TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Mother Caroline Academy & Education Center 515 Blue Hill Avenue Dorchester, MA 02121-3203
Prepared by	Tonneson & Company, PC 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office as soon as possible. This form may be faxed to Pamela Gentry at 781-451-2476 in lieu of mailing. We will then transmit the return electronically to the IRS and no further action is required.
	Please return Form 8879-EO to us by May 15, 2018.
	A copy of the return is enclosed for your files. We suggest that you retain the copy indefinitely.
	We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions at 781-245-9999.

_	QQ-	70_	F(n
Form	00	13-	_`	_

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30 , 2017 Do not send to the IRS. Keep for your records.



Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

04-3163180

Employer identification number

Mother Ca	roline	Academy	&
Education	Center	r	

Name and title of officer

Diana Monteith President

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,642,065.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize Tonneson & Company, PC	to enter my PIN 41768
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	2
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 0413238666 do not enter all zero	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	5
ERO's signature ► Tonneson & Company, PC Date ► 05	5/14/18
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D)o So
LHA For Paperwork Reduction Act Notice, see instructions. 623051 09-26-16	Form 8879-EO (2016)

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			Extended to May 15, 201	8		_	
	0	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	m Inc	ome Tax		OMB No. 1545-0047
For	ons)	2016					
		of the Treasury	ade public.		Open to Public		
_		enue Service	Information about Form 990 and its instructions is at w TTTT 1 2016			-	Inspection
				<u> </u>	30, 2017		
B c	heck if		organization er Caroline Academy &	D	Employer identif	ficatio	on number
	Addre		ation Center				
	_chang _Name _chang		Isiness as		04-1	316	3180
	Initial			/suite F	Telephone numb		5100
	Final	515	Blue Hill Avenue				7-1177
	termin	n	wwn, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$		2,497,349.
	Amer returr	nded Dorg	hester, MA 02121-3203	H(a	a) Is this a group	returr	
	Appli tion	^{ca-} F Name ar	nd address of principal officer: Diana Monteith		for subordinate		
	pendi	- 325 F	ranklin St. #2, Cambridge, MA 02139	H(b	b) Are all subordinates	include	ed? Yes No
-		empt status:		527	If "No," attach	a list.	(see instructions)
		ite: 🕨 mcae			c) Group exempti		
		f organization:	X Corporation Trust Association Other ▶ L	Year of for	mation: 1992	M Sta	ate of legal domicile: MA
Pa		Summary	Nothon	0 1			
e	1	Briefly describ	e the organization's mission or most significant activities: Mother (on Center nurtures, inspires and emp	Carol	ine Acade	emy	and
Jan		-					
verr	2		★ I if the organization discontinued its operations or disposed of the exercise hash (Part) (I lies 1.)				s. 15
ĝ	3		ing members of the governing body (Part VI, line 1a)				15
ອ ອ	45		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2016 (Part V, line 2a)			_	34
itie	6		of volunteers (estimate if necessary)			_	36
Activities & Governance			business revenue from Part VIII, column (C), line 12				0.
Ă			business taxable income from Form 990-T, line 34			_	0.
					Prior Year		Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	1	,114,214.	•	945,516.
Revenue	9		ce revenue (Part VIII, line 2g)		67,150.		56,975.
Seve 2	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		212,947.		676,810.
ш	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-47,176.		-37,236.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,347,135.		1,642,065.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		57,359.		55,142.
	14	Benefits paid 1	o or for members (Part IX, column (A), line 4)		0.	-	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		,448,021.		1,504,104.
ens	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 244,827.		30,690.	•	46,500.
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)		040 510		000 440
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		942,512, 478,582,		923,449.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		,478,582		2,529,195. -887,130.
<u>r</u> ss	19	Revenue less	expenses. Subtract line 18 from line 12		ing of Current Year	_	
ets o ance	20	Total acceta (F	Part V line 16)		,097,623		End of Year 12,956,268.
Asse Bal	20 21	Total assets (F			155,617		152,119.
Net Assets or Fund Balances	21		(Part X, line 26) Jund balances. Subtract line 21 from line 20	12	,942,006		12,804,149.
	art II			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	,,,
			declare that I have examined this return, including accompanying schedules and s	tatements.	and to the best of r	ny kno	wledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pre				,
			· · · · ·				

Sign	Signature of officer			Date			
Here	Diana Monteith, Presid	lent					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	Cynthia P. Almquist	Cynthia P.	Almquist	05/14/18		P01309212	
Preparer	Firm's name 🕒 Tonneson & Compa	any, PC		Firm	s EIN 🕨 🛛 4	4-2943536	
Use Only	Firm's address 👞 401 Edgewater Pl	.ace, Suite	300				
	Wakefield, MA 01	880-6208		Phor	e no.781-2	245-9999	
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)						

				ction Act Notice, see the			
See	Schedule	0	for	Organization	Mission	Statement	Continuation

Form **990** (2016)

orm	Mother Caroline Academy & 990 (2016) Education Center 04-3163180 Pa
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the School is to provide a quality education that
	develops the potential of each student and prepares her to succeed in
	competitive secondary schools. We believe our mission can best be
	achieved by focusing holistically on the needs of our students and
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,795,913. including grants of \$ 55,142.) (Revenue \$ 83,52
	The ACADEMY is a tuition free middle school (grade 5-8) for girls from
	economically disadvantaged families. We seek to develop young women
	with a strong sense of self-confidence and esteem for themselves and
	others and instill leadership qualities which will enable them later
	life to serve the needs of their broader communities. During the
	mandatory after-school program, students engage in a variety of
	activities such as sports, art, and cooking. The evening study progr
	helps students complete homework assignments and/or provides tutoring
	Graduate support is provided. 100% of our girls graduate from high
	school and 95% graduate from college.
	grade students of MCAEC in preparation for transition away from the
4c	MCAEC school environment, into private high schools, and ultimately t
4c	MCAEC school environment, into private high schools, and ultimately t college.
	MCAEC school environment, into private high schools, and ultimately t college.
4d	MCAEC school environment, into private high schools, and ultimately t college.
4d	MCAEC school environment, into private high schools, and ultimately t college.

 Mother Caroline Academy &

 Form 990 (2016)
 Education Center

 Part IV
 Checklist of Required Schedules

04-3163180	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
Ŭ	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
d	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19	990 /	2016)

Form **990** (2016)

632003 11-11-16

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Mother Caroline Academy & Education Center

	990 (2016) Education Center 04-316	3180	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
~~	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	23	х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 disqualified 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 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, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

632004 11-11-16

	Mother Caroline Academy &					
Form	990 (2016) Education Center		04-3163	180	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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b		
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 se	ervices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas reo	quired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 i	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

13	Section 501(c)(29) qualified nonprofit health insurance issuers.	

13	Section 50 ((c)(29) qualified honprofit health insurance issuers.									
а	a Is the organization licensed to issue qualified health plans in more than one state?									
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	b Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	c Enter the amount of reserves on hand 13c									
14a	a Did the organization receive any payments for indoor tanning services during the tax year?									
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									

632005 11-11-16

Mother Car	roline	Academy	&
Education	Center	<u> </u>	

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Form 990 (2016) Education Center	04-3163180	Pag
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	rough 7b below, and for a "No" re	esponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	1F										
2											
	officer, director, trustee, or key employee?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		<u>X</u>							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х								
10	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	<u>л</u>								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х								
a h	The organization's CEO, Executive Director, or top management official	15a	23	X							
a	Other officers or key employees of the organization	15b		17							
160											
iud	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		х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104									
U	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									
Sec	tion C. Disclosure	10.0									
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)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X 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, an	d finan	cial								
	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:										
	Ed Hudner - (617)427-1177										
	515 Blue Hill Avenue, Dorchester, MA 02121										
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	б	• -									

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

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

Education Center

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.

		l				npo	nou			(E)
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	hours per week		box, unless person is bo officer and a director/tru					compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)	,	organization
	organizations	I trus	nal tru		oyee	omp(and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Higher	Former			
(1) Edward Hudner	40.00								_	_
Head of School, Trustee		Х						165,000.	0.	0.
(2) Diana Monteith	2.00									
President, Trustee		Х		Х				0.	0.	0.
(3) Brian Rivotto	2.00									
Treasurer, Trustee		X		Х				0.	0.	0.
(4) Kearin Lewis	2.00									
Clerk, Trustee		X		X				0.	0.	0.
(5) Latoya Hankey	2.00									
Trustee		X						0.	0.	0.
(6) Shavam Bhaumik	2.00									
Trustee		x						0.	0.	0.
(7) Jessie Harris	2.00									
Trustee		X						0.	0.	0.
(8) Roxanne Hoke-Chandler	2.00									
Trustee		X						0.	0.	0.
(9) Allison Philbert	2.00									
Trustee		X						0.	0.	0.
(10) Carol-Ann McIntosh	2.00									
Trustee		X						0.	0.	Ο.
(11) Dulce Depina	2.00									
Trustee		X						0.	0.	0.
(12) Sarah Clark	2.00									
Trustee		x						0.	0.	0.
(13) Rev Gerald Osterman	2.00									
Ex Officio		x						0.	0.	0.
(14) Sr Frances Butler, SSND	2.00									
Ex Officio		x						0.	0.	0.
(15) Maryanne Basler	2.00		1			1				
Trustee		x						0.	0.	0.
(16) Sandra Genere	2.00									
Trustee		x						0.	0.	0.
(17) Peter Holland	2.00									
Trustee		x						0.	0.	0.
632007 11-11-16		<u> </u>								Form 990 (2016)

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Mother	Car	coline	Academy	&
Educati	on	Cente	r	

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	990 (2016) Educatio	n Center	2							04-31	L63	180	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title		(B) Average hours per week (list any hours for related	(do not box, un officer a		(C) Positie o not check me x, unless perso ficer and a dire		tion hore than one son is both ar rector/trustee)		from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	5	(F) Estima amoun othe compens from t		of tion Ə
(10)	Touch in Makes	organizations below line) 2.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nizati relate nizatio	ed
(18) Trus	Kaushik Mehta	2.00	x						0.		ο.			0.
	Stan McLaren	40.00							0.		<u> </u>			••
	ector of Finance & Oper						x		104,838.		0.	16	5,0	34.
									269,838.		0.	14	- 0	34.
	Sub-total Total from continuation sheets to Part V								209,030.		0.	10	, 0	<u>54</u> .
	Total (add lines 1b and 1c)								269,838.		0.	16	5,0	34.
2	Total number of individuals (including but r compensation from the organization							no r	eceived more than \$100	,000 of reportable	e			2
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s					•			•			3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot e <i>J i</i>	her compensation from for such individual	the organization		4	x	
5	Did any person listed on line 1a receive or											_		x
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	npiete Scheaule	eJī	or si	icn j	pers	son .					5		<u> </u>
1	Complete this table for your five highest co the organization. Report compensation for	•	•								pens	ation fr	om	
(A) Name and business address NONE								(B) Description of services			(C) Compensation			
								_						
		, , ·												
2	Total number of independent contractors (\$100,000 of compensation from the organ	, e	ot li	mite	d to		se li:)	stec	above) who received m	nore than				

