17,811,662 TO 17,749,986. LINE 10 DECREASED FROM 1,715,708 TO 1,564,196. LINE 11 INCREASED FROM 110,216 TO 124,710. LINE 12 DECREASED FROM 26,737,816 TO 26,694,865. LINE 13 INCREASED FROM 2,375,709 TO 2,401,182. LINE 15 DECREASED FROM 14,726,805 TO 14,487,365. LINE 17 DECREASED FROM 6,870,783 TO 6,584,892. LINE 18 DECREASED FROM 23,973,297 TO 23,473,439. LINE 19 INCREASED FROM 2,764,519 TO 3,221,426. LINE 20 DECREASED FROM 88,055,674 TO 87,346,875. LINE 21 INCREASED FROM 19,740,304 TO 19,816,890. LINE 22 DECREASED FROM 68,315,370 TO 67,529,985.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART III	LINE 4(A) EXPENSES DECREASED FROM 15,214,536 TO 14,296,806. LINE 4(A) REVENUE DECREASED FROM 16,525,496 TO 16,476,001. LINE 4(B) EXPENSES DECREASED FROM 2,090,872 TO 795,367. LINE 4(B) REVENUE DECREASED FROM 1,286,166 TO 491,365. LINE 4(C) EXPENSES DECREASED FROM 2,375,709 TO 576,850. LINE 4(C) REVENUE INCREASED FROM 0 TO 782,620. LINE 4(D) EXPENSES INCREASED FROM 0 TO 2,401,182. LINE 4(E) DECREASED FROM 19,681,117 TO 18,070,205.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART IV	LINE 12(A) CHANGED FROM NO TO YES. LINE 22 CHANGED FROM NO TO YES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART V	LINE 1(A) DECREASED FROM 33 TO 18. LINE 1(C) CHANGED TO YES. LINE 2(A) INCREASED FROM 211 TO 295.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART VI	LINES 1(A) & 1(B) DECREASED FROM 31 TO 30.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART VII SECTION A	LINE 1(A) - THOMAS FLEMMMA (D) DECREASED FROM 395,297 TO 353,206. LINE 1(A) - THOMAS FLEMMMA (F) INCREASED FROM 93,702 TO 97,841. LINE 1(A) - LAWRENCE CHRISTOPHER BOYLE (D) INCREASED FROM 0 TO 146,922. LINE 1(A) - LAWRENCE CHRISTOPHER BOYLE (F) INCREASED FROM 0 TO 23,050. LINE 1(A) - DAVID POTTER (D) DECREASED FROM 152,368 TO 148,645. LINE 1(A) - DAVID POTTER (F) INCREASED FROM 66,792 TO 67,948. LINE 1(A) - CYNTHIA HOOPER (D) INCREASED FROM 127,682 TO 131,717. LINE 1(A) - CYNTHIA HOOPER (F) DECREASED FROM 19,988 TO 20,055. LINE 1(A) - SUSAN DOWNING (D) DECREASED FROM 153,789 TO 143,211. LINE 1(A) - SUSAN DOWNING (F) INCREASED FROM 30,058 TO 30,334. LINE 1(A) - TIMOTHY SHEEHAN (D) DECREASED FROM 120,792 TO 120,606. LINE 1(A) - TIMOTHY SHEEHAN (F) INCREASED FROM 47,305 TO 61,258. LINE 1(A) - PARICK MCHUGH (D) DECREASED FROM 123,216 TO 0. LINE 1(A) - PARICK MCHUGH (F) DECREASED FROM 21,395 TO 0. LINE 1(B) DECREASED FROM 1,073,144 TO 353,206. LINE 1(C) INCREASED FROM 0 TO 691,101. LINE 1(D) DECREASED FROM 1,073,144 TO 1,044,307. LINE 2 DECREASED FROM 12 TO 6.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART VIII	LINE 1(F) INCREASED FROM 7,100,230 TO 7,255,973. LINE 1(G) DECREASED FROM 591,719 TO 98,462. LINE 1(H) INCREASED FROM 7,100,230 TO 7,255,973. LINES 2(A)(A) & 2(A)(B) DECREASED FROM 16,525,496 TO 16,476,001. LINES 2(B)(A) & 2(B)(B) DECREASED FROM 1,286,166 TO 782,620. LINES 2(C)(A) & 2(C)(B) INCREASED FROM 0 TO 359,170. LINES 2(D)(A) & 2(D)(B) INCREASED FROM 0 TO 132,195. LINE 2(G) DECREASED FROM 17,811,662 TO 17,749,986. LINE 3(A) DECREASED FROM 1,715,708 TO 628,313. LINE 3(B) DECREASED FROM 857,854 TO 0. LINE 3(D) DECREASED FROM 857,854 TO 628,313. LINES 6(A)(I), 6(C)(I), 6(D)(A), & 6(D)(D) INCREASED FROM 110,216 TO 124,710. LINE 7(A)(I) INCREASED FROM 0 TO 5,871,892. LINE 7(B)(I) INCREASED FROM 0 TO 4,936,009. LINES 7(C)(I), 7(D)(A), & 7(D)(D) INCREASED FROM 0 TO 935,883. LINE 12(A) DECREASED FROM 26,737,816 TO 26,694,865. LINE 12(B) DECREASED FROM 18,669,516 TO 17,749,986. LINE 12(D) INCREASED FROM 968,070 TO 1,688,906.