Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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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. ►

Open to Public

		the Treasury	► Go to www.irs.gov/For	•				•		Inspection	
Α			endar year, or tax year beginning		/2017		ending		0/2018		
В	Check if	C Name of organization PIONEER INSTITUTE INC. D Employer identification number Address change Doing business as D									
	Address										
	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22-2632081									
믐		Ū	185 DEVONSHIRE STREET			Ste 1101		E Telephon	e number		
Ш	Initial retu	urn			tate	ZIP code		(617) 723-2	2277		
	Final return	n/terminated	BOSTON Foreign country name Foreign	IV province/state/co	/A	02110 Foreign posta	Loodo				
П	Amendeo	d return	Poleigh country name Poleigh	province/state/co	unty	Foreign posta		G Gross red	eipts \$	2,482,678	
믐			F Name and address of minsingly f inance				-				
Щ	Application	on pending	F Name and address of principal officer:		DOCTON	NAA 00440		s a group return			
			JAMES STERGIOS 185 DEVONSHI	<u>RESIREEI,</u>	BUSTON,		• • •	all subordinat			
		npt status:		(insert no.)	4947(a)(1)	or 527	- II F	No," attach a li	st. (see instruc	uons)	
J	Website	e: 🕨 www	w.pioneerinstitute.org				H(c) Gro	up exemption	number 🕨		
Κ	Form of o	organization:	X Corporation Trust Associa	ation Other	r 🕨	L Ye	ar of forma	^{tion:} 1988	M State of	of legal domicile: MA	
F	Part I	Su	nmary								
	1	Briefly d	escribe the organization's mission or	most significa	ant activities	s: Pior	neer's a r	non-partisa	n public po	licy	
ЭС С		research	organization committed to improving	the quality o	f life in Ma	ssachusetts	via civic				
Activities & Governance		discours	e & intellectually rigorous data driven	solutions bas	sed on free	market prin	iciples				
vel	2	Check th	nis box ► if the organization dis	continued its	operations	or disposed	l of more	than 25%	of its net a	ssets.	
ő	3		of voting members of the governing b						3	21	
රේ ග	4		of independent voting members of th						4	21	
itie:	5	Total nu	mber of individuals employed in caler	dar year 201	7 (Part V, I	ine 2a)			5	16	
ť	6	Total nu	mber of volunteers (estimate if neces	sary)					6	40	
A	7a	Total un	related business revenue from Part V	III, column (C	;), line 12 .				7a	0	
	b	Net unre	elated business taxable income from F	⁻ orm 990-T, li	ine 34				7b	0	
								Prior Year		Current Year	
ē	8		itions and grants (Part VIII, line 1h) .					1,85	9,749	2,286,411	
ent	9		n service revenue (Part VIII, line 2g) .				ļ		8,850	82,000	
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							39,594			
	11		venue (Part VIII, column (A), lines 5, (0,330	15,627	
	12		enue—add lines 8 through 11 (must equ					2,02	8,523	2,482,678	
	13		and similar amounts paid (Part IX, colu						0	0	
	14			for members (Part IX, column (A), line 4)						0	
ses	15		other compensation, employee benefits	•	. ,	,		1,21	3,273	1,295,608	
eü	16a		onal fundraising fees (Part IX, column						0	0	
Expenses	17		ndraising expenses (Part IX, column (openses (Part IX, column (A), lines 11			339,063	2	01	1.159	1 050 552	
	18		penses. Add lines 13–17 (must equal				-	-	4,432	<u>1,050,553</u> 2,346,161	
	19		e less expenses. Subtract line 18 from			,	<u> </u>		4,4 <u>32</u> 5,909	136,517	
20		Revenu					Beginni	ing of Curren		End of Year	
Net Assets or	20	Total as	sets (Part X, line 16)						1,892	3,684,151	
t Ass	⁵ 21		bilities (Part X, line 26)						6,409	42,152	
Ne.	22	Net asse	ets or fund balances. Subtract line 21	from line 20				3,50	5,483	3,641,999	
	art II		nature Block								
			/, I declare that I have examined this return, inclu								
and	belief, it	is true, corre	ct, and complete. Declaration of preparer (other	than officer) is ba	ised on all info	ormation of whic	n preparer	has any know	ledge.		
Si	gn		Signature of officer					Dete			
He	ere		0						D		
			JAMES STERGIOS Type or print name and title			LAL		DIRECTO			
		Prin	/Type preparer's name	Preparer's signa	iture		Date			PTIN	
Pa	id			,				C	Check i		
	epare	r Gle	nn Ricciardelli					_/_0.0	self-employed	P00444363	
	e Only		's name F Glenn Ricciardelli, PC					Firm's EIN	04-31400	65	
			's address 🕨 10 High Street; Suite 100	0, Boston, MA	02110			Phone no.	617-426-2	1551	
Ма	y the IF	RS discus	s this return with the preparer shown	above? (see i	instructions	s)				X Yes No	
	·		uction Act Notice, see the separate in	•						Form 990 (2017)	
HTA		WOIN REQ	action Act Notice, see the separate ins	31 4610115.							