632008 11-11-16

Form **990** (2016)

Form 990 (20	16
Dart VIII	

Mother Caroline Academy & Education Center Statement of Revenue

Check if Schedule O contains a response or note to any line in the Part VII. (P)		••••	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
Business Code Solutions 2 a Tuition 4 Pees \$11600 56,975. a						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Business Code Solution	nts nts	1 a	Federated campaigns	1a					
Business Code Solutions 2 a Tuition 4 Pees \$11600 56,975. a	our	b	Membership dues	1b					
Business Code Solutions 2 a Tuition 4 Pees \$11600 56,975. a	ions, Gifts, G r Similar Am	с	Fundraising events	1c	296,031.				
Business Code Solutions 2 a Tuition 4 Pees \$11600 56,975. a									
Business Code Solutions 2 a Tuition 4 Pees \$11600 56,975. a	ini,	е	Government grants (contribut	ions) 1e	55,518.				
Business Code Business Code 2 a Tuition & Pees 611600 56,975. a	r S	f	All other contributions, gifts, gran	ts, and					
Business Code Business Code 2 a Tuition & Pees 611600 56,975. a	the libri		similar amounts not included abov	/e 1 f	593,967.				
Business Code Business Code 2 a Tuition & Pees 611600 56,975. a	d d d	g	Noncash contributions included in lines	1a-1f: \$					
Business Code Business Code 2 a Tuition & Pees 611600 56,975. a	a C	h	Total. Add lines 1a-1f		►	945,516.			
Ogeneration b					Business Code				
Image: Section of the sectin of the section of the	e	2 a	Tuition & Fees		611600	56,975.	56,975.		
Image: Section of the sectin of the section of the	ervi	b							
Image: Section of the sectin of the section of the	enu Se	С							
Image: Section of the sectin of the section of the	ran ?ev	d							
Image: Section of the sectin of the section of the	D D	е							
3 Investment income (including dividends, interest, and other similar amounts). 226,955. 226,955. 4 Income from investment of tax exempt bond proceeds 226,955. 226,955. 5 Royaties (i) Real (i) Personal 226,955. 226,955. 6 a Gross rents (i) Real (ii) Personal 6 a Gross rents (ii) Other 7 a Gross amount from sales of assets other than inventory (ii) Securities (iii) Other <th>۵</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	۵								
other similar amounts) 226,955 226,955 4 income from investment of tax exempt bond proceeds 5 Royatiles 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 1, 214, 489 b Less: cost or other basis and sales expenses adia of (loss) d Net neome or (loss) d Net gain or (loss) d Net neome or (loss) from fundraising events (not including 3 including 3 226,011. of cost from fundraising events 9 a Gross income from gaming activities. See Part IV, line 18 a 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 a		g				56,975.			
4 Income from investment of tax-exempt bond proceeds Royatties Royatties<!--</td--><th></th><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>		3							
5 Royatties (i) Real (ii) Personal 6 a Gross rents (ii) Real (iii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities (iii) Other assets other than inventory 1,214,489 (iii) Other b Less: cost or other basis 764,634 (iii) Other c Gain or (loss) 764,634 (iii) Other c Gain or (loss) 764,634 (iii) Other c Gain or (loss) 764,634 (iii) Other d Net gain or (loss) 764,634 (iii) Other a Gross income from fundraising events (not including \$_296,031. of contributions reported on line 10. See 26,860. Part IV, line 18 a 26,860. b Less: direct expenses b 90,650. c Net income or (loss) from fundraising events -63,790. -63,790. 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances a a Less: circet expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inve						226,955.			226,955.
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities d Net rental income or (loss) (iii) Other a Gross amount from sales of (iii) Other a sasets other than inventory (iii) Securities b Less: cost or other basis 764, 634. c Gain or (loss) 7449, 855. 4 49, 855. 449, 855. 8 a Gross income from fundraising events (not including \$296, 031. of contributions reported on line 1c). See 449, 855. Part IV, line 18 a 256, 860. b Less: direct expenses b 90, 650. c Net income or (loss) from fundraising events -63, 790. g Gross income from gaming activities -63, 790. a b Less: direct expenses b b Less: coret of goods soid b c Net income or (loss) from gaming activities a dialowances a b Less: coret of goods soid b c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory. miscellaneous Revenue Business Code 11 a Ot									
6 a Gross rents a		5	Royalties						
b Less: rental expenses		-		(i) Real	(ii) Personal				
c Rental income or (loss)									
d Net rental income or (loss) (i) Other (i) Other (ii) Other (iii) Other (iiii) Securities (ii) Other (iiii) Securities (iii) Other (iiii) Securities (iii) Other (iiii) Securities (iii) Other (iii) Securities (iii) Other (iii) Securities (iii) Other (iii) Securities (iii) Other (iii) Securities (iiii) Securities (iiiii) Securities (iiii) Securities (iiiiii) Securities (iiiii) Securities									
7 a Gross amount from sales of assets other than inventory <u>(i) Securities</u>									
assets other than inventory 1,214,489 b Less: cost or other basis and sales expenses 764,634, 449,855 c Gain or (loss) 449,855 d Net gain or (loss) 449,855 a Gross income from fundraising events (not including \$296,031, of contributions reported on line 1c). See Part IV, line 18 449,855 b Less: direct expenses b go (css) 650. c Ross income from gaming activities. See Part IV, line 19 -63,790. go a Gross alse of inventory, less returns and allowances -63,790. a loss sales of inventory, less returns and allowances -611.00 a discuss cost of goods sold b c Net income or (loss) from sales of inventory - maintailer 611600 c Net income or (loss) from sales of inventory - maintailer - d All other revenue - u - c - d All other revenue - u - u - u - u - u - u - u - <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
b Less: cost or other basis and sales expenses 764,634. c Gain or (loss) 449,855. d Net gain or (loss) 449,855. d Net gain or (loss) 449,855. d Net gain or (loss) 449,855. a Gross income from fundraising events including \$296,031. of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b g Gross income from gaming activities. See Part IV, line 19 a g Gross sales of inventory, less returns and allowances a d Less: cost of goods sold b d Less: cost of goods sold b d Less: cost of goods sold b d Miscellaneous Revenue Business Code d I1 a Other Income 611600 c		7 a							
and sales expenses 764,634. c Gain or (loss) 449,855. d Net gain or (loss) 296,031. of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses 90,650. -63,790. c Net income or (loss) from fundraising events -63,790. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaining activities. 10 a Gross sales of inventory, less returns and allowances a ad allowances a b Less: cost of goods sold b c Miscellaneous Revenue 611600 26,554. d All other revenue c <th></th> <td>h</td> <td>•</td> <td>1,214,409</td> <td></td> <td></td> <td></td> <td></td> <td></td>		h	•	1,214,409					
c Gain or (loss) 449,855. 449,855. d Net gain or (loss) 296,031. of contributions reported on line 10. See Part IV, line 18 449,855. b Less: direct expenses b 90,650. c Net income from gaming activities. See Part IV, line 19 -63,790. -63,790. 9 Gross sincome from gaming activities. See Part IV, line 19 a -63,790. b Less: direct expenses b -63,790. c Net income or (loss) from gaming activities -63,790. c Net income or (loss) from gaming activities -63,790. c Net income or (loss) from gaming activities -63,790. 10 a -63,790. -63,790. c Net income or (loss) from gaming activities -63,790. d Allowances a -63,790. d B Less: circle expenses b c Net income or (loss) from sales of inventory. - d Net income or (loss) from sales of inventory. - d C - - d C - - -		b		764 634					
d Net gain or (loss) ▲ 449,855. ▲ 449,855. 8 a Gross income from fundraising events (not including \$296,031of contributions reported on line 1c). See Part IV, line 18b 0,650. a 26,860. b 0,650. b Less: direct expensesb 0,050. b 0,650. -63,790. -63,790. 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb b b		~							
8 a Gross income from fundraising events (not including \$296,031. of contributions reported on line 1c). See Part IV, line 18a a 26,860. 90,650. 00. 00. 00. 00. 00. 00. 00. 00. 00.				,		449 855			449 855
including \$296_031. of contributions reported on line 1c). See Part IV, line 18a 26,860. 90,650. b Less: direct expensesb 90,650. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a -63,790. b Less: direct expensesb -63,790. c Net income or (loss) from gaming activities. See Part IV, line 19a -63,790. b Less: direct expensesb -63,790. c Net income or (loss) from gaming activities .see Part IV, line 19a -63,790. b Less: direct expensesb -63,790. 10 a Gross sales of inventory, less returns and allowancesa - ab Less: cost of goods soldb - c Net income or (loss) from sales of inventory - Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. c						,			,
Perform contributions reported on line 1c). See 26,860. Part IV, line 18 a 26,860. b Less: direct expenses b 90,650. c Net income or (loss) from fundraising events -63,790. -63,790. 9 a Gross income from gaming activities. See -63,790. -63,790. 9 a Gross siles of inventory, less returns and allowances a -63,790. 10 a Gross sales of inventory, less returns and allowances a - b Less: cost of goods sold b - c Net income or (loss) from sales of inventory - - Miscellaneous Revenue Business Code - 11 a Other Income 611600 26,554. 26,554. c - - - - d All other revenue - - - - e Total. Add lines 11a-11d 26,554. 26,554. - 613,020. 12 Total revenue. See instructions. 1,642,065. 83,529. 0. 613,020.		0 4							
c Net income or (loss) from fundraising events 	eve								
c Net income or (loss) from fundraising events 	r Ř		-		26,860.				
c Net income or (loss) from fundraising events 	the	b							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities and allowances and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. c d All other revenue e Total. Add lines 11a-11d 26,554. 12 Total revenue. See instructions.	0					-63,790.			-63,790.
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. 26,554. C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.									
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. 26,554. 10 a 26,554. 12 Total revenue. See instructions.									
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. b		b	Less: direct expenses	b					
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Other Income 611600 26,554. b 611600 c 611600 d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. All other instructions. b 26,554.		с	Net income or (loss) from gam	ing activities					
b Less: cost of goods sold b		10 a	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code Image: Code of the second sec									
Miscellaneous Revenue Business Code Image: Code Image		b	Less: cost of goods sold	b					
11 a Other Income 611600 26,554. 26,554. b c d All other revenue e Total. Add lines 11a-11d ▶ 26,554. 12 Total revenue. See instructions. ▶ 1,642,065. 83,529. 0. 613,020.		с			►				
b				e					
c					611600	26,554.	26,554.		
d All other revenue		b							
e Total. Add lines 11a-11d ▶ 26,554. 12 Total revenue. See instructions. ▶ 1,642,065. 83,529. 0. 613,020.									
12 Total revenue. See instructions. 1,642,065. 83,529. 0. 613,020.						00 554			
						-	02 520	0	612 020
	633000			<u></u>	₽	T,042,000.	03,323.	0.	