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART IX	<p>LINES 2(A) & 2(B) INCREASED FROM 2,375,709 TO 2,401,182. LINE 5(A) DECREASED FROM 395,297 TO 353,207. LINE 5(B) DECREASED FROM 304,379 TO 270,291. LINE 5(C) INCREASED FROM 67,126 TO 68,266. LINE 5(D) DECREASED FROM 23,792 TO 14,020. LINE 7(A) DECREASED FROM 10,328,223 TO 10,292,572. LINE 7(B) DECREASED FROM 7,967,732 TO 7,894,741. LINE 7(C) INCREASED FROM 1,967,362 TO 1,989,287. LINE 7(D) INCREASED FROM 393,129 TO 408,544. LINE 9(A) DECREASED FROM 4,003,285 TO 3,841,586. LINE 9(B) DECREASED FROM 3,051,529 TO 2,846,886. LINE 9(C) INCREASED FROM 803,624 TO 881,402. LINE 9(D) DECREASED FROM 148,132 TO 113,298. LINES 11(A)(A) & 11(A)(C) INCREASED FROM 0 TO 14. LINES 11(B)(A) & 11(B)(C) INCREASED FROM 0 TO 157,893. LINES 11(C)(A) & 11(C)(C) INCREASED FROM 0 TO 1,550. LINE 11(G)(A) INCREASED FROM 0 TO 5,901. LINE 11(G)(C) INCREASED FROM 0 TO 5,551. LINE 11(G)(D) INCREASED FROM 0 TO 350. LINES 12(A) & 12(C) INCREASED FROM 0 TO 57,507. LINE 13(A) DECREASED FROM 1,377,483 TO 0. LINE 13(B) DECREASED FROM 831,062 TO 0. LINE 13(C) DECREASED FROM 288,499 TO 0. LINE 13(D) DECREASED FROM 257,922 TO 0. LINES 16(A) & 16(B) DECREASED FROM 1,335,658 TO 612,894. LINES 20(A) & 20(B) INCREASED FROM 0 TO 342,058. LINE 22(A) DECREASED FROM 1,489,540 TO 1,436,929. LINE 22(B) DECREASED FROM 1,146,946 TO 1,096,510. LINE 22(C) INCREASED FROM 283,013 TO 291,223. LINE 22(D) DECREASED FROM 59,581 TO 49,196. LINE 23(A) & 23(C) INCREASED FROM 0 TO 179,924. LINES 24(A)(A) & 24(A)(B) DECREASED FROM 1,357,743 TO 567,727. LINES 24(B)(A) & 24(B)(B) DECREASED FROM 698,215 TO 486,630. LINE 24(C)(A) DECREASED FROM 612,144 TO 375,738. LINE 24(C)(B) DECREASED FROM 612,144 TO 0. LINE 24(C)(D) INCREASED FROM 0 TO 375,738. LINE 24(D)(A) INCREASED FROM 0 TO 343,443. LINE 24(D)(B) INCREASED FROM 0 TO 333,160. LINE 24(D)(D) INCREASED FROM 0 TO 10,283. LINE 24(E)(A) INCREASED FROM 0 TO 2,016,684. LINE 24(E)(B) INCREASED FROM 0 TO 1,217,496. LINE 24(E)(C) INCREASED FROM 0 TO 685,691. LINE 24(E)(D) INCREASED FROM 0 TO 113,497. LINE 25(A) DECREASED FROM 23,973,297 TO 23,473,439. LINE 25(B) DECREASED FROM 19,681,117 TO 18,070,205. LINE 25(C) INCREASED FROM 3,409,624 TO 4,318,308. LINE 25(D) INCREASED FROM 882,556 TO 1,084,926.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART X	LINE 2(B) DECREASED FROM 8,910,553 TO 6,118,843. LINE 3(B) DECREASED FROM 9,038,340 TO 8,100,685. LINE 4(B) DECREASED FROM 260,220 TO 243,824. LINE 5(B) DECREASED FROM 502,820 TO 316,442. LINE 7(B) DECREASED FROM 73,208 TO 0. LINE 9(B) DECREASED FROM 1,500,921 TO 1,050,480. LINE 10(A) DECREASED FROM 60,312,038 TO 60,296,009. LINE 10(B) INCREASED FROM 21,201,522 TO 21,247,613. LINE 10(C) DECREASED FROM 39,110,516 TO 39,048,396. LINE 12(B) INCREASED FROM 0 TO 3,953,832. LINE 