2RtIUI Statement of Program Service Accomplishments X 1 Briefly describe the organization's mission X 1 Briefly describe the organization's mission X 1 Briefly describe the organization's mission X 1 Briefly describe the search organization committed to improving the generalization committed and intellectually rigorous. X 2 Dd the organization underlate any significant program services during the year which were not listed on here prove the any significant organs services on the intervices of any program services and schedule 0. Yes X No 10 Yes, describe these new services an Schedule 0. Yes X No Yes X No 11 Yes, describe these new services an Schedule 0. Service N Yes X No Yes X No 12 Berche the organization's program service accompliatments 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 in the scharter public school movement and a champion of grants accedencing to fusion services and public bachod nervices and public bachod nervices and public bachod nervices. 40 (Code:) (Expenses 5 407,234, including grants of \$ 0.) (Revenue 5 173,860) PIONE	Form 9	90 (2017)	PIONEER INST	ITUTE INC.						22-2632081		Page 2
I Brahy describe the organization's mission: Property a non-partising hubble policy research organization committed to improving the gualty of the in Assachusetts through ravic discourse and intellectually diporus data drive policy solutions based on fee mission: 2 Did the organization undertaken participal, individual libery and responsibility and the ideal of effective, limited and accountable government. 2 Did the organization undertaken any significant program services during the year which were not listed on the prior form 690 or 990 E27. I'ves.' describe these new services on Schedule 0. 1 Yes.' describe these changes on Schedule 0. I'ves.' describe these changes on Schedule 0. 2 Did the organization undertaken significant program service accomptishments for each of its three largest program services, as measured by expenses. Section 501(c3) and 501(c3) organizations are required to report the amount of grants and alcotations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses S 00.561 including grants of \$ 0 (Revenue \$ 473.860) PIONEER EDUCATION busins on Flones's tage, as a leader teinformy. Proneer promotes high-quality academic standards and a portfalio of public and private school choice options. including platter schools; repained visitual antiming program. Sub promotes to commistual were research, lively torums, optionin platter schools from across Messachusetts. 4b (Code:) (Expenses S .407.234, including grants of \$ 0 .) (Revenue \$.176.650.)	Pai	rt III										
Pioneer's a non-partisan public policy research organization committed to improving the quality offic in Massachuests through olivid Goourse and Intellectually (goous date-driven pelicy solutions, based on free market principles, individual liberty and. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 EZ7. IVes IVes No 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? IVes IVes No 4 Describe the organization 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 argeness, and revuent. If any, for each program service top ford. 4a (Code:) (Expenses 5 800,561 including grants of 5 0) (Revenue 5 473,860) PIONEER EDUCATION builds on Pioneer's leagay as a leader in the charter public school movement and a champion of graeter cadeculation and a portfolic to propride accidant of economically data-driven research, lively forums, opinion pieces, and public testimony. Pioneer promotes high-quality stategies to interaction and a particular schools, inter-district choice programs. Lax credit stradges to interact and parachalla education for conomically dasdvantaged youth, and expanded virtual learning programs. Using Pioneer's online transparency tool, MassReportCards, and a particular abcols to practical accidant of economically dasdvantaged youth, and expanded virtual maring programs						se or note to	o any line in th	nis Part III			•••	Х
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PIONEER INSTITUTE INC.

Pari	Checklist of Required Schedules			<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
		1	х	1
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		~
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	<i>complete Schedule D, Part III</i>	8		Х
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		
Ы	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	5 7 7 7 7 5	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.45		
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			\vdash
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G. Part III	19		Х

Form **990** (2017)

22-2632081 Page **3**

Form 990 (2017)	
Devet IV/	0

	Jago (2017) PIONEER INSTITUTE INC. 22-26	32081	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a			
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		
D	Schedule L, Part IV.	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
U	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M.	29	Х	
23 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	~	
50	conservation contributions? If "Yes," complete Schedule M.	30		х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	51		
J2	If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	22		v
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		Х
34		34		
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		30d		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	25h		
26		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	20		~
27	-	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>			v
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

Form 9	PIONEER INSTITUTE INC.	22-263208	1 р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			· ·	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	57	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ū	gaming (gambling) winnings to prize winners?	10	:	
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	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	l	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O)	
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			
		4 a	1	Х
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			
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		-	X
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	1	х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b)	Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	· · · 70	;	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			V
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi			^
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	000-011		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?)	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12	a	
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13	a	
u	Note. See the instructions for additional information the organization must report on Schedule O.	13	-	
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		b	

Park W Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a No ² mesons to line 3b, or 10b bolow, doesnot the in circumstances, processes, or changes in Schedule 0. See instructions. Check If Schedule 0 contains a response or note to any line in this Parl V. Section A. Governing Body and Management Image: Schedule 0 contains a response or note to any line in this Parl V. Image: Schedule 0. 1a Enter the number of voling members of the governing body, or if the governing body, enter a full differences in voling rights among members of the governing body, or if the governing body directed broad authority to an executive committee or similar committee or similar committee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees the search of the governing documents since the prior form 90 your shell? Image: Schedule 2. 2 Did the organization bave members is obcoholders? Image: Schedule 2. X 3 Did the organization have members is obcoholders? Image: Schedule 2. X 4 Did the organization have members is obcoholders? Image: Schedule 2. X 5 Did the organization have members is obcoholders? Image: Schedule 2. X 6 Did the organization have members is obcoholders? Image: Sche		PIONEER INSTITUTE INC. 22-263 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for the second		P:	age 6		
The action of the powering body at the end of the tax year. Image: the second se	T at	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e ins	tructio			
1a Enter the number of voling members of the governing body, or If there are matrial difference in voling rights manog members of the governing body, or If a 21 2 Did my officer, director, trustee, or key employees that a family relationship or a business relationship with any officer, director, trustee, or key employees to a management of company of other person? 3 X 3 Did the organization delegals control over management dulles customarily performed by or under the direct. 3 X 4 Did the organization delegals control over management dulles customarily performed by or under the direct. 3 X 4 Did the organization base may significant changes to its governing documents is note the prof Form 950 ws filed? 4 X 5 Did the organization have members, so choldeles, or other persons who had the power to dect or appoint one or more members, or stochholders, or other persons who had the power to dect or appoint one or more members, or stochholders, or other persons who had the power to dect or appoint one or more members, or stochholders, or other persons, the number, stochholders, or other persons who had the governing body? 7 X 5 A Did the organization notemembers, so choldens, or other persons, who had the power to dect or appoint one or more members, or stochholders, or persons other than the governing body? 7 X 6 Did the organization nothemembers, docholaphyopowel lated in ParVIII, Section A, who car	Sect	ion A. Governing Body and Management					
If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Ib Enter the number of volting members included in line 1a, above, who are independent. Ib Z1 2 Did any officer, director, trustee, or key employees to a significant charges to its governing body delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 4 Did the organization have members site/cholders? 5 X 5 Did the organization have members site/cholders? 5 X 6 Did the organization have members site/cholders? 5 X 7 Did the organization have members site/cholders? 7 X 8 Did the organization have members site/cholders? 7 X 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached 9 X 9 Each committee with authority to act on behalf of the governing body? 8a X 9 Each committee with authority or act on behalf of the governing body? 8a <				Yes	No		
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ MA MA 16a X 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Oven website X Upon request Other (explain in Schedule O) 0 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. MARY CONNAUGHTON MARY CONNAUGHTON MARY CONNAUGHTON Kotty 723-2277	b		15b		Х		
with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b	16a						
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) 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: MARY CONNAUGHTON		with a taxable entity during the year?	16a		Х		
the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Other (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: ▶ MARY CONNAUGHTON (617) 723-2277	b						
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Other (explain in Schedule O) 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: ► MARY CONNAUGHTON (617) 723-2277			16h				
 17 List the states with which a copy of this Form 990 is required to be filed ► MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 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: ► MARY CONNAUGHTON (617) 723-2277 	Sect						
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 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: ► MARY CONNAUGHTON (617) 723-2277 							
X Own website Another's website X Upon request Other (explain in Schedule O) 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: ► MARY CONNAUGHTON (617) 723-2277	18		s only	/)			
 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► MARY CONNAUGHTON (617) 723-2277 		available for public inspection. Indicate how you made these available. Check all that apply.	-				
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: MARY CONNAUGHTON (617) 723-2277							
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MARY CONNAUGHTON (617) 723-2277	19		cy, an	d			
MARY CONNAUGHTON (617) 723-2277	•						
	20						