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Mother Caroline Academy & Education Center

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Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	FF 140	FF 140		
	individuals. See Part IV, line 22	55,142.	55,142.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	165,000.	122,339.	16,444.	26,217.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,117,865.	820,606.	204,235.	93,024.
8	Pension plan accruals and contributions (include	0 050			1
	section 401(k) and 403(b) employer contributions)	8,850.	5,090.	2,154. 14,967.	1,606.
9	Other employee benefits	111,754.	80,920.	26,339.	15,867. 7,470.
10	Payroll taxes	100,635.	66,826.	20,339.	/,4/0.
11	Fees for services (non-employees):				
a b	Management Legal				
	Accounting	18,887.		18,887.	
d		- ,			
		46,500.			46,500.
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	38,946.	4,841.	31,880.	2,225.
12	Advertising and promotion	67 140	25 270	14 064	16 700
13	Office expenses	67,140. 83,956.	35,378. 66,062.	14,964. 8,894.	16,798. 9,000.
14	Information technology	05,950.	00,002.	0,094.	9,000.
15 16	Royalties	149,873.	135,242.	9,401.	5,230.
17	Occupancy Travel	36,227.	27,732.	5,225.	3,270.
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,432.	22,788.	827.	5,817.
20	Interest	1,219.	1,139.	51.	29.
21	Payments to affiliates	224 265			11 810
22	Depreciation, depletion, and amortization	334,365.	302,550.	20,096.	11,719.
23		63,830.	63,830.		
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 0.)				
а	School Activities	87,028.	87,008.	0.	20.
b	Bad Debt Expense	10,160.	10,160.		
с	Misc Expense	2,386.	1,130.	1,221.	35.
d					
е	All other expenses	0 0	1 000 500		044 005
25	Total functional expenses. Add lines 1 through 24e	2,529,195.	1,908,783.	375,585.	244,827.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Check here Check here				

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Form 990 (2016)

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Form **990** (2016)

13190514 794015 053845.000

04-3163180 Page 11

	τΧ	Balance Sneet					
		Check if Schedule O contains a response or note	e to any lin	e in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,763.	1	28,574.
	2	Savings and temporary cash investments			20,313.	2	20,386.
	3	Pledges and grants receivable, net			203,593.	3	136,381.
	4	Accounts receivable, net			20,864.	4	8,406.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ted employ	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of secti	ion 501(c)(9	9) voluntary			
ts		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			34,596.	9	30,381.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,798,915.			
	b	Less: accumulated depreciation	10b	5,823,725.	1,278,104.	10c	975,190.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			11,535,390.	12	11,746,975.
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	9,975.
	16	Total assets. Add lines 1 through 15 (must equa			13,097,623.	16	12,956,268.
	17	Accounts payable and accrued expenses			81,602.	17	103,536.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	Part IV of S	chedule D		21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees	-				
-iat		Complete Part II of Schedule L			74.015	22	40 502
-	23	Secured mortgages and notes payable to unrela			74,015.	23	48,583.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		-		05	
	00	Schedule D			155,617.	25	152,119.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)			155,017.	26	152,119.
6		complete lines 27 through 29, and lines 33 and					
ice	27				5,468,026.	27	4,991,468.
alan	28	Unrestricted net assets			2,544,785.	28	2,883,486.
Fund Balances	20 29	B			4,929,195.	29	4,929,195.
nnc	23	Organizations that do not follow SFAS 117 (AS		heck here		25	
or F		and complete lines 30 through 34.	00 000, 0				
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			12,942,006.	33	12,804,149.
	34	Total liabilities and net assets/fund balances			13,097,623.	34	12,956,268.
							Form 990 (2016)

Mother Caroline Academy & Education Center

Part X Balance Sheet

Form 990 (2016)

	Mother Caroline Academy &					
	990 (2016) Education Center	04-	316318	30	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
						6 F
1	Total revenue (must equal Part VIII, column (A), line 12)	1				65.
2	Total expenses (must equal Part IX, column (A), line 25)	2				95.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,9			
5	Net unrealized gains (losses) on investments	5	•	/49	,2	73.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		10		1	4.0
De	column (B))	10	12,8	304	:,⊥	49.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				 Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				res	NO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e 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	e 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 Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			
	Act and OMB Circular A-133?			Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			ßb		
			E .		000	(0010)

Form **990** (2016)

632012 11-11-16

		DULE A 90 or 990-EZ)			rity Status an					OMB No. 1545-0047
		of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F	orm 990-	EZ.			Open to Public
		nue Service			(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo		Inspection
INdii	le of	the organizati		ation Cent	e Academy & er					identification number $4-3163180$
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	e instruction		
The	orgar	ization is not a	private found	ation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	I)(A)(i).		
2	X				Attach Schedule E (Forn					
3	\square				anization described in s					
4			-	ation operated in co	njunction with a hospita	Idescribed	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
5		city, and stat		or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit describ	ed in
Ŭ				complete Part II.)			lou by u g	overnmentar		
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8	Щ				(1)(A)(vi). (Complete Par					
9					l in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	e or
10		university:	on that norma	Ilv receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons member	shin fees a	nd aross receipts from
10					ct to certain exceptions,					
					(less section 511 tax) fr					
		See section	509(a)(2). (Cor	nplete Part III.)						
11	Щ	An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		-	-		ively for the benefit of, to	-			-	
					ed in section 509(a)(1) o					heck the box in
		-	-		of supporting organization				-	aivina
а	L				supervised, or controlled gularly appoint or elect					
			-	complete Part IV, Se	• • • •	amajonty				apporting
b		¬ -		-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С					g organization operated				lly integrate	ed with,
	_		0	()(s). You must complete	,	,			
d					oorting organization oper					
			-		zation generally must sa nplete Part IV, Section	•		-	u an alleni	iveness
е					written determination fro				II. Type III	
-					onally integrated support			· · / - · , · /	, .,	
f	Ente				, , , , , , , , , , , , , , , , , , , ,					
g			-	about the support		(iv) to the orga	nization listed			
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization	·		above (see instructions))	Yes	No			
Tota	al									
		Paperwork Re	duction Act N	lotice, see the Inst	ructions for Form 990 c	or 990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016

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アイリックト・	on Contor	b	

Schedule A (Form 990 or 990-EZ) 2016 Education Center Part II Support Schedule for Organizations Describe

04-3163180 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. (Do not include any "unusual grants.") Image: Contributions, and membership fees received. Image: Contributions, and the organization without charge include any and the organization without charge include any each person (other than a governmental unit or publicly support contributions by each person (other than a governmental unit or publicly support subtrat line 5 tom line 4. Image: Contributions in the fees tom line 4. Image: Contributions in the 4. Image: Contributio	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any "unusual grants.")	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the organization of the organiza		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: Constraint of the organization without charge 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Constraint of the organization of the discrete time 5 from line 4. 6 Public support. Subtract line 5 from line 4. Image: Constraint of the discrete time 5 from line 4. Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Image: Constraint of the discrete time of the discrete ti		or expended on its behalf						
the organization without charge	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) </td <td></td> <td>the organization without charge</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		the organization without charge						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) <u>6 Public support. Subtract line 5 from line 4.</u> <u>6 Public support. Subtract line 5 from line 4.</u> <u>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the</u>	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column of the support of the superity of the support of the support of the support of the	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column of the state interval interva		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: column (f) Image: column (f) 6 Public support. Subtract line 5 from line 4. Image: column (f) Image: column (f) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Image: column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: column (f) Image: column (f) Image: column (f) 9 Net income from unrelated business activities, whether or not the Image: column (f) Image: column (f) Image: column (f)		governmental unit or publicly						
amount shown on line 11, column (f) Image: stress of the stress of		supported organization) included						
column (f) Image: support in the streem line 4. Image: support in the streem line 4. 6 Public support. Subtract line 5 from line 4. Image: support in the streem line 4. Image: support in the streem line 4. 7 Amounts from line 4. Image: support in the streem line 4. Image: support in the streem line 4. Image: support in the support in the streem line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Image: support in the supert in the support in the support in the supert in the support i		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Image: Construct of the second seco		amount shown on line 11,						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4		column (f)						
Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4	6	Public support. Subtract line 5 from line 4.						
7 Amounts from line 4 Image: Construction of the state of the s	Sec	ction B. Total Support						
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the 	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources Image: Comparison of the securities is and income from unrelated business activities, whether or not the securities is and income from unrelated business activities, whether or not the securities is and income from unrelated business activities, whether or not the securities is and income from unrelated business activities, whether or not the securities is and income from unrelated business activities, whether or not the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the securities in the securities is a securities in the secure in the securities in the securities in the securiti	7	Amounts from line 4						
securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the	8	Gross income from interest,						
and income from similar sources		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the		securities loans, rents, royalties						
activities, whether or not the		and income from similar sources						
	9	Net income from unrelated business						
		activities, whether or not the						
business is regularly carried on		business is regularly carried on						
10 Other income. Do not include gain	10	Other income. Do not include gain						
or loss from the sale of capital		or loss from the sale of capital						
assets (Explain in Part VI.)		assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10	11	Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)	12	Gross receipts from related activities	, etc. (see instructi	ions)	•	•	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
organization, check this box and stop here								
Section C. Computation of Public Support Percentage	Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14	14	Public support percentage for 2016 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	16a	1 33 1/3% support test - 2016. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	box and
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances tes	t - 2016. If the orc	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art VI how the orga	anization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	o 10% -facts-and-circumstances tes	t - 2015. If the orc	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	he "facts-and-circı	umstances" test, c	check this box and	l stop here. Explai	in in Part VI how th	ne
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a pub	licly supported org	ganization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

Mother Caroline Academy &

Schedule A (Form 990 or 990 EZ) 2016 Education Center 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.)

See	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
5	furnished by a governmental unit to								
~	the organization without charge								
	Total. Add lines 1 through 5								
72	Amounts included on lines 1, 2, and 3 received from disgualified persons								
t	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								
	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								_
Sec	ction B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total	
	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>		<u> </u>	0)	L	
14	First five years. If the Form 990 is for	the organization?	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,	7
800			roontago					P L	_
-	ction C. Computation of Publ								~
	Public support percentage for 2016 (I					15			%
	Public support percentage from 2015					16			%
	ction D. Computation of Inves								~
	Investment income percentage for 20	-				17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2016. If the						and line 1	i / is not	٦
	more than 33 1/3%, check this box at							▶∟	
b	33 1/3% support tests - 2015. If the	•							٦
	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t					<u>_</u>
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Mother Caroline Academy & Schedule A (Form 990 or 990 EZ) 2016 Education Center

04-3163180 Page 4

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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, Ioan, 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.)

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Schedule A (Form 990 or 990-EZ) 2016

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Pa	rt IV Supporting Organizations (continued)		Vee
1	Has the organization accepted a gift or contribution from any of the following persons?		Yes
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
u	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	1
	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.	11c	1
	tion B. Type I Supporting Organizations		
			Yes
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	
ec	tion C. Type II Supporting Organizations		_
			Yes
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	
ec	tion D. All Type III Supporting Organizations		1
			Yes
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		
	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.	3	
ec	tion E. Type III Functionally Integrated Supporting Organizations	3	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions)	
a	The organization satisfied the Activities Test. Complete line 2 below.	uolionoji	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instruction	s).
2	Activities Test. Answer (a) and (b) below.	(Yes
а	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.	2a	
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.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
0	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
		3a	
	trustees of each of the supported organizations? Provide details in Part VI.		1
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
а		3b	

Mother Caroline Academy & <u>Schedule A (Form 990 or 990 EZ) 2016</u> Education Center

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

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Mother Caroline Academy &

Schedule A (Form 990 or 990 EZ) 2016 Education Center Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations З 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: а b c From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

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e Excess from 2016

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Schedule A (Form 990 or 990-EZ) 20	₁₆ Educati	on	Center			04-3163180	Page
	Part IV, Section A, lines line 1; Part IV, Section I	; 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	4c, 5a, Part IV,	, 6, 9a, 9b, 9c Section E, lir	c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a	11c; Part IV, Sectio a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Sectior ne 1; Part V, Section B, line 1e; Pa any additional information.	n C, art V,
32028 09-21-1	6						Schedule A (Form 990 or 990-	EZ) 2

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Mother	Caroline	Academy	&

Education Center

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organization type (check one).	Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Mother Caroline Academy & Education Center

04-3163180

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Adage Capital 200 Clarendon St Boston, MA 02116-5059	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Amy McCarthy 235 Marlborough St Boston, MA 02116-1702	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Ann Fudge 2400 Beacon Street, PH 1 Chestnut Hill, MA 02467	\$5,460.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Anne T. and Robert M. Bass Foundation 201 Main St Fort Worth, TX 76102-3105	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Aramark Charitable Fund 1101 Market Street Philadelphia, PA 19107	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Arthur J. Bauernfeind <u>1171 North Ocean Blvd. #4AN</u> Dolray Boach EL 33483	\$10,161.	Person X Payroll Noncash (Complete Part II for
623452 10-1	Delray Beach, FL 33483	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Name of organization Mother Caroline Academy & Education Center

04-3163180

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Bain Capital 200 Clarendon Street, 42nd Floor Boston, MA 02116	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Beth W Floor 45 Clark St Belmont, MA 02478-2449	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Brendan J. Swords 57 Beacon St Apt 2 Boston, MA 02108-3527	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Catholic Schools Foundation 67 Batterymarch Street, Suite 600 Boston, MA 02110	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Christine M. Doyle <u>15 Cedar Rd</u> <u>Belmont, MA 02478-2903</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Christopher B. Cowie 414 Australian Avenue	\$5,000.	Person X Payroll Noncash (Complete Part II for
623452 10-1	Palm Beach, FL 33480	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Mother Caroline Academy & Education Center

04-3163180

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Claire Hallock 33 Ardsley Ave. East Irvington, NY 10533	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Dara Concagh 99 Grayfield Ave West Roxbury, MA 02132	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Downey Family Charitable Foundation 155 Federal Street, Suite 300 Boston, MA 02110-1881	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Elin S. Harris 388 Beacon St Boston, MA 02116-1002	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Eugene L. Crowley 77 Lake St Sherborn, MA 01770-1600	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Global Companies, LLC 800 South Street Waltham, MA 02453	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of organization Mother Caroline Academy & Education Center Employer identification number

Page 2

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Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Hennessey Foundation Suite 18 North Washington Street Attleboro, MA 02760	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Hunt Street Fund PO Box 920169 Needham, MA 02492-3271	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	James J. Pallotta 180 Ash St. Weston, MA 02493	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Jane Saltonstall 17 North Street Manchester By The Sea, MA 01944-1335	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	Joan K Sexton Foundation LPL Financial 490 Chapman St Ste 201 Canton, MA 02021	\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	John J Roche 201 Bridle Trail Road Needham, MA 02492-1487	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1	8-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Mother Caroline Academy & Education Center

04-3163180

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	John P. Connaughton 145 Clyde Street Chestnut Hill, MA 02467	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Kim H Giler 304 Marlborough Street Boston, MA 02116	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Liberty Mutual Foundation Inc. 175 Berkeley Street Boston, MA 02116-3350	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Lidney Motch 285 Wachusett Street Jamaica Plain, MA 02130-4276	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	Loomis, Sayles & Company, L.P. One Financial Center Boston, MA 02111	\$52,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Lucile Hicks 5 Wildwood Road Wayland, MA 01778-2121	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	3-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Mother Caroline Academy & Education Center

04-3163180

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Margaret Dealy Ackerman 274 Beacon Street Boston, MA 02116	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Markey Burke 18 Squirrel Hill Rd Wayland, MA 01778-1709	\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Nyna Urovitch 26 Stetson Street Brookline, MA 02446	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Richard Phelps 125 Coolidge Avenue Watertown, MA 02472-2872	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	RINET Company, LLC 101 Federal St Fl 14 Boston, MA 02110-1894	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Rodman Ride for Kids 10 Lincoln Road Foxboro, MA 02035	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1	8-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of organization Mother Caroline Academy & Education Center Page 2

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Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	Sara Fiotto 5 Dwiggins Pathe Hingham, MA 02043	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	Schrafft Charitable Trust 77 Summer Street, 8th FL Boston, MA 02110	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	Sherwood T. Small		
	303 Third Street, Apt. 407 Cambridge, MA 02142	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Sue Hazard 23 Marlborough St Boston, MA 02116-2139	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	The George T. Lewis, Jr. 2001 Foundation 3208 Twelve Oaks Place Charlotte, NC 28270	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	The Gerald T. Cameron Family Charitable Foundation, Inc.		Person X
	951 Crandon Blvd. 152	\$20,000.	Payroll Noncash
	Key Biscayne, FL 33149		(Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Name of organization Mother Caroline Academy & Education Center

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Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	The Janey Fund Charitable Trust 1330 Boylston Street, STE 610 Chestnut Hill, MA 02467	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Thomas John Corra 99 Grayfield Ave West Roxbury, MA 02132	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2016)
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Name of organization Mother Caroline Academy & Education Center

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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18-16		\$Schedule B (Form)	

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	aroline Academy &			04 01 00100
	on Center Exclusively religious, charitable, etc., con	tributions to ornanizations describ	bed in section 5	04-3163180 01(c)(7), (8), or (10) that total more than \$1,00
t	the year from any one contributor. Complete	columns (a) through (e) and the fe	ollowing line entr	Y. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition		10 or less for the yea	ar- (Enter this info. once.) مع المعالية (Enter this info. once.) المعالية المعالي
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		e) Transfer of	aift	
			-	
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee
<u> </u>		[
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		e) Transfer of	aift	
		(0)	3	
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		e) Transfer of	aift	
			girt	
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			[
		e) Transfer of	 aift	
		(0)	3	
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-P

	HEDULE D		al Financial Statements		'		17
(Forr	n 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	, b.		ZU 10	
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.ir.		000	Open to Publ Inspection	lic
	e of the organizati					tification nur	nber
Itain	e er ine er gamzati	Education Center	_	-		3163180	
Pa	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Acc	ounts.Com	plete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.				
			(a) Donor advised funds	(b) F	unds and oth	er accounts	
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	-			Yes	No
6		on's property, subject to the organization's on inform all grantees, donors, and donor a					
Ŭ	-	poses and not for the benefit of the donor of		-			
	impermissible priv			-		Yes	No
Pa		ation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line	e 7.		
1		servation easements held by the organizat					
	Preservation	n of land for public use (e.g., recreation or e	education)	orically imp	portant land a	irea	
	Protection o	of natural habitat	Preservation of a cert	tified histor	ic structure		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a conse			
	day of the tax yea					End of the Tax	Year
a		onservation easements			_		
b		ricted by conservation easements					
c		vation easements on a certified historic str					
d		vation easements included in (c) acquired			4		
3		nal Register vation easements modified, transferred, re				e tax	
Ũ	year ►		icasca, exangaismed, er terrinnated by the	oorganizat			
4		where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
	violations, and enf	forcement of the conservation easements i	t holds?			Yes	No
6		er hours devoted to monitoring, inspecting,				iring the year	
	▶						
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easen	nents during	the year	
	▶\$						
8		vation easement reported on line 2(d) above				ı —	-
)(4)(B)(ii)?				Yes	No
9		be how the organization reports conservat	•		-	-	
		ole, the text of the footnote to the organiza	tion's financial statements that describes	the organi	zation's acco	unting for	
Pa	conservation ease	ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sin	nilar Asse	S	
	_	f the organization answered "Yes" on Form					
1a		elected, as permitted under SFAS 116 (AS		ment and b	alance sheet	works of art.	
		s, or other similar assets held for public ex					XIII,
		tnote to its financial statements that descr			, <u>i</u>	,	,
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balar	nce sheet wo	rks of art, histo	orical
	treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service	e, provide the	following amo	ounts
	relating to these it	ems:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1					
	.,				► \$		
2		received or held works of art, historical tre		al gain, prov	vide		
		unts required to be reported under SFAS 1		-			
		on Form 990, Part VIII, line 1			► \$		
		Form 990, Part X		🕨	► \$ Caleadula	D /F 000	0040
		eduction Act Notice, see the Instruction	S 101 FORM 990.		Schedule	D (Form 990)	2016
63205	08-29-16		32				

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Scho		Caroline Ad on Center	cademy &			0	4-31	63180) ם	200
	t III Organizations Maintaining O		t Historical Tr	ageurae (or Other					ige Z
	Using the organization's acquisition, accessi		•						,	
3	(check all that apply):	on, and other record	s, check any of the	Ioliowing tha	it are a sig	inincant us		CONECTION	i item	5
-	Public exhibition	ام		hongo progra						
a L		a		hange progra						
b	Scholarly research	e	Other							
c	Preservation for future generations				,					
4	Provide a description of the organization's c	•	,	U			e in Par	t XIII.		
5	During the year, did the organization solicit of							٦.,		1
Do	to be sold to raise funds rather than to be m							Yes		No
Fai			ete if the organizatio	on answered	"Yes" on F	-orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							7	v] No
	on Form 990, Part X?						L	Yes	Δ	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							1		
	Did the organization include an amount on F					y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i			1						
		(a) Current year	(b) Prior year	(c) Two year		d) Three ye		(e) Four		
	Beginning of year balance	11,535,390.	11,780,892.	12,56	8,332.		8,032.	6,	978,	
b	Contributions					3,94			203.	
	Net investment earnings, gains, and losses	1,426,083.	194,156.	59	7,552.	1,93	5,760.	0. 923,724		724.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,214,498.	1,196,352.	1,38	4,992.	94	4,946.		274,	723.
f	Administrative expenses									
g	End of year balance	11,746,975.	11,535,390.	11,78	0,892.	12,56	8,332.	7,	628,	032.
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨	36.66	_%							
b	Permanent endowment 41.96	%								
с	Temporarily restricted endowment 2	<u>1.38 %</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administe	ered for the	e organiza	tion	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990), Part X, li	ine 10.				
	Description of property	(a) Cost or of	ther (b) Cost	t or other	(c) Acc	cumulated		(d) Book	value	3
		basis (investr	nent) basis	(other)	depr	reciation				
1a	Land		2	5,443.				25	5,44	43.
	Buildings		5,97	6,462.	5,1	40,98	7.	835	5,4	75.
	Leasehold improvements									
	Equipment		79	7,010.	6	82,73	8.	114	1,2	72.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)				975	5,19	90.
	e , , , , , , , , , , , , , , , , , , ,					S	chedule	D (Form	990)	2016

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Mother Caroline Academy &

Schedule D (Form 990) 2016 Education C	Center	04	-3163180 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Extended Market Index	2,572,174.	End-of-Year Market	Value
(B) Growth Index Fund	2,769,395.	End-of-Year Market	Value
(C) Value Index Fund	2,943,252.	End-of-Year Market	Value
(D) Short-Term Bond Index	1,382,513.	End-of-Year Market	Value
(E) Other Stocks	566,810.	End-of-Year Market	Value
(F) Admiral Money Market	479,602.	End-of-Year Market	Value
(G) Inter-Term Invest- Bonds	1,033,229.	End-of-Year Market	Value
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,746,975.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	be 25.)▶		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements	that reports the
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740). Check	here if the text of the footnote has been	provided in Part XIII X
			edule D (Form 990) 2016

	Mother Caroline Academy &				
Sche	dule D (Form 990) 2016 Education Center			04-	3163180 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R		
	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	2,907,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	749,273.		
b	Donated services and use of facilities		425,185.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		90,650.		
е	Add lines 2a through 2d			2e	1,265,108.
3	Subtract line 2e from line 1			3	1,642,065.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,642,065.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,045,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	425,185.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	90,650.		
е	Add lines 2a through 2d			2e	515,835.
3	Subtract line 2e from line 1			3	2,529,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,529,195.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The School's primary objective is long-term capital appreciation which
together with income will provide for the growth of the endowment while
allowing support for current activities. The School has adopted a
spending policy whereby a percentage of the historical average market
value of the endowment for program services and capital needs is
distributed and treated as support for operating activities. To the
extent the total return requirement for the current year is not fulfilled
by interest and dividends, the School utilizes gains of its endowment. To
the extent the total return requirement for the current year is exceeded
by interest and dividends, the School adds the excess income to its
endowment.
632054 08-29-16 Schedule D (Form 990) 2016 35

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Part X, Line 2:

Schedule D (Form 990) 2016

The Internal Revenue Service has recognized this School as a tax-exempt organization under Section 501(c)(3). Section 501(c)(3) provides for the exemption of organizations that are organized and operated exclusively for religious, charitable, scientific, literary or educational purposes and whose net earnings do not inure to the benefit of any private shareholder or individual.

In determining the recognition of uncertain tax positions, the School applies a more-likely-than-not recognition threshold and determines the measurement of uncertain tax positions considering the amounts and probabilities of the outcomes that could be realized upon ultimate settlement with taxing authorities. As of June 30, 2017, the School has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The School is generally subject to potential examination by taxing jurisdictions for the prior three years.

Part XI, Line 2d - Other Adjustments:

Annual Dinner Expense

90,650.

90,650.

Part XII, Line 2d - Other Adjustments:

Annual Dinner Expense

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Schedule D (Form 990) 2016

632055 08-29-16

	(For	SCHEDULE E Schools (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Department of the Treasury Attach to Form 990 or Form 990-EZ.			
Education Center 04-3163180 Part I Part I Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization public/cell as racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization public/cell as racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicy toward students policy through the respect to: a X a X a X b Records documenting that scholarships? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. b Scholarships or other financial assistance? Copies of all material used by the organization or its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. b Athietic programs? A Athietic programs? A Athietic programs? A Athietic programs?		Information about Schedule E (Form 990 or 990-EZ) and its instructions is at WWW.Irs.gov/torm990.	•		
Part I VES NC 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing hods/? VES NC 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? It is the organization includes a statement of its racially nondiscriminatory policy through newspaper or bracedcast medial during the period of solication for students, or during the registration polic of the asso solication program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II 3 X 4 Does the organization maintain the following? advertisements. 4a X 4 Does the organization maintain the following? a b X 4a X 4 Does the organization maintain the following? a b X 4a X 4 Does the organization achieraships?? 6 b X 6 b X 6 b X 5 Does the organization discriminate with esplect to: 3a X 4a X 4 C apples of all catalogues, brochures, announcements, and other written communications to the public	Name				
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		If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
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			_		
			_		
			_		
b Has the organization's right to such aid ever been revoked or suspended?				X	<u> </u>
	b		6b		
If you answered "Yes" on either line 6a or line 6b, explain on Part II.					
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	7				
Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II 7 X LHA For Paperwork Beduction Act Notice see the Instructions for Form 990 or Form 990-FZ Schedule F (Form 990 or 990-FZ) 201					

632061 10-10-16

Mother Caroline Academy &	
Schedule E (Form 990 or 990 EZ) 2016 Education Center	04-3163180 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as	applicable.
Also provide any other additional information.	
Line 6 - Explanation of Government Financial Aid:	
The School participates in a federally assisted meal program	known as the
National School Lunch Program. 80% to 90% of the cost to pr	ovide
nutritionally balanced meals to the students is reimbursed the	hrough this
program. It is administered by the MA Department of Education	on. The
School also participates in "Erate", a federal program that	discounts up
to 90% of certain telecommunications and internet access	
services/equipment for eligible schools. The program is run	with
oversight from the Federal Communications Commission (FCC).	

632062 10-10-16

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 5,000) or Fo	990, I on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 10-EZ.	or 19,	, or if the	OMB No. 1545-0047
Name of the organization Mother Educati		dentification number 3180					
	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the 10 highest paid indic compensated at least \$5,000 by the 	sed funds through any of the followin e X Solicita f X Solicita g X Special pr oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	XY	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
PROMUS Consulting - 21 Court Road, Winthrop, MA 02152	Fundraising	Yes No		322,891.	. 46,5		0. 276,391.
Total	on is registered or licensed to solicit	contrik		322,891. s or has been notified	d it is	46,50 exempt from	

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

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

000 2016.05070 Mother Caroline Academy & E 053845_1

Mother Caroline Academy & Schedule G (Form 990 or 990 EZ) 2016 Education Center 04-3163180 Page 2

FC		of fundraising event contributions and gr	-			
		or rendrationing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			Annual	(None	(d) Total events
			Dinner			(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Sevenue			200.001			200.001
Rev	1	Gross receipts	322,891.			322,891.
	2	Less: Contributions	296,031.			296,031.
	3	Gross income (line 1 minus line 2)	26,860.			26,860.
	4	Cash prizes				
	5	Noncash prizes				
ses						
xpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				90,650.
	10	Direct expense summary. Add lines 4 through			•	90,650.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-63,790.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
<u> </u>	1	Gross revenue				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ш С						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		►	
_	_					
		ter the state(s) in which the organization cond he organization licensed to conduct gaming a	· · · _			Yes No
						Yes No
~		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
	-					
	_					
6320	32 09	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016
6320	32 09	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

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Sche	Mother Caroline Academy & edule G (Form 990 or 990-EZ) 2016 Education Center 04-	-3163180	Pao
	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	. 13a	
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Address		
6	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
7	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l, lines 9, 9b, 10	0b, 15
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
3208	33 09-12-16 Schedule G (Fo	rm 990 or 990	-EZ) :
	Schedule G (Fo 41 9514 794015 053845.000 2016.05070 Mother Caroline Academy		-

		Mother Caroline Academy	8
Schedule G	i (Form 990 or 990-EZ)	Education Center	
Part IV	Supplemental Inf	ormation (continued)	

32084 4-01-16					Schedul	e G (Form 99	0 or 99
			42	Caroli	_		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.											
Name of the organizati	_{on} Mother Ca	roline Ac	on about Schedule I	(Form 990) and it	s instructions is a	it www.irs.gov/form99	0.	Inspection Employer identification number				
Name of the organizati	Education		aaciny a					04-3163180				
Part I General In	formation on Grants a											
1 Does the organiz	ation maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction				
criteria used to a	ward the grants or assi	stance?	-					X Yes No				
2 Describe in Part	IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite	d States.							
	d Other Assistance to hat received more than t	•			1 0	anization answered "א	es" on Form 990, Par	t IV, line 21, for any				
1 (a) Name and ac	Idress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
					assistance	other)						
2 Enter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	•					
	er of other organization	0	•	·····	·····							
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)				

Mother Caroline Academy &

Schedule I (Form 990) (2016)

Education Center

04-3163180

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
29	53,797.	0.	FMV	
29	500.	0.	FMV	
29	845.	0.	FMV	
	29	recipients cash grant 29 53,797. 29 500.	recipients cash grant cash assistance 29 53,797. 0. 29 500. 0.	recipients cash grant cash assistance (book, FMV, appraisal, other) 29 53,797. 0. FMV 29 500. 0. FMV

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

Part I, Line 2:

The graduate support coordinator verifies need by communicating with the

matriculating institution and funds are forwarded directly to each school

on behalf of the student and their parents.