15(B) DECREASED FROM 28,659,096 TO 28,514,373. LINE 16(B) DECREASED FROM 88,055,674 TO 87,346,875. LINE 17(B) INCREASED FROM 304,239 TO 345,529. LINE 19(B) INCREASED FROM 5,941,585 TO 6,679,195. LINE 20(B) DECREASED FROM 10,078,429 TO 9,359,895. LINE 25(B) INCREASED FROM 1,326,851 TO 1,343,071. LINE 26(B) INCREASED FROM 19,740,304 TO 19,816,890. LINE 27(B) INCREASED FROM 0 TO 28,768,926. LINE 28(B) INCREASED FROM 0 TO 38,761,059. LINE 31(B) DECREASED FROM 68,315,370 TO 0. LINE 32(B) DECREASED FROM 68,315,370 TO 67,529,985. LINE 33(B) DECREASED FROM 88,055,674 TO 87,346,875.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART XI	LINE 1 DECREASED FROM 26,737,816 TO 26,694,865. LINE 2 DECREASED FROM 23,973,297 TO 23,473,439. LINE 3 INCREASED FROM 2,764,519 TO 3,221,426. LINE 9 DECREASED FROM 0 TO -1,242,292. LINE 10 DECREASED FROM 68,315,370 TO 67,529,985.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - FORM 990 PART XII	LINE 2(B) CHANGED FROM NO TO YES. LINE 2(C) CHANGED TO YES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE B	AMOUNTS PREVIOUSLY REPORTED AS VARIOUS, TOTALING 4,874,664. AMENDED RETURN BREAKS OUT CONTRIBUTIONS BY EACH CONTRIBUTOR, TOTALING 6,816,696.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART V	LINE 1(B) DECREASED FROM 1,500,915 TO 1,495,915. LINE 1(C) DECREASED FROM 735,800 TO 662,593. LINE 1(E) INCREASED FROM 1,190,321 TO 1,496,196. LINE 1(G) DECREASED FROM 28,755,302 TO 28,371,220. LINE 1(B) INCREASED FROM 9.00% TO 9.69%. LINE 1(C) DECREASED FROM 91.00% TO 90.31%.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART VI	LINE 1(A)(A) DECREASED FROM 1,170,500 TO 0. LINE 1(A)(B) INCREASED FROM 0 TO 1,170,500. LINE 1(B)(A) DECREASED FROM 42,839,760 TO 0. LINE 1(B)(B) INCREASED FROM 0 TO 38,427,742. LINE 1(B)(C) INCREASED FROM 9,303,918 TO 9,322,721. LINE 1(B)(D) DECREASED FROM 33,535,842 TO 29,105,021. LINE 1(C)(A) DECREASED FROM 8,224,530 TO 0. LINE 1(C)(C) DECREASED FROM 6,599,039 TO 0. LINE 1(C)(D) DECREASED FROM 1,625,491 TO 0. LINE 1(D)(A) DECREASED FROM 7,678,215 TO 0. LINE 1(D)(B) INCREASED FROM 0 TO 7,980,207. LINE 1(D)(C) INCREASED FROM 5,298,565 TO 5,428,598. LINE 1(D)(D) INCREASED FROM 2,379,650 TO 2,551,609. LINE 1(E)(A) DECREASED FROM 399,033 TO 0. LINE 1(E)(B) INCREASED FROM 0 TO 12,717,560. LINE 1(E)(C) INCREASED FROM 0 TO 6,496,294. LINE 1(E)(D) INCREASED FROM 399,033 TO 6,221,266. LINE TOTAL DECREASED FROM 39,110,516 TO 39,048,396.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART IX	LINE 1 DECREASED FROM 28,659,096 TO 28,272,607. LINE 2 INCREASED FROM 0 TO 241,766. LINE TOTAL DECREASED FROM 28,659,096 TO 28,514,373.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART X	LINE 2 INCREASED FROM 81,003 TO 89,194. LINE 3 INCREASED FROM 1,199,976 TO 1,199,977. LINE 4 DECREASED FROM 45,872 TO 53,900. LINE TOTAL INCREASED FROM 1,326,851 TO 1,343,071.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART XI	LINE 1 INCREASED FROM 0 TO 23,051,391. LINE 2(A) DECREASED FROM 0 TO -474,017. LINE 2(D) DECREASED FROM 0 TO -3,169,457. LINE 2(E) DECREASED FROM 0 TO -3,643,474. LINE 3 INCREASED FROM 0 TO 26,694,865.