Form 990 (2017)	PIONEER INSTITUTE INC. 22	2-2632081	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.		X
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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	box,	unles	s pe	ition more rson irecto	e than o is both or/truster employee	an	(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
(1) KRISTIN SERVISON	1.00									
DIRECTOR	0.00	Х								
(2) DIANE SCHMALENSEE	1.00									
DIRECTOR	0.00	Х								
(3) STEPHEN FANTONE	1.00									
DIRECTOR - CHAIRPERSON	0.00	Х		Х						
(4) GARY KEARNEY	1.00									
DIRECTOR	0.00	Х								
(5) KEITH HYLTON	1.00									
DIRECTOR	0.00	Х								
(6) ANDREW DAVIS	1.00									
DIRECTOR	0.00	Х								
(7) DAVID BOIT	1.00									
DIRECTOR	0.00	Х								
(8) LUCILE HICKS	1.00									
DIRECTOR - VICE CHAIRPERSON	0.00	Х		Х						
(9) C. BRUCE JOHNSTONE	1.00									
DIRECTOR - VICE CHAIRPERSON	0.00	Х		Х						
(10) MARK RICKABAUGH	1.00									
DIRECTOR	0.00	Х								
(11) NANCY ANTHONY	1.00									
DIRECTOR	0.00	Х								
(12) NICOLE MANSEAU	1.00									
DIRECTOR	0.00	Х								
(13) AL HOUSTON	1.00									
DIRECTOR	0.00	Х								
(14) FREDERIC CLIFFORD	1.00]				
DIRECTOR	0.00	Х								

Form 990 (2017) PIONEER INSTITUTE INC.									22-263	2081	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	d Hi	ghest	t Co	ompensated Em	ployees (contin	ued)	
				-	C)						
(A)	(B)	(do r	not ch		ition more	than o	ne	(D)	(E)	(F)
Name and title	Average	box, unless person is both					an	Reportable	Reportable	Estir	mated
	hours per week (list any				irecto	or/truste	-	compensation from	compensation from related		unt of her
	hours for	Indi or c	Inst	Officer	Key	High emp	Former	the	organizations		ensation
	related	vidu lirec	ituti	er	em	nest	ner	organization	(W-2/1099-MISC)		n the
	organizations below dotted	tor al tr	onal		ploy	e con		(W-2/1099-MISC)		•	nization related
	line)	Individual trustee or director	Institutional trustee		'ee	Iper					izations
		ŏ	stee			Highest compensated employee					
						ed					
(15) ELLEN ROY HERZFELDER	1.00										
DIRECTOR	0.00	Х									
(16) CHARLES HEWITT iii	0.00										
DIRECTOR	0.00	Х									
(17) GARY CAMPBELL	1.00										
DIRECTOR	0.00	Х									
(18) PAMELA LAYTON	1.00										
DIRECTOR	0.00	Х									
(19) STEVEN AKIN	1.00										
DIRECTOR	0.00	Х									
(20) BRIAN BRODERICK	1.00										
DIRECTOR	0.00	Х									
(21) HOLT MASSEY	1.00										
DIRECTOR	0.00	Х									
(22) JAMES STERGIOS	40.00										
EXECUTIVE DIRECTOR	0.00			Х	Х	Х		269,937	0		0
(23) MARY CONNAUGHTON	40.00										_
DIRECTOR OF ADMIN & FINANCE, CLERK	0.00			Х	Х	Х		149,036	0		0
(24) JAMES JOSLIN	1.00										
TREASURER	0.00			Х							
(25) JAMIE GASS	40.00										
DIRECTOR OF CENTER FOR SCHOOL REFORM	0.00					Х		129,635	0		0
1b Sub-total				·		• •		548,608	0		0
c Total from continuation sheets to Part VII, S								180,878	0		0
d Total (add lines 1b and 1c).							•	729,486	0		0
2 Total number of individuals (including but not li		sted a			vno	recei	vea	more than \$100	,000 of		
reportable compensation from the organization	-			3							es No
3 Did the organization list any former officer, dire	otor or tructoo	kovic	mn			r hiat		teemponented		ľ	
employee on line 1a? If "Yes," complete Sched		•		ioye	e, 0	•				3	X
				•	• •					5	
4 For any individual listed on line 1a, is the sum of								•	L.		
the organization and related organizations greating the second seco	ater than \$150,00	JU? If	Υe	es, "	com	ipiete	Sc	nedule J for suci	ז		v
individual			•	• •	•	• •	•			4	X
5 Did any person listed on line 1a receive or acc				-			-				
for services rendered to the organization? If "Y	es," complete So	chedu	ile J	for	suc	h per	son	1		5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest compe											
compensation from the organization. Report co	impensation for t	ne ca	aien	uar	yea	rendi	ing	with or within the	e organization's t	ах	
year.						<u> </u>				10	
(A) Name and business add	ress							(B) Description of serv	vices C	(C) compensa	ition
None											0
											0
											0
											0
											0
2 Total number of independent contractors (inclu	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received			

more than \$100,000 of compensation from the organization

	990 (20 ⁻					22-26320	81 Page 9
Par	t VIII	Statement of Revenue Check if Schedule O contains a response or	noto to any lina in	this Part \/III			
		Check in Schedule O contains a response of	note to any line in	(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 b c d e f y h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1cGovernment grants (contributions)1eAll other contributions, gifts, grants, and1fsimilar amounts not included above1fNoncash contributions included in lines 1a-1f:\$Total. Add lines 1a-1f\$	0 0 0 0 0 0 0 0 0 0 0 0 0 0	2,286,411			
enue	20		Business Code	10,000	10,000	0	0
teve	2a b	PIONEER EDUCATION PIONEER OPPORTUNITY		10,000 500	10,000 500	0	0
Program Service Revenue				3,000	3,000	0	0
ervi	d d	PIONEER PUBLIC		68,500	68,500	0	0
Б	e			00,000	00,000	0	0
ogra	f	All other program service revenue			0	0	0
Pro	g	Total. Add lines 2a–2f		82,000			
	3	Investment income (including dividends, interest					
		other similar amounts).		98,640	98,640	0	0
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties	Þ	0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	с		0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	0 0				
	b	Less: cost or other basis					
		and sales expenses	o o				
	с	Gain or (loss)	0 0				
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$0					
Rev		of contributions reported on line 1c).					
Jer	"	See Part IV, line 18					
đ		Less: direct expenses	-	0			
	с 9а	Gross income from gaming activities. See Part IV, line 19		0			
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities .	-	0			
	_	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b	0				
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	SALE of BOOKS, TICKETS	451211	15,477	15,477	0	0
	b	EDITORIAL INCOME	511110	150	150	0	0
	с			0	0	0	0
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		15,627			
	12	Total revenue. See instructions	<u> •</u>	2,482,678	196,267	0	0
							Form 990 (2017)

following SOP 98-2 (ASC 958-720)

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 . . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 0 2 Grants and other assistance to domestic individuals. See Part IV. line 22. 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 n 0 4 5 Compensation of current officers, directors, 418,973 334,269 71,208 13,497 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n Other salaries and wages 668.683 446.761 6.485 215.438 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 28,688 20,600 2.049 6.039 9 106.104 76.191 7,579 22,334 10 73,160 52,535 5,226 15,399 Fees for services (non-employees): 11 0 а 0 b 22,500 0 22,500 С 0 0 d 0 Professional fundraising services. See Part IV, line 17. е 0 f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 38,815 36,363 621 1,831 12 0 79,237 55,749 3,947 19,541 13 2,757 14 2,094 168 495 15 0 0 16 17 0 18 Payments of travel or entertainment expenses n for any federal, state, or local public officials 17.595 19 Conferences, conventions, and meetings 11,580 873 5,142 20 0 0 21 22 Depreciation, depletion, and amortization 131,460 118,080 3,390 9,990 23 14,827 10,002 800 4,025 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.) Printing & Publishing 57,657 45,048 723 11.886 а b 345,627 343,562 0 2,065 Research Distribution 140.561 133.629 180 6.752 С Events & Meetings 194,459 189.595 4.864 0 d 5,058 427 4,629 е All other expenses 0 ------Total functional expenses. Add lines 1 through 24e 2,346,161 1.876.058 131,040 339.063 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if

Form 990 (2017)	
Part X	E

		Check if Schedule O contains a response of	r note to any line in this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		232,610	1	219,921
	2	Savings and temporary cash investments .	[37,219	2	25,153
	3	Pledges and grants receivable, net	[189,884	3	217,887
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and f	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees.			
		Complete Part II of Schedule L	0	5	0	
	6		Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary e				
Assets		organizations (see instructions). Complete Part II of Sch		0	6	0
SS	7	Notes and loans receivable, net		0		0
٩	8	Inventories for sale or use		0	-	0
	9	Prepaid expenses and deferred charges		192,391	9	14,995
	10a	Land, buildings, and equipment: cost or				
	_	other basis. Complete Part VI of Schedule D	10a 1,198,794			
	b	•	10b 322,447	889,427	10c	876,347
	11	Investments—publicly traded securities		2,020,361		2,189,848
	12	Investments-other securities. See Part IV, line	E	0		0
	13	Investments—program-related. See Part IV, lin	F	0		0
	14	Intangible assets	0		0	
	15	Other assets. See Part IV, line 11		50,000		140,000
	16	Total assets. Add lines 1 through 15 (must equ		3,611,892		3,684,151
	17	Accounts payable and accrued expenses	F	106,409	17 18	42,152
	18 19			0		0
	20	Deferred revenue		0	20	0
	20 21	Tax-exempt bond liabilities		0		0
S	22	Loans and other payables to current and forme		0	21	0
Liabilities	22	trustees, key employees, highest compensated				
bili		disqualified persons. Complete Part II of Sched		0	22	0
Lia	23	Secured mortgages and notes payable to unrel	F	0	23	0
	24	Unsecured notes and loans payable to unrelate		0		0
	25	Other liabilities (including federal income tax, p				
	_•	parties, and other liabilities not included on line				
		Part X of Schedule D	,	0	25	0
	26	Total liabilities. Add lines 17 through 25		106,409		42,152
		Organizations that follow SFAS 117 (ASC 95		·		
es		complete lines 27 through 29, and lines 33 a				
Ű.	27	Unrestricted net assets		2,477,318	27	2,585,282
ala	28	Temporarily restricted net assets		742,453		1,056,717
Fund Balances	29	Permanently restricted net assets		285,712		1,000,717
ũ	20	•		200,112	20	
Ľ		Organizations that do not follow SFAS 117 (ASC958)	, check here A diagram of the second secon			
Net Assets or		complete lines 30 through 34.		-		
set	30	Capital stock or trust principal, or current funds		0		
As	31	Paid-in or capital surplus, or land, building, or e		0	31	<u> </u>
let	32	Retained earnings, endowment, accumulated in		2 505 483		2.044.000
~	33 34	Total net assets or fund balances		3,505,483		3,641,999
	J4	Total liabilities and net assets/fund balances .		3,611,892	34	3,684,151

Form **990** (2017)

Form	990 (2017) PIONEER INSTITUTE INC.	22	2-2632081	Paç	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,482	2,678
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,346	5,161
3	Revenue less expenses. Subtract line 2 from line 1	3		136	6,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,505	5,483
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
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10		3,641	1,999
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	• •			느
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
-	Schedule O.				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		. 2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	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				1
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		. 3b		L
			Form	990	(2017)

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization PIONEER INSTITUTE INC.								Employer identification number 22-2632081				
Part VII Section A			rs, 1	rus	stee	es,		Key Employees, and Highest				
(A)	Compensated Emp	Oyees (B)			(C)	(D) (E) (F)					
Name and	i title	Average		1	chec	k all t	that ap	ply)	Reportable	Reportable	Estimated	
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(26) GREG SULLIVAN		32.00										
	1	0.00		-			Х		96,808	0	0	
(27) BRIAN PATTERSON DIRECTOR of ANNUAL FUI	 ND	40.00 0.00					х		84,070	0	0	
(28)		0.00							07,070	0	0	
				<u> </u>	<u> </u>	<u> </u>						
(29)												
(30)												
(31)												
(32)												
(33)												
(34)												
(35)												
(36)												
(37)												
(38)												
(39)												
(40)												
(41)												
(42)												
(43)												
(44)												
(45)												
(46)												
					-				•	•		

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.

2017 Open to Public Inspection

OMB No. 1545-0047

		venue Service	► Go t	to www.irs.gov/Form	n990 for instructions ar	nd the late	st informa	tion.	Inspection
		e organization						Employer identification	
		R INSTITUTE II			·····				32081
Par					ganizations must co For lines 1 through 12, o				
1				•	of churches described i	-			
2	F				tach Schedule E (Form				
3	H				zation described in sec			i).	
4	H	-			inction with a hospital o	•		•	nter the
			e, city, and state						
5			n operated for th (1)(A)(iv). (Com	e benefit of a collec	ge or university owned				cribed in
6		A federal, state	e, or local govern	iment or governmei	ntal unit described in se	ection 170)(b)(1)(A)	(v).	
7	Х			eceives a substanti (A)(vi). (Complete I	al part of its support fro Part II.)	m a gove	rnmental (unit or from the gene	eral public
8		A community to	rust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9		An agricultural or university or university:	research organi a non-land-grar	zation described in t college of agricult	section 170(b)(1)(A)(ix ture (see instructions).	a) operated Enter the	d in conjui name, city	nction with a land-gr /, and state of the co	ant college llege or
10		receipts from a support from g	ctivities related t ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ted business taxable in See section 509(a)(2) .	exception come (les	is, and (2) s section	no more than 33 1/ 511 tax) from busine	3% of its
11		An organizatio	n organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in section 50 9 ibes the type of suppor	9(a)(1) or s	section 5	09(a)(2). See sectio	n 509(a)(3).
а		the support	ed organization(pervised, or controlled l ularly appoint or elect a c tions A and B.				
b		control or m	anagement of th		r controlled in connecti ization vested in the sa				
c	[Type III fun	ctionally integra	ated. A supporting	organization operated i You must complete F				grated with,
d	[Type III nor that is not fu	n-functionally in unctionally integr	tegrated. A support	rting organization operation generally must sat plete Part IV, Sections	ated in con isfy a distr	nnection w	vith its supported org quirement and an at	
е	[ritten determination from				e III
-		•	• •	•	ally integrated supporting	ng organiz	ation.		
f g				organizations	ted organization(s).				0
9		Name of supported		(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
``									
(B)									
(C)									
(D)									
(E)									
Tota								0	0

Pa	rt II Support Schedule for Orga (Complete only if you checked Part III. If the organization fai	ed the box on lir	ne 5, 7, or 8 of	Part I or if the o	rganization fail	led to qualify ur	nder
Sec	tion A. Public Support	is to quality und		led below, plea		art m.)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	1,545,531	2,124,219	2,454,182	1,968,599	2,368,411	10,460,942
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3The 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	1,545,531	2,124,219	2,454,182	1,968,599	2,368,411	10,460,942
	shown on line 11, column (f)						139,329
6	Public support. Subtract line 5 from line 4						10,321,613
	tion B. Total Support	(-) 2012	(b) 0014	(-) 2015	(4) 2040	(-) 2017	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,545,531	2,124,219	2,454,182	1,968,599	2,368,411	10,460,942
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources	34,984	35,450	45,489	39,594	98,640	254,157
10	regularly carried on	0	0	0	0	0	0
	(Explain in Part VI.)	7,981	18,461	31,260	20,330	98,640	176,672
11	Total support. Add lines 7 through 10						10,891,771
13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here .	ganization's first, se	econd, third, fourth	, or fifth tax year as	a section 501(c)(►
Sec	tion C. Computation of Public Sup	oport Percenta	ge		i	i	
14	Public support percentage for 2017 (line 6, co	.,	•		F	14	94.77%
15	Public support percentage from 2016 Schedu					15	97.23%
	33 1/3% support test—2017. If the organization qualifies as	a publicly supporte	ed organization				.
b	33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified						►
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	s the "facts-and-circ s-and-circumstance	cumstances" test, c s" test. The organi	check this box and zation qualifies as a	stop here. Explair a publicly supporte	n in ed	
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization me Explain in Part VI how the organization meets supported organization	eets the "facts-and- s the "facts-and-circ	circumstances" tes cumstances" test. ⁻	st, check this box a Γhe organization զւ	nd stop here. Jalifies as a public	ly	
18	Private foundation. If the organization did n instructions .	ot check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		· · · · · • •

Schedule A (Form 990 or 990-EZ) 2017

PIONEER INSTITUTE INC.

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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 .						0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).........						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	•			(),	· /	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2017 (line 8, c	olumn (f) divided by	/ line 13, column (f))		15	0.00%
16	Public support percentage from 2016 Sched	ule A, Part III, line 1	5			16	0.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2017 (line	ə 10c, column (f) div	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2016 S	chedule A, Part III, I	ine 17			18	0.00%
19a	33 1/3% support tests-2017. If the organ	ization did not checl	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s				-		Þ 📘
b	33 1/3% support tests—2016. If the organ						. —
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported orga	anization	🕨 🛄
20	Private foundation. If the organization did	not check a box on ^r	line 14, 19a, or 19	b, check this box a	and see instructions	8	

Vee Ne

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "*Yes*," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "*Yes*," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	000 57	

Part	Ide A (Form 990 or 990-EZ) 2017 PIONEER INSTITUTE INC. 22-2632 V Supporting Organizations (continued) 22-2632			age 5
urt			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
b		11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	TIC		
eci	ion B. Type I Supporting Organizations		V	NI -
			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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ect	ion 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)? 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).	1		
ect	ion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	By leason 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			

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? *If* "Yes," *describe in* **Part VI** the role the organization's supported organizations played in this regard.

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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 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? 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a 2b 3a 3b

3

Schedule A (Form 990 or 990-EZ) 2017 PIONEER INSTITUTE INC. 22-2632081 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) **1** Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 **4** Add lines 1 through 3. 4 0 0 **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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 0 0 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c **d** Total (add lines 1a, 1b, and 1c) 1d 0 0 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 0 0 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 0 0 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0 0 6 Multiply line 5 by .035. 6 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 Section C - Distributable Amount **Current Year** 0 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 0 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 0 3 4 Enter greater of line 2 or line 3. 4 0 **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 0

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Part V	V Type III Non-Functionally Integrated 509(a)(3	b) Supporting Organi	zations (continued)		
Sectio	on D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ations		
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.				0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				0
10	Line 8 amount divided by line 9 amount				0.000
-			(ii)	(iii)	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distribut Amount fo	
1	Distributable amount for 2017 from Section C, line 6				0
	Underdistributions, if any, for years prior to 2017				
2	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013 0				
С	From 2014 0				
d	From 2015 0				
е	From 2016 0				
f	Total of lines 3a through e	0			
g	Applied to underdistributions of prior years		0		
h	Applied to 2017 distributable amount				0
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0			
4	Distributions for 2017 from				
	Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years		0		
	Applied to 2017 distributable amount				0
C		0			
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.		0		
6	Remaining underdistributions for 2017. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI . See instructions.				0
7	Excess distributions carryover to 2018. Add lines 3j				0
'	and 4c.	0			
8	Breakdown of line 7:	0			
-	Excess from 2013 0				
	Excess from 2014 0				
-					
d					
e	Excess from 2017 0			A (Form 990 or 99	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional mormation. (See instructions.)		
Part II Sect	on B Line 10 Other Income primarily consists of revenue that is derived from		
the sale of	publications and tickets to program events.		

SCHEDULE D OMB No. 1545-0047 **Supplemental Financial Statements** (Form 990) 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. Open to Public ► Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 22-2632081 PIONEER INSTITUTE INC. 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 a 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 gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a а 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a d 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🕨 Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Yes 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 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet 1a 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$ а Assets included in Form 990, Part X. h

Sched	ule D (Form 990) 2017 PIONEER INSTITU	TE INC.					22-2632	081		Page 2
Part	III Organizations Maintaining C	ollections of A	rt, Histori	cal Trea	asures, or O	ther S	imilar Assets	(conti	nued)	
3	Using the organization's acquisition, ac	cession, and other	records, ch	neck any	of the following	g that a	re a significant u	use of it	S	
	collection items (check all that apply):			-	-		-			
а	Public exhibition		d	Loan c	or exchange pro	ograms	5			
b	Scholarly research		e 🗌	Other		•				
			•	01.0						
C A	Preservation for future generation		avalain ha	w they fur	rthar the argon	ization	la avanant nurna	aa in De	t	
4	Provide a description of the organizatio XIII.	n's collections and	explain no	w mey iu	rther the organ	lization	s exempt purpo	se in Pa	art	
F		ligit or reacive day	ations of ar	t biotoria	al tracauras a	r othor	aimilar			
5	During the year, did the organization so assets to be sold to raise funds rather the							T Ye		No
				of the org		lection				NU
Part								-		
	Complete if the organization a	nswered "Yes" o	n Form 99	90, Part	IV, line 9, or	report	ed an amount	on Fo	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cu		-							۱
	included on Form 990, Part X?					• • •		Ye	es	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	e the follow	ing table:						
_	De vice in a balance					4	μ	mount		
C	Beginning balance					1c				0
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount	on Form 990, Par	t X, line 21,	for escro	ow or custodial	accour	nt liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Par	t XIII. Check here	if the expla	nation ha	is been provide	ed on P	art XIII...			
Part	V Endowment Funds.									
	Complete if the organization a	nswered "Yes" o	n Form 99	90, Part	IV, line 10.					
		(a) Current year	(b) Prior		(c) Two years ba	ack (e	d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	1,028,165		940,320	1,023,	,657	685,648	3	85	5,967
b		1,339,660		742,811	663,		999,509			8,489
С	Net investment earnings, gains,									_ <u> </u>
	and losses	22,756		22,402	28,	438	16,07 <i>°</i>		1	8,788
d	Grants or scholarships									_ <u> </u>
е	Other expenditures for facilities									
	and programs	1,333,863	(677,368	775,	,054	677,57 ²	1	58	87,896
f	Administrative expenses									
g	End of year balance	1,056,718	1,0	028,165	940,	,320	1,023,657	7	68	5,348
2	Provide the estimated percentage of the			ne 1g, col	lumn (a)) held :	as:				
а	Board designated or quasi-endowment	►	48%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	52%								
	The percentages on lines 2a, 2b, and 2	c should equal 100)%.							
3a	Are there endowment funds not in the p	ossession of the o	rganization	that are	held and admi	nistere	d for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related or	ganizations listed a	is required	on Scheo	dule R?...			3b		
4	Describe in Part XIII the intended uses	of the organization	's endowm	ent funds						
Part	VI Land, Buildings, and Equipn	nent.								
	Complete if the organization a	nswered "Yes" o	n Form 99	90, Part	IV, line 11a.	See F	<u>orm 990, Part</u>	X, line	10.	
	Description of property	(a) Cost or ot	her basis	• •	st or other	. ,	ccumulated	(d) B	ook valu	e
		(investm	ent)	basis	s (other)	dep	preciation			
1a	Land		0		0					0
b	Buildings		0		987,364		156,547		86	5,197
С	Leasehold improvements		0		0		0			0
d	Equipment		0		73,403		67,803			5,600
е	Other		0		138,027		132,477			5,550
Total	LAdd lines 1a through 1e. (Column (d) m	ust equal Form 99	0 Part X c	olumn (F	3) line 10c)				87	6 347

Part VII Investments—Other Securities. Complete if the organization answe	ered "Yes" on Form 990). Part IV. line 11b. See Forn	n 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation:
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related.	0		
Complete if the organization answe	ered "Yes" on Form 990), Part IV, line 11c. See Form	n 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	lluation: narket value
(1)			
(2)			
_ (3)			
_ (4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets.	-		
Complete if the organization answe	ered "Yes" on Form 990 escription), Part IV, line 11d. See Forn	n 990, Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
_ (5)			
(6)			
(7)			
(8)			
(9)	(5)	•	0
Total. (Column (b) must equal Form 990, Part X, col. (B) linPart XOther Liabilities.	le 15.)	· · · · · · · · · · · · · ·	0
Complete if the organization answe line 25.	ered "Yes" on Form 990), Part IV, line 11e or 11f. Se	e Form 990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(8)

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

0

Sched	Iule D (Form 990) 2017 PIONEER INSTITUTE INC.	22-2632081	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	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	2,384,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	0
e	Subtract line 2e from line 1	3	2,384,038
3		3	2,304,030
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 98,640		
С	Add lines 4a and 4b	4c	98,640
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	2,482,678
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	5	0
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
<u></u>	t XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Pai	rt X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
Part	XI Line 4b The reconciling difference between the total revenue per the audited		
state	ments and the revenue reflected in Part 1 of Form 990 is attributable to investment		
State			
incor	ne and gains and losses, which coupled with total contributions, yields total revenue.		
IIICOI	ne and gains and losses, which coupled with lotal contributions, yields total revenue.		
	Adding of The Sector de Jacobies of a the second sector descent sector by a second second		
Part	V Line 4 The intended usses for the organization's endowment is to provide some		
perm	nanence to their fundings for their research for various programs, with the donors		
direc	ting the use of the contributions for specific causes.		

Page 5

Schedule D (i O	111 990) 2017	FIUNEER INSTITUT	E INC.
Part XIII	Suppler	nental Information	(continued)

SCH	SCHEDULE J Compensation Information				OMB No. 1545-0047			
(Forr	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and H	2017				
			ompensated Employees on answered "Yes" on Form 990, Part IV	line 23.	Open 1		-	
	tment of the Treasury	•	Attach to Form 990.	n to Form 990.				
	al Revenue Service of the organization	► Go to www.irs.gov/Form9	990 for instructions and the latest inform	ation. Employer identificatio		oectio		
PION	IEER INSTITUTE	INC.		22-2	632081			
Par	t Question	is Regarding Compensation					1	
1a			led any of the following to or for a perso			Yes	No	
	·		ovide any relevant information regarding	g these items.				
		charter travel	Housing allowance or residence for	-				
	Travel for cor	•	Payments for business use of pers					
		cation and gross-up payments	Health or social club dues or initiat					
	Discretionary	spending account	Personal services (such as, maid,	chauffeur, chef)				
b	If any of the boxe	es on line 1a are checked, did the orga	nization follow a written policy regarding	g payment				
			scribed above? If "No," complete Part I	l to				
	explain				1b			
2	Did the organizat	tion require substantiation prior to reim	bursing or allowing expenses incurred b	ov all				
_			cutive Director, regarding the items che					
	1a?				2			
3	Indicate which, if	any, of the following the filing organiza	ation used to establish the compensatio	n of the				
			pply. Do not check any boxes for metho					
	related organizat	ion to establish compensation of the C	EO/Executive Director, but explain in P	art III.				
	X Compensatio		Written employment contract					
	<u> </u>	compensation consultant	X Compensation survey or study					
	X Form 990 of o	other organizations	X Approval by the board or compens	ation committee				
4	During the year,	did any person listed on Form 990, Pa	rt VII, Section A, line 1a, with respect to	the filing				
	organization or a	related organization:		-				
a b			/ment?		4a		X X	
C			d compensation arrangement?		4b 4c		X	
			e the applicable amounts for each item					
	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9					
5			e 1a, did the organization pay or accrue	any				
	compensation co	ontingent on the revenues of:		-				
a b					5a 5b		X X	
b		a or 5b, describe in Part III.			50		^	
6		d on Form 990, Part VII, Section A, line ontingent on the net earnings of:	e 1a, did the organization pay or accrue	any				
а	The organization	?			6a		х	
b	Any related orga	nization?			6b		Х	
	If "Yes" on line 6	a or 6b, describe in Part III.						
7	For persons liste	d on Form 990, Part VII, Section A. line	e 1a, did the organization provide any n	onfixed				
	payments not de	scribed on lines 5 and 6? If "Yes," desc	cribe in Part III		7		х	
8			d or accrued pursuant to a contract that					
	•		gulations section 53.4958-4(a)(3)? If "Ye		8		х	
	in art art in				, j			
9			buttable presumption procedure describ					
					9			
For P	aperwork Reduction	on Act Notice, see the Instructions for I	Form 990.	s	Schedule J (I	Form 99	0) 2017	

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

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

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

			f W-2 and/or 1099-MI					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
JAMES STERGIOS	(i)	259,937	10,000		0	21,443	291,380	0
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
_	(i)							
5	(ii)							
-	(i)							
6	(ii)							
_	(i)							
7	(ii)							
8	(i)							
8	(ii)							
9	(i) (ii)							
9								
10	(i) (ii)							
10	(i) (i)							
11	(i) (ii)							
	(i)							
12	(i) (ii)							
12	(i)							
13	(i) (ii)							
	(i)							
14	(i) (ii)							
	(i)							<u> </u>
15	(i) (ii)							
	(i)							
16	(i) (ii)							
	(יי)							I

Schedule J (Form 990) 2017

22-2632081 Page **2**

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

Schedule J (Form 990) 2017 PIONEER INSTITUTE INC.

22-2632081

Page **3**

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

	Complete if the org	ganizations answere	d "Yes" on F	orm 990, Part I	V, lines 29 or 30.
--	---------------------	---------------------	--------------	-----------------	--------------------

Attach to Form 990.

Go to we

2 7 (0)Open to Public Inspection

Name of the organization
PIONEER INSTITUTE INC

Department of the Treasury

Internal Revenue Service

ww.irs.gov/Form990 for the latest information of the latest informatio	on.
--	-----

Employer identification number 22-2632081

Par	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	Method noncash co			
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	Х	7	28,959	Fair Market	Value		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures				L			
14	Qualified conservation							
	contribution—Other				<u> </u>			
15	Real estate—Residential				<u> </u>			
16	Real estate—Commercial				<u> </u>			
17	Real estate—Other				<u> </u>			
18	Collectibles				ļ			
19	Food inventory				 			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				 			
23	Scientific specimens							
24	Archeological artifacts	N N		17 500				
25	Other ► (<u>Auditing & Tax Pre</u>)	X	1		Fair Market			
26	Other ► (<u>Social Media Adve</u>)	Х		51,183	Fair Market	Value		
27	Other \blacktriangleright ()				<u> </u>			
28	Other ► () Number of Forms 8283 received b	with a arran	ization during the tax year f	ar contributions for	<u>├──</u> ┌──			
29	which the organization completed	, ,	0 ,		29			
		1 0111 0203,	Fait IV, Dollee Acknowled		29		Yes	No
30a	During the year, did the organizati	on receive h	av contribution any property	reported in Part L lines 1 thr	rough		163	
J 0a	28, that it must hold for at least thr			•	•			
	to be used for exempt purposes for	•		· · · ·		30a		Х
b	If "Yes," describe the arrangement					000		<u></u>
31	Does the organization have a gift a		policy that requires the revie	ew of any nonstandard				
01	contributions?					31	Х	
32a	Does the organization hire or use						~	
σ±u	noncash contributions?		0			32a		х
b	If "Yes," describe in Part II.					u		~
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is				
	checked describe in Part II							

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

Schedule M (Fo	Form 990) 2017 PIONEER INSTITUTE INC.	22-2632081 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	
	the organization is reporting in Part I, column (b), the number of contributions, the number of	of items received
	or a combination of both. Also complete this part for any additional information.	
· - -		- -

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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. Co to unusuation was described for the latest information

OMB No. 1545-0047		
2017		
Open to Public Inspection		

Internal Revenue Service Go to www.ifs.gov/Formago for the fatest information. Name of the organization	Employer identification number	
	22-2632081	
Form 990, Part III, Line 4d: Program Service Expenses: 140,910, Grants and allocations: 0,		
Revenue: 14,950 PIONEERHEALTH aims to refocus the Massachusetts conversation about health		
care costs away from government-imposed solutions toward market-based state reforms. The		
center's research, advocacy, and programs aims to make healthcare pricing more transparent and	l	
to drive public discourse on the need for a federal waiver so that Massachusetts can be more		
innovative and cost conscious in its Medicaid Program; present a strong consumer perspective		
as the state considers a dramatic overhaul of how health care payments are made; and support		
tort reforms that will prove cost effective, ensure accountability, increase access for		
patients without going to the emergency room, and aid in retaining medical talent in		
Massachusetts.		
Form 990, Part III, Line 4d: Program Service Expenses: 121,094, Grants and allocations: 0,		
Revenue: 55,250 LOVETT C PETERS LECTURE SERIES To continue to further Pioneer's missic	on as an	
independent, privately funded research organization that seeks to improve the quality of life		
in Massachusetts through civic discourse and intellectually rigorous, data-driven public		
policy solutions based on free market principles, individual liberty and responsibility, and		
the ideal of effective, limited and accountable government.		
Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:		
0 LOVETT C PETERS MEMORIAL FUND - Established fund raising program in honor of the		
organization's late founder for purposes of funding the purchase of an office building or		
condominium to house personnel and staff on a permanent basis and to provide for fellowships.		
Form 990, Part III, Line 4d: Program Service Expenses: 136,076, Grants and allocations: 0,		
Revenue: 163,383 OUTREACH & PUBLIC COMMUNICATION - For reporting purposes, Pioneer	has	
recorded \$136,176 of expenses related to Outreach & Public Communications within Other		
Programs since the vast majority of these costs relate directly to Pioneer's programs.		
Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:		

4,500 Colby Hewitt Endowment

Schedule O (Form 990 or 990-EZ) (2017)	Page 2		
Name of the organization PIONEER INSTITUTE INC.	Employer identification number 22-2632081		
Form 990, Part IV, Section B, Line 11: The procedures that Pioneer follows in reviewing the			
Form 990 include the following: 1) the Form 990 is completed by Pioneer's auditors with the			
assistance of management; 2) the return is thoroughly reviewed by management, with any			
necessary revisions or modifications made thereto; 3) The Form 990 is subsequently scrutinized			
by Pioneer's Audit Committee and any questions are addressed by the auditor and/or management,			
and 4) the final version of Form 990 is distributed to management, the Audit Committee, and			
the Board of Directors for a final review before filing.			
Form 990, Part VI, Section B, Line 12C: Pioneer's conflict of interest policy is circulated to			
all of its employees annually, including management and board members. Recipients are required	1		
to sign the policy and disclose any potential conflicts. Regarding business relationships with			
3rd parties, management regularly monitors vendor relationships for any potential conflicts			
throughout the year.			
Form 990, Part VI, Section B, Line 15B: The compensation of Pioneer's officers and key			
employees is determined in accordance with the following procedures: 1) an annual performance			
evaluation is undertaken by the employee's supervisor, or in the case of the Executive			
Director, by the Board and Governance Committee, at which point performance is evaluated			
relative to certain goals and defined metrics; 2) self-evaluation of the employee is			
undertaken and shared; 3) a review of the comparable compensation data for similar			
organizations (size, annual revenue and spending, number of employees, geographical location,			
etc.) is undertaken, and 4) documentation of the process and the results are recorded in the			
employee's personal file and the minutes to the committee or board meeting. The annual			
compensation for the Executive DIrector is subject to the recommendation of the Governance			
Committee established by the Board of Directors, whch is subject to final approval by the			
board.			
Form 990, Part VI, Section C, Line 19: Pioneer makes available the current audited financial			
statements and Form 990 for the last 10-years on its website. Additionally the financial			
statements and tax returns are available upon request, along with Pioneer's bylaws and			
conflict of interest policy.			

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
PIONEER INSTITUTE INC.	22-2632081
Form 990, Part XI, Line 9: The other changes in net assets of (\$1.00) reflected on Line 9 is	
to correct for rounding in the amounts reported elsewhere in Form 990.	
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