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete If the organization answered "Yes" on Form 990, Part IV, line 23. Matche If the organization answered "Yes" on Form 990, Part IV, line 23. Matche If the organization answered "Yes" on Form 990, Part IV, line 23. Morther Care To Line & ACade Y & Employer Identification number V4 = 31.6 31.80 V4 = 31.6 3	SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
Complete if the organization answered "Vis" on Ferm 990, Part IV, line 23. Dere to Public Inspection Part IV, line 24. Dere to Public Inspection Part IV, line 25. Dere to Public Inspectin Public Inspection Part IV, line 25. Dere to Public In	(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					
Preparation that means Information about Schedule J (Form 990.) Mare of the organization Mother Caroline Academy & Employer identification number <u>Build and the structions is at www.irs.gov/form900. The problem Build and the structions is at twww.irs.gov/form900. The problem Build and the structions is at twww.irs.gov/form900. The structure is a structure in the st</u>	-	-					
Internet of the organization Information about Schedule (Form 990) and its instructions is at www.lts.gov/Organization number Education Center Employer identification number 04-3163180 Part II Questions Regarding Compensation Ves No Ia Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to rovide any relevant information regarding these items. Yes No First-class or charter travel Payments for business use or personal residence Payments for business use or personal residence Bit of companions Payments for business use or personal residence Ia Ia Discretionary spending account Personal services (such as, maid, chauffeur, cheft) Ib Ia B If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib Chickate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization's CEO/Executive Director, but explain in Part III. Ib Ib Compensation or a supplementation any equiptioase and provide the applicabia anounts to reach them in Part III. I	Dena	rtment of the Tressury		Open to	Publ	ic	
Education Center 04-3163180 Part I Questions Regarding Compensation Image: Comparison of the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to pursonal and provide any prevents for business use of personal residuence in transmitter and provide any personal residues or initiation fees Yes No Tax indemnification and gross up payments Health or social club dues or initiation fees Payments for business use of personal residuence in the personal residuence in the personal residuence in the personal services (such as, maid, chariffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinducement or provision of all of the expenses described above 11 (%). Complete Part III to explain 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 10 3 Indicate which, if any, of the following the filling organization used to satabilish the compensation committee Write memory or study 1 10 1/2 Compensation or a related organization 10 the explain in Part III. Compensation committee 2 2 1/3 Compensation or a related organization. 10 the organization arrangement? 4a X 2 During the			Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo.		-		
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compensions Image: Compension of the organization of the organization of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization relies of personal oscilance of personal oscilance of the section of the organization relies of the section of the organization relies of the section of the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee Image: CEO/Executive Director, but explain in Part III. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a relied organization or a setable organization and provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any person sand provide the applicable amounts for each item in Part III. Fore processitisted oreanization? 5a X<	Nan	ne of the organizatio					mber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization repuire source any relevant information regarding these items. Part source and the organization repuire source any payments Part source and the organization fores. Part source and the organization require source any payments Part source and the organization require source and the organization follow a written policy regarding payment or reinducerement or provision of all of the expenses described above? If 'No', 'Omplete Part III to provide any relevant information require source and the organization used to establish the completa formation to explain and the organization to establish the organization to establish compensation or relevant organizations It 2 Indicate which, if any, of the following the filing organization works for methods used by a related organization to establish compensation committee We method any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: It 2 Participate in, or receive payment from, a supplemental nonqualified retirement pan? It It 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the				04-3	16318	0	
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Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as, maid, chauffeur, chef) Image: Travel for companions Personal services (such as, maid, chauffeur, chef) Image: Travel for companions Personal services (such as, maid, chauffeur, chef) Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Travel for companization is the ceo/Executive Director, check all that apply. Do not check any boxes for methods used by a related organization is establish the compensation ormnittee Image: Travel for companization is the CEO/Executive Director, the establish the compensation committee Image: Travel for companization is a services (such as present as the compensation committee Compensation committee Image: Travel for companization is establish the compensation committee Image: Travel for companization is a services (such as present as the compensation committee Compensation committee Image: Travel for companization is establish the compensation committee Image: Travel for companization is establish the compensation committee Compensation committee Image: Travel for companization is establish the compensation committee Image: Travel for expanization is establish the compensation is establish the compensation committee Travel for expanization Travel for expanization <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6u X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X If "Yes" on line 5a or 5b, describe in Part III. 6a X b Any related organization? 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6a <							
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		0 1 1: 50 <i>4</i>					
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b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	•			F -		v
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632111 09-09-16

Mother Caroline Academy & Education Center

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title (i) Base (ii) Bonus & (iii) Other compensation repo	F) Compensation in column (B)	(E) Total of columns		(C) Retirement and other deferred	(B) Breakdown of W-2 and/or 1099-MISC compensation				
Head of School, Trustee (i) 0. 0. 0. 0. 0. 0. (i) <th>ported as deferred porter Form 990</th> <th>(B)(I)-(D)</th> <th>Denems</th> <th></th> <th>reportable</th> <th>incentive</th> <th>(i) Base compensation</th> <th colspan="2">(A) Name and Title</th>	ported as deferred porter Form 990	(B)(I)-(D)	Denems		reportable	incentive	(i) Base compensation	(A) Name and Title	
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Page **2**

04-3163180

Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Mother Caroline Academy &Education Center04

Employer identification number 04 - 3163180

Form 990, Part I, Line 1, Description of Organization Mission:

families to achieve success through education.

Form 990, Part III, Line 1, Description of Organization Mission:

their families, and by preserving a spirit of volunteerism and

commitment among all who aid and support and benefit from our mission.

Form 990, Part VI, Section B, line 11b:

The School engages independent accountants to prepare the form 990 with

assistance from the School's Business Manager. Upon completion, the

President and CEO review the form 990 and then present it to the Audit and Finance Committees.

Form 990, Part VI, Section B, Line 12c:

New Board members are presented with all policies as part of their orientation. Through the various committee meetings the Board assures that the School is in compliance with their policies. As part of the Board's oversight the President and Management are also required to prepare reports for Board meetings that detail day to day activities.

Form 990, Part VI, Section B, Line 15a:

Salaries of key staff are determined by the Compensation Committee. The Compensation Committee reviews market trends, job descriptions and the overall budget of the organization prior to determining salary ranges for key positions.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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Name of the organization Mother Caroline Academy & Education Center	Employer identification num 04-3163180
Form 990, Part VI, Section C, Line 19:	
Jia the internet and upon request.	
32212 08-25-16 49	Schedule O (Form 990 or 990-EZ) (2

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

						arying number
Type or print	Name of exempt organization or other filer, see instr Mother Caroline Academy &	ructions.		Employe	r identific	ation number (EIN) or
-	Education Center				04-3163180	
File by the due date for filing your return. See	he for Number, street, and room or suite no. If a P.O. box, see instructions.				ecurity nu	mber (SSN)
instructions	City, town or post office, state, and ZIP code. For a Dorchester, MA 02121-3203		Iress, see instructions.			
Enter the	Return Code for the return that this application is for (file a separa	ate application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8 Ed Hudner			Form 8870			12
 If the If this box 1 I ro for 	equest an automatic 6-month extension of time until the organization named above. The extension is for the	t Group Exe	emption Number (GEN) I uch a list with the names and EINs of y 15, 2018, to file	f this is fo all memb	r the who pers the e	ble group, check this
	the tax year entered in line 1 is for less than 12 months,			Final retu	'n	
3a If 1	this application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069.	enter the tentative tax. less anv			
	nrefundable credits. See instructions.	-,,	,,, _,, _	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and		,	
	timated tax payments made. Include any prior year over		•	3b	\$	0.
	Ilance due. Subtract line 3b from line 3a. Include your p					
by	using EFTPS (Electronic Federal Tax Payment System)	. See instru	ctions.	3c	\$	0.
	: If you are going to make an electronic funds withdrawa			453-EO a	nd Form	8879-EO for payment
I HA	For Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions		For	m 8868 (Rev. 1-2017)

623841 01-11-17

OMB No. 1545-1709

Enter filer's identifying number

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Mother Caroline Academy & Education Center 515 Blue Hill Avenue Dorchester, MA 02121-3203
Prepared by	Tonneson & Company, PC 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	May 15, 2018
Special Instructions	The report should be signed and dated by the authorized individual(s).
	Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at: Www.mass.gov/ago/epay
	Please add the Electronic Payment Confirmation # to Page 1 of the MA Form PC and attach payment confirmation page as page 2
	We recommend all mailings to taxing authorities be made by certified mail, return receipt requested. Please retain the receipt as proof of timely filing.
	Please review your return for completeness and accuracy.
	A copy of the return is enclosed for your files. We suggest tha you retain the copy indefinitely.
	We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions at 781-245-9999.

Office	Use	Only:	Fiscal	Year
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(617) 727-2200, ext. 2101

THE COMMONWEALTH OF MASSACHUSETTS **OFFICE OF THE ATTORNEY GENERAL** NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION **ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108** www.mass.gov/ago/charities

Form PC Check all items attached Report for the Fiscal Period: 07/01/16 to 06/30/17 (if applicable) Filing Fee or Printout of X Electronic Payment Attorney General's Account #: 030367 Confirmation Federal ID #: 04-3163180 X Copy of IRS Return X Audited Financial Statements/Review Electronic Payment Confirmation #: Amended Articles/ By-Laws When did the organization first engage in X Schedule A-1 07/24/1992 charitable work in Massachusetts? X Schedule A-2 Has the organization applied for or been granted Schedule RO X Yes No IRS tax exempt status? Schedule VCO Probate Account 05/18/1994 If yes, date of application **OR** date of determination letter: 3 IRS Exemption under 501(c): If exempt under 501(c), are contributions to the organization X Yes No tax deductible as charitable contributions? **Organization Data** Name: Mother Caroline Academy & Education Center Mailing Address: 515 Blue Hill Avenue _{ZIP:} 02121-3203 City: Dorchester State: MA Phone Number: 617-427-1177 Fax Number: 617-427-7788 Website: mcaec.org Email:

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	2
Type of Organization (Table 2)	2	Organization Purpose Code 2	8
-			

Please check box if final return prior to dissolution:

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Page 1 of 15

2

Office Use Only: Payment Received

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Mother Caroline Academy & Education Center

04-3163180

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 07/24/1992

2. Where was the organization created? Dorchester, MA

3. What is the form of organization? (check one)

Corporation	Testamentary Trust
Unincorporated Association	Inter Vivos Trust

Other (please describe):

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
А.	Contributions, gifts, grants, and similar amounts received	945,516.
В.	Gross support and revenue	1,192,210.
C.	Program services and similar amounts paid out	1,908,783.
D.	Fundraising expenses	244,827.
E.	Management and general expenses	375,585.
F.	Payments to affiliates	0.
G.	Total expenses	2,529,195.
Н.	Net assets or fund balances at the end of the year	12,804,149.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	Edward H. Hudner				
	Head of School	40.00	165,000.	Ο.	0.
	Michelle Brito				
2.	Director of HS Placement	40.00	70,798.	7,921.	0.
	Stan McLaren				
3.	Director of Finance & Operations	40.00	104,838.	16,034.	0.
	Karen Ricketts				
4.	Assistant Head of School	40.00	69,033.	22,617.	0.
	Amy Perrault				
5.	Director of Curriculum	40.00	71,430.	14,681.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).*

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Mother Caroline Academy & Education Center

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
			To abr o lo ave
1.	Dolume LLC	60,000.	Technology
2.	Tonneson & Company CPAs PC	14,387.	Accounting
3.	PROMUS + Consulting LLC	46,500.	Fundraising
4.	Seventy Degrees Productions	22,616.	Video Production
			Strategic
5.	Claremont Consulting Inc.	27,000.	Planning

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

	Bank	Address		Phone Number
		470 Blue Hill Ave, Dorchester		
Ba		02121		617-442-5100
		P.O. Box 2600, Valley Forge,		
Va	nguard	19482		800-345-1344
10.	What is the organization's accounting method?	Cash X Accrual		
		Other (specify):		
11.	If organization's mailing address is a P.O. Box, lis	t the organization's full street address:		
	Address:			
	City:	State:	ZIF	^o Code:
12.	Contact Person Name: Ed Hudner			
	Street Address: 515 Blue Hill Av	e.		
	City: Dorchester	State: MA	ZIF	P Code: 02121
	Phone Number: 617-427-1177			

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Mother	Car	oline	Academy	&
Educati	on	Center	2	

04	4 –	3	1	6	3	1	8	0

13.	During the fiscal year reported here, did your organization solicit contributions or have funds	
	solicited on its behalf?	

X Yes No

Yes X No

14.	At any time during the fiscal year following the year reported here, will your organization, or others		
	acting on its behalf, solicit contributions?	X Yes	🗌 No
	If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt fro	m	
	the solicitation certificate requirement.		

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

	a religious organization	
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	
16. <i>A</i>	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. Statement 1	
17. <i>A</i>	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives	

of organization. Statement 2

- Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
 Statement 3
- 19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any

other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

Form PC 678004 11-18-16

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FORM PC	Name,	Address,	Phone	of	Other	Offices	Statement	1

Name and Address

N/A

Phone Number

2 FORM PC Officers, Directors, Trustees and Executives Statement Name and Address Title Diana Monteith President, Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Brian Rivotto Treasurer, Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Clerk, Trustee Kearin Lewis 515 Blue Hill Avenue Dorchester, MA 02121 Jessie Harris Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Maryanne Basler Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Sandra Genere Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Trustee Peter Holland 515 Blue Hill Avenue Dorchester, MA 02121 Latoya Hankey Trustee 515 Blue Hill Avenue Dorchester, MA 02121 Shuvam Bhaumik Trustee 515 Blue Hill Avenue Dorchester, MA 02121

Roxanne Hoke-Chandler 515 Blue Hill Avenue Dorchester, MA 02121	Trustee
Allison Philbert 515 Blue Hill Avenue Dorchester, MA 02121	Trustee
Carol-Ann McIntosh 515 Blue Hill Avenue Dorchester, MA 02121	Trustee
Kaushik Mehta 515 Blue Hill Avenue Dorchester, MA 02121	Trustee
Dulce Depina 515 Blue Hill Avenue Dorchester, MA 02121	Trustee
Sr. Frances Butler, SSND 515 Blue Hill Avenue Dorchester, MA 02121	Trustee, Ex Officio
Rev. Gerald Osterman 515 Blue Hill Avenue Dorchester, MA 02121	Trustee, Ex Officio
Edward H. Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Trustee, Ex Officio, Head
Sarah Clark 515 Blue Hill Avenue Dorchester, MA 02121	Trustee

FORM PC	Page 4, Line 18	Statement 3
Name and Address	Area of Responsibili	ty
Edward H Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Responsible for cust	ody of funds
Edward H Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Responsible for dist	ribution of funds
Edward H Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Responsible for fund	raising
Edward H Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Responsible for cust	ody of funds
Edward H Hudner 515 Blue Hill Avenue Dorchester, MA 02121	Authorized to sign c	hecks

		Mother Caroline Academy & Education Center (04-3163180	
20.		this organization or any of its officers, directors, or employees: <i>s, please attach an explanation</i> .		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, <i>please attach an explanation.</i>	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arranger es" (see instructions and definition sections). Report only if payments made or promised to any ur months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any in Related Party definition, sections (a) or (b), which payments are not reported in Question 6		X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections such an agreement?	(a) or (b), containing Second Yes	X No

If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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Mother Caroline Academy & Education Center

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
А.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	🗌 Yes	X No
C.	Has your organization been indebted to a related party?	🗌 Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	U Yes	X No
E.	Has your organization made or held an investment in a related party?	Ves	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	🗌 No
١.	Has your organization transferred income or assets to or for use by a related party?	U Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
к.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
М.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

Statement 4

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Name and Addres	Address
Edward H. Hudne	. Hudner

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Page 6, Line 24

Edward H. Hudner 515 Blue Hill Avenue Dorchester, MA 02121

Nature of Transaction

Compensation

FORM PC

Procedure Followed

Amount Involved

165,000.

Statement 4

Signature Required							
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.							
Signature:	Date:						
Printed Name: Diana Monteith							
Title: President							
Name of Preparer: <u>Tonneson & Company, PC</u> Address <u>401 Edgewater Place, Suite 300</u> City <u>Wakefield</u>	State MA ZIP Code 01880-6208						
Phone Number 781-245-9999							

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Mother Caroline Academy & Education Center

04 - 3163180

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	X	Via the Internet	
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	Х
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Address

Professional solicitor*		Own employees	
Professional fundraising counsel*	X	Volunteers	
Commercial co-venturer*			
* Provide applicable names and addresses: Professional Solicitor Name:			
Address			
City		State	ZIP Code

Professional Fundraising Counsel Name: PROMUS Consult	ing				
Address 21 Court Road					
City Winthrop	State	MA	ZIP Code	02152	
Commercial Co-Venturer Name:					

City _____ State _____ ZIP Code _____

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Mother Ca	aroline	Academy	&
Education	n Center	r	

04-3163180

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

I I I I A A A A A A A A A A A A A A A A				
Name and Title: Head of School				
Address 515 Blue Hill Avenue				
City Dorchester	State	MA	ZIP Code	02121
Name and Title				
Name and Title:				
Address				
City	State		ZIP Code	
Name and Title:				
Address				
City	State		ZIP Code	
tify the individuals who will have final responsibility for the charit				
	y's distribution of	contributions:		
Edward H. Hudner				
Edward H. Hudner				
Edward H. Hudner Name and Title: Head of School	-			
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors	State	MA	ZIP Code	02121
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors Name and Title:	State	MA	ZIP Code	02121
Edward H. Hudner Name and Title: <u>Head of School</u> Address <u>515 Blue Hill Avenue</u> City <u>Dorchester</u> Board of Directors Name and Title:	State	MA	ZIP Code	02121
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors Name and Title:	State	<u>MA</u>	ZIP Code	02121
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors Name and Title: Address 515 Blue Hill Avenue City Dorchester	State	<u>MA</u>	ZIP Code	02121
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors Name and Title: Address 515 Blue Hill Avenue	State	<u>MA</u>	ZIP Code	02121
Edward H. Hudner Name and Title: Head of School Address 515 Blue Hill Avenue City Dorchester Board of Directors Name and Title: Address 515 Blue Hill Avenue City Dorchester	State	<u>MA</u> <u>MA</u>	ZIP Code	02121

Mother Caroline Academy & Education Center

04-3163180

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	X	Via the Internet	
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	Х	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	Х
Other (specify):			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	Х
Commercial co-venturer*		
Commercial co-venturer*	J	

* Provide applicable names and addresses:

Professional Solicitor Name:			
Address			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
Citv	State	ZIP Code	

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Mother Caroline Academy & Education Center Schedu Solicitation Activities Planned for Fisca	le A-2 ctd. al Year Which Follow	04-3163180 s the Reporting Year
Identify the individuals who will have final responsibility for the charity's cu Edward H. Hudner Name and Title: <u>Head of School</u>	istody of contributions:	
Address 515 Blue Hill Avenue		
City Dorchester	State MA	ZIP Code 02121
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's dis Edward H. Hudner Name and Title: <u>Head of School</u>	stribution of contributions:	
Address 515 Blue Hill Avenue		
City Dorchester	State MA	ZIP Code 02121
Board of Directors Name and Title:		
Address 515 Blue Hill Avenue		
City Dorchester	State MA	ZIP Code 02121
Name and Title:		
Address		
City	State	ZIP Code

¹⁶ 2016.05070 Mother Caroline Academy & E 053845_1

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: Diana Monteith	
Title: President	
Signature:	Date:
Printed Name:	
Title:	



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				Exten	ded to May 15,	2018			
	0	90	Return of	f Orgar	nization Exempt	From	Income	Tax	OMB No. 1545-0047
For	n J	JU			7(a)(1) of the Internal Reven	-		-	2016
		of the Treasury			ecurity numbers on this for	-	-		Open to Public
		nue Service	Informati lar year, or tax year beg		orm 990 and its instructions		JUN 30,		Inspection
-			f organization	jinning O		ia enaing		r identificat	ion numbor
В С	heck if pplicabl		er Caroline	Academ	v &				
	Addre		ation Center		. <u>,</u>				
	Name chang		usiness as				-	04-316	3180
	 Initial		and street (or P.O. box if	mail is not de	livered to street address)	Room/suit	e E Telephor	ne number	
	Final	515	Blue Hill Av		,				27-1177
	termin ated		own, state or province, o	country, and	ZIP or foreign postal code		G Gross receip	ots \$	2,497,349.
	Amen	DOLC		02121-			H(a) Is this a	a group retui	'n
		F Name a	nd address of principal o	officer:Dia	na Monteith		for sub	ordinates?	Yes X No
	pendi	- 325 F	ranklin St.			2139	H(b) Are all su	bordinates inclue	ded? Yes No
-		empt status:	(,,,,	(C) ()	(insert no.) 4947(a)(1) or 🛄 52	,		. (see instructions)
		te: 🕨 mcae					H(c) Group		
				ust 🔄 As	ssociation Other ►	L Yea	r of formation: _	1992 M S	tate of legal domicile: MA
Pa	art I	Summary			Mot	hor Co	moline 7	Nandom	. and
e	1	Briefly describ	e the organization's mis	sion or most	significant activities: Mot , inspires and		rorine A	Academy Jonto	nd
Governance					ntinued its operations or disp				
veri			ting members of the gov					1 1	15. 15
ဗီ					verning body (Part VI, line 1k				15
ې د					year 2016 (Part V, line 2a) \dots				34
itie									36
Activities &					blumn (C), line 12				0.
◄					990-T, line 34				0.
-							Prior Yea	ar	Current Year
ē	8	Contributions	and grants (Part VIII, line	e 1h)			1,114,		945,516.
ent								,150.	56,975.
Revenue					, and 7d)			,947.	676,810.
_					, 9c, 10c, and 11e)			,176.	-37,236.
					Part VIII, column (A), line 12		1,347		1,642,065.
			milar amounts paid (Part				57,	,359. 0.	55,142. 0.
		-	to or for members (Part				1,448	• •	1,504,104.
Expenses	15	Salaries, othe	r compensation, employ	ee benefits (Part IX, column (A), lines 5-10	J)		,690.	46,500.
ben	h	Total fundrais	ing expenses (Part IX,	olumn (D) lin	line 11e) 244 ,	827.		,	10,5000
ŭ	17	Other expensi	es (Part IX_column (A)_li	nes 11a-11d	, 11f-24e)		942	,512.	923,449.
					X, column (A), line 25)		2,478		2,529,195.
	19	•		-	12		-1,131		-887,130.
Net Assets or Fund Balances			•				Beginning of Cur	rent Year	End of Year
sets alan	20	Total assets (I	Part X, line 16)				13,097		12,956,268.
t As	21	Total liabilities	(Part X, line 26)					,617.	152,119.
				line 21 from	1 line 20		12,942,	,006.	12,804,149.
		Signature							
					including accompanying sched			-	lowledge and belief, it is
true,	, correc	ct, and complete	. Declaration of preparer (ot	her than office	er) is based on all information of	which prepar	er has any knowl	edge.	
~		Signature	e of officer				Date	1	
Sig		· ·	a Monteith,	Dreaid	ent		Dale		
Her	e		print name and title	TTESTO	.C11L				
		Print/Type pre			Preparer's signature		Date	Check	PTIN