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE D PART XII	LINES 1 & 3 INCREASED FROM 0 TO 21,072,257. LINES 4(B) & 4(C) INCREASED FROM 0 TO 2,401,182. LINE 5 INCREASED FROM 0 TO 23,473,439.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE J PART II	<p>LINE TOM FLEMMMA (B) DECREASED FROM 395,297 TO 353,206. LINE TOM FLEMMMA (C) INCREASED FROM 15,450 TO 15,914. LINE TOM FLEMMMA (D) INCREASED FROM 78,252 TO 81,927. LINE TOM FLEMMMA (E) DECREASED FROM 488,999 TO 451,047. LINE LAWRENCE CHRISTOPHER BOYLE (B) INCREASED FROM 0 TO 146,922. LINE LAWRENCE CHRISTOPHER BOYLE (C) INCREASED FROM 0 TO 15,474. LINE LAWRENCE CHRISTOPHER BOYLE (D) INCREASED FROM 0 TO 7,576. LINE LAWRENCE CHRISTOPHER BOYLE (E) INCREASED FROM 0 TO 169,972. LINE DAVID POTTER (B) DECREASED FROM 153,789 TO 148,645. LINE DAVID POTTER (C) INCREASED FROM 15,234 TO 15,474. LINE DAVID POTTER (D) INCREASED FROM 51,558 TO 52,527. LINE DAVID POTTER (E) DECREASED FROM 219,160 TO 216,593. LINE CYNTHIA HOOPER (B) INCREASED FROM 127,682 TO 131,717. LINE CYNTHIA HOOPER (C) INCREASED FROM 12,050 TO 12,412. LINE CYNTHIA HOOPER (D) DECREASED FROM 8,005 TO 7,576. LINE CYNTHIA HOOPER (E) INCREASED FROM 147,737 TO 151,705. LINE SUSAN DOWNING (B) DECREASED FROM 153,789 TO 143,211. LINE SUSAN DOWNING (C) INCREASED FROM 15,240 TO 15,697. LINE SUSAN DOWNING (D) DECREASED FROM 14,818 TO 14,637. LINE SUSAN DOWNING (E) DECREASED FROM 183,847 TO 173,545. LINE TIMOTHY SHEEHAN (B) DECREASED FROM 127,682 TO 120,606. LINE TIMOTHY SHEEHAN (C) INCREASED FROM 6,980 TO 7,189. LINE TIMOTHY SHEEHAN (D) INCREASED FROM 40,325 TO 54,069. LINE TIMOTHY SHEEHAN (E) INCREASED FROM 168,097 TO 181,864. LINE PATRICK MCHUGH (B) DECREASED FROM 123,216 TO 0. LINE PATRICK MCHUGH (C) DECREASED FROM 12,321 TO 0. LINE PATRICK MCHUGH (D) DECREASED FROM 9,074 TO 0. LINE PATRICK MCHUGH (E) DECREASED FROM 144,611 TO 0.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE L PART II	BELOW ITEMS PREVIOUSLY UNREPORTED: LINE (A) SUSAN DOWNING LINE (B) HIGHLY COMPENSATED EMPL OYEE LINE (C) EDUCATION LOAN LINE (D) FROM LINE (E) 19,050 LINE (F) 2,211 LINE (G) NO LINE (H) YES LINE (I) YES

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Return Reference	Explanation
AMENDED RETURN - SCHEDULE M	LINE 9(B) DECREASED FROM 24 TO 18. LINE 9(C) DECREASED FROM 591,719 TO 98,462.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN - SCHEDULE R PART V	LINE 1(Q) CHANGED FROM NO TO YES. LINE 2(2)(C) DECREASED FROM 1,500,915 TO 1,495,915.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH SHORE COUNTRY DAY SCHOOL

Employer identification number

36-1558460

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION 310 GREEN BAY ROAD WINNETKA, IL 60093 36-6108750	PROVIDES SUPPORT FOR NORTH SHORE COUNTRY DAY SCHOOL.	IL	501(C)(3)	509(A)			No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION	C	1,190,321	FAIR MARKET VALUE
(2) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION	B	1,495,915	FAIR MARKET VALUE
(3) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION	E	9,500,000	FAIR MARKET VALUE
(4) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION	N	0	FAIR MARKET VALUE
(5) NORTH SHORE COUNTRY DAY SCHOOL FOUNDATION	O	0	FAIR MARKET VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation