Return of Organization Exempt From Income Tax

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

2016

DLN: 93493345000047 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

| A F | or th | e 2016 c | alendar year, or tax year begini | ning 04-01-2016 , and ending 03- | 31-20 | 017 | | | | |
|---|--|--|--|--|------------|------------------|---|----------------------------------|------------------------|--|
| B Check if applicable ☐ Address change ☐ Name change ☐ Initial return Final ☐ beturn/terminated ☐ Amended return ☐ Application pending | | | C Name of organization SHOWA BOSTON INSTITUTE FOR LANGUAGE | | | | | D Employer identification number | | |
| | | | AND CULTURE INC | | | 04-296 | 04-2966217 | | | |
| | | | % MAX REMELE Doing business as | | | | _ | | | |
| | | | | | | | | | | |
| | | | Number and street (or P O box if mail is not delivered to street address) Room/suite | | | | E Telephor | E Telephone number | | |
| | | | 420 POND STREET | | | | (617) 5 | (617) 522-0080 | | |
| | | | City or town, state or province, count JAMAICA PLAIN, MA 021303403 | try, and ZIP or foreign postal code | | | | | | |
| | | | JAPIAICA FLAIN, PIA 021303403 | | | | G Gross receipts \$ 12,250,371 | | | |
| | | | F Name and address of principal officer | | | (a) Is | this a group re | us a group return for | | |
| | | | DR Frank SCHWARTZ 420 POND ST | | | | ıbordınates? | | | |
| | | | JAMAICA PLAIN, MA 02130 | | | | re all subordinat cluded? | es | ☐ Yes ☐No | |
| I Tax | x-exer | mpt status | ☑ 501(c)(3) ☐ 501(c)() ◄ (i | insert no) \square 4947(a)(1) or \square 527 | | | "No," attach a l | ıst (see | instructions) | |
| J W | ebsit | te:► ww | w showaboston org | | ⊣ н | (c) G | roup exemption | number | > | |
| | | | | | | | | | | |
| K Forn | n of o | rganızatıon | ✓ Corporation ☐ Trust ☐ Associ | ciation Other > | LY | ear of f | ormation 1987 | M State MA | of legal domicile | |
| Pa | rt T | Sum | mary | | | | | | | |
| | | _ | scribe the organization's mission or | most significant activities | | | | | | |
| | SHOWA BOSTON INSTITUTE IS AN ACADEMIC INSTITUTION ESTABLISHED TO INCREASE STUDENTS' ENGLISH PROFICIE | | | | | | | | CIENCY, DEVELOP | |
| CROSS CULTURAL AWARENESS, AND FOSTER PERSONAL GROWTH | | | | | | | | | | |
| 2 Check this box D if the organization discontinued its operations or disposed of more | | | | | | | | | | |
| Ne. | | | | | | | | | | |
| ŝ | | 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | | | | 1 . | |
| | l | Number of voting members of the governing body (Part VI, line 1a) | | | | | | 3 | 6 | |
| Activities & | l | | • | | | | | 5 | 0 | |
| <u> </u> | l | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | | | | 6 | 137 | |
| AC | l | Total number of volunteers (estimate if necessary) | | | | | | | 0 | |
| | l | | related business revenue from Part VIII, column (C), line 12 | | | • | | 7a | 0 | |
| | Ь | Net unrelated business taxable income from Form 990-T, line 34 | | | | • | n: v | 7b | 0 | |
| | | 6 | | | - | | Prior Year | | Current Year | |
| ġ. | l | Contributions and grants (Part VIII, line 1h) | | | | | 10 272 | 0 | 0 101 221 | |
| Ravenue | l | - | service revenue (Part VIII, line 2g) | | | | 10,272,3 | _ | 9,181,321 | |
| æ | l | Other reverse (Part VIII, column (A), lines 3, 4, and 7d) | | | | 484 3,729,778 | | | -7 | |
| | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | 14,002,6 | | | | |
| | | 2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | | | 0 | | 12,230,371 | |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | 0 0 | | |
| | l | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | | 5,115,726 5,411,68 | | | |
| Expenses | l | | | | | | 0 | | 3,411,684 | |
| ઈ | | a Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | 4 | | |
| Ä | l | Other expenses (Part IX, column (D), line 25) $\triangleright 0$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | 6,394,151 | | | 6,115,766 | |
| | l | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | | | 11,509,877 | | | 11,527,450 | |
| | l | Revenue less expenses Subtract line 18 from line 12 | | | | | | | | |
| <u></u> | 13 | · · · · · · · · · · · · · · · · · · · | | | | | 2,492,746 722,93 of Current Year End of Year | | | |
| Net Assets or Fund Balances | | | | | | Degiiii | ing or current i | | End of Teal | |
| SS 6 | 20 | Total ass | ets (Part X, line 16) | | | | 35,534, | 768 | 34,541,337 | |
| A B | 21 | Total liabilities (Part X, line 26) | | | Ī | | 29,013,3 | 3,318 27,536,178 | | |
| žΞ | 22 | 22 Net assets or fund balances Subtract line 21 from line 20 | | | | | | 150 | 7,005,159 | |
| Par | t II | Sign | ature Block | | | | | ' | | |
| | | | | ned this return, including accompanyir Declaration of preparer (other than of | | | | | | |
| any k | | | i, it is true, correct, and complete | beclaration of preparer (other than or | incer) | 15 Das | ed on an miorin | acion or v | which preparer has | |
| | | 18 | I v | | | | | | | |
| | | Signati | Signature of officer 201 | | | | | | | |
| Sign Here | | | | | | | | | | |
| | • | | SCHWARTZ PRESIDENT or print name and title | | | | | | | |
| | | 17 | Print/Type preparer's name | Preparer's signature | Date | | | PTIN | | |
| Paid Preparer Use Only | | | ACOB K JOHNSON | JACOB K JOHNSON | | 12-05 | Check 📙 if i | eck 🔲 If P01763226 | | |
| | | ar | Firm's name F KPMG LLP | I I I I I I I I I I I I I I I I I I I | | | self-employed Firm's EIN ► | | | |
| | | 1 - | | | | | | one no (617) 988-1000 | | |
| USE | JII | ''y | Boston, MA 02111 | n, MA 02111 | | | | | | |
| May + | he TP | S discuss | this return with the preparer show | n above? (see instructions) | | _ | | √ √ | es □ No | |
| | | | duction Act Notice, see the separate | | • | Cat N | lo 11282Y | اب | Form 990 (2016) | |