P	aid	Cynthia P. Almquist Cynthia P. Almquis	t 05/14/18 ^{if} self-employed P01309212
P	reparer	Firm's name 🕨 Tonneson & Company, PC	Firm's EIN ► 04-2943536
U	lse Only	Firm's address 💊 401 Edgewater Place, Suite 300	
		Wakefield, MA 01880-6208	Phone no.781-245-9999
Ν	lay the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
6		11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2016)
		See Schedule O for Organization Miss200n Stat	
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	Mother Caroline Academy &
	990 (2016) Education Center 04-3163180 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the School is to provide a quality education that develops the potential of each student and prepares her to succeed in
	competitive secondary schools. We believe our mission can best be
	achieved by focusing holistically on the needs of our students and
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	The ACADEMY is a tuition free middle school (grade 5-8) for girls from
	economically disadvantaged families. We seek to develop young women
	with a strong sense of self-confidence and esteem for themselves and others and instill leadership qualities which will enable them later in
	life to serve the needs of their broader communities. During the
	mandatory after-school program, students engage in a variety of
	activities such as sports, art, and cooking. The evening study program
	helps students complete homework assignments and/or provides tutoring.
	Graduate support is provided. 100% of our girls graduate from high
	school and 95% graduate from college.
4b	(Code:) (Expenses \$112,870. including grants of \$) (Revenue \$)
	The MENTORING PROGRAM seeks to provide support to current 7th and 8th
	grade students of MCAEC in preparation for transition away from the
	MCAEC school environment, into private high schools, and ultimately to
	college.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,908,783.
	Form 990 (2016)
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 Mother Caroline Academy &

 Form 990 (2016)
 Education Center

 Part IV
 Checklist of Required Schedules

04-3163180 Page

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445	х	
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~~~	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	77	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	v
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
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Form **990** (2016)

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Mother Caroline Academy & Education Center

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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? <i>If "Yes," complete</i>			
	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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 disqualified 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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 23
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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?	12a		

12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	a Is the organization licensed to issue qualified health plans in more than one state?								
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	b Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
14a	4a Did the organization receive any payments for indoor tanning services during the tax year?								
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								

Form **990** (2016)

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Form 990 (2016) Education Center	04-3163180 _{Pag}
Part VI	Governance, Management, and Disclosure For each "Yes" response to	lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>		Σ
ec	tion A. Governing Body and Management						
				_		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other				
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		t
5	Did the organization become aware during the year of a significant diversion of the organization's as			r	5		t
6	Did the organization have members or stockholders?				6		┢
	Did the organization have members of stockholders, or other persons who had the power to elect or a				Ť		┢
1a					7a		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	otool/b		·····	10		┢
b					76		
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				7b		
					-	х	
а	The governing body?				8a	X	┝
	Each committee with authority to act on behalf of the governing body?				8b	Δ	┝
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				-
				г		Yes	-
	Did the organization have local chapters, branches, or affiliates?			·····	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the f	iorm?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	[12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe	Γ			
	in Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	Γ
4	Did the organization have a written document retention and destruction policy?				14	Х	T
5	Did the process for determining compensation of the following persons include a review and approv						
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b		┢
N	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100		┢
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	with a				
υa					16a		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				10a		
b		-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized and the organized states and the organized states are a state of the states and the organized states are a state of the states are a states are a state of the states are a states are a states are a state of the states are a states are a states are a states are a state of the states are a states are a states are a state of the states are a states are a states are a states are a state of the states are a						
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)	s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain		,				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest po	licy, and	finan	cial	
9	statements available to the public during the tax year.						
9		ooks ar	nd records:	▶			
9	State the name, address, and telephone number of the person who possesses the organization's b						
	Ed Hudner - (617)427-1177						
0	Ed Hudner - (617)427-1177				Form	990	(2

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

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

Education Center

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 (Ď), (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)	(B)	(C)					(D)	(D) (E)				
Name and Title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated		
	hours per	box, unless per		s person is both an d a director/trustee)			compensation	compensation	amount of			
	week					from	from related	other				
	(list any hours for	or director				Ð		the organization	organizations (W-2/1099-MISC)	compensation from the		
		tee or	Istee			en sate		(W-2/1099-MISC)	()	organization		
	organizations	l trust	nal tru		oyee	ompe				and related		
	related organizations below line)	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
		Ind	lns	Offi	Key	en Hig	Ŗ					
(1) Edward Hudner	40.00	v						165 000		0		
Head of School, Trustee	2.00	Х						165,000.	0.	0.		
(2) Diana Monteith	2.00	x		x				0.	0.	0		
President, Trustee	2.00	Δ		Λ				0.	0.	0.		
(3) Brian Rivotto	2.00	x		x				0.	0.	0.		
Treasurer, Trustee	2.00	^		Λ				0.	0.	0.		
(4) Kearin Lewis	2.00	x		х				0.	0.	0.		
Clerk, Trustee	2.00	Δ		~				0.	0.	0.		
(5) Latoya Hankey Trustee	2.00	x						0.	0.	0.		
(6) Shavam Bhaumik	2.00	Δ						0.		0 •		
Trustee	2.00	x						0.	0.	0.		
(7) Jessie Harris	2.00							0.		U •		
Trustee	2000	x						0.	0.	0.		
(8) Roxanne Hoke-Chandler	2.00											
Trustee		х						0.	0.	0.		
(9) Allison Philbert	2.00											
Trustee		х						0.	0.	0.		
(10) Carol-Ann McIntosh	2.00											
Trustee		х						0.	0.	0.		
(11) Dulce Depina	2.00											
Trustee		х						0.	0.	0.		
(12) Sarah Clark	2.00											
Trustee		Х						0.	0.	0.		
(13) Rev Gerald Osterman	2.00											
Ex Officio		Х						0.	0.	0.		
(14) Sr Frances Butler, SSND	2.00											
Ex Officio		Х						0.	0.	0.		
(15) Maryanne Basler	2.00											
Trustee		Х						0.	0.	0.		
(16) Sandra Genere	2.00											
Trustee		Х						0.	0.	0.		
(17) Peter Holland	2.00							_	_	_		
Trustee		Х						0.	0.	0.		
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Educati	on	Cente	r	

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	990 (2016) Education	n Center	<u> </u>							04-31	631	180	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week (list any		box offi	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimat amount other compense		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	fro orga	om th anizat I relat	e tion ted
(18) Trus	Kaushik Mehta	2.00	x						0.		ο.			0.
	Stan McLaren	40.00									••			••
	ctor of Finance & Oper						x		104,838.		0.	16	5,0	34.
								Ĺ	269,838.		0.	1 /	- 0	34.
	Sub-total								209,030.		0.	10	5,0	<u>54.</u> 0
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								269,838.		0.	16	5.0	34.
2	Total number of individuals (including but n							ho r	-		-		,,,	<u> </u>
_	compensation from the organization						-,		····· • ··· •	,				2
													Yes	No
3	Did the organization list any former officer,					•		-	•			2		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
-	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	relat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," com	plete Schedul	eJf	or su	uch	pers	son .					5		X
	tion B. Independent Contractors									<u></u>				
1	Complete this table for your five highest co the organization. Report compensation for	•	•								bensa	ation tr	om	
	(A) Name and business	address	N	ONE	2				(B) Description of s	services	С	(C omper		'n
2	Total number of independent contractors (i	e	ot li	mite	d to		se li: 0	steo	d above) who received n	nore than				
	\$100,000 of compensation from the organi						-					Form S	990 (2016)

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Form 990 (20	16
Dart VIII	

Mother Caroline Academy & Education Center Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	с	Fundraising events	1c	296,031.				
		Related organizations						
		Government grants (contribut		55,518.				
	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abov	ve If	593,967.				
dut	g	Noncash contributions included in lines	1a-1f: \$					
aCo	h	Total. Add lines 1a-1f		►	945,516.			
				Business Code				
Program Service Revenue	2 a	Tuition & Fees		611600	56,975.	56,975.		
	b							
Sul	с							
an eve	d							
Во	е							
ه	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	56,975.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		►	226,955.			226,955.
	4	Income from investment of tax	k-exempt bond p	proceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,214,489.					
	b	Less: cost or other basis						
		and sales expenses	764,634.					
		Gain or (loss)						
		Net gain or (loss)		····· >	449,855.			449,855.
en	8 a	Gross income from fundraising	•					
/en		including \$ 296						
Re		contributions reported on line	-	0.0.00				
Other Revenu		Part IV, line 18						
₹		Less: direct expenses		90,650.	62 700			63 700
		Net income or (loss) from func	-	>	-63,790.			-63,790.
	9 a	Gross income from gaming ac						
	h	Part IV, line 19						
		 Less: direct expenses Net income or (loss) from gam 						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale		L				
ł	U	Miscellaneous Revenu		Business Code				
ŀ	11 a	Other Income	-	611600	26,554.	26,554.		
	b				,	, ,		
	c							
		All other revenue						
		Total. Add lines 11a-11d			26,554.			
	12	Total revenue. See instructions.			1,642,065.	83,529.	0.	613,020.
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Mother Caroline Academy & Education Center

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Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	FF 140	FF 140		
	individuals. See Part IV, line 22	55,142.	55,142.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	165,000.	122,339.	16,444.	26,217.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,117,865.	820,606.	204,235.	93,024.
8	Pension plan accruals and contributions (include	0 050			1
	section 401(k) and 403(b) employer contributions)	8,850.	5,090.	2,154. 14,967.	1,606.
9	Other employee benefits	111,754.	80,920.	26,339.	15,867. 7,470.
10	Payroll taxes	100,635.	66,826.	20,339.	/,4/0.
11	Fees for services (non-employees):				
a b	Management Legal				
	Accounting	18,887.		18,887.	
d		- ,			
		46,500.			46,500.
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	38,946.	4,841.	31,880.	2,225.
12	Advertising and promotion	67 140	25 270	14 064	16 700
13	Office expenses	67,140. 83,956.	35,378. 66,062.	14,964. 8,894.	16,798. 9,000.
14	Information technology	05,950.	00,002.	0,094.	9,000.
15 16	Royalties	149,873.	135,242.	9,401.	5,230.
17	Occupancy Travel	36,227.	27,732.	5,225.	3,270.
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,432.	22,788.	827.	5,817.
20	Interest	1,219.	1,139.	51.	29.
21	Payments to affiliates	224 265			11 810
22	Depreciation, depletion, and amortization	334,365.	302,550.	20,096.	11,719.
23		63,830.	63,830.		
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 0.)				
а	School Activities	87,028.	87,008.	0.	20.
b	Bad Debt Expense	10,160.	10,160.		
с	Misc Expense	2,386.	1,130.	1,221.	35.
d					
е	All other expenses	0 0	1 000 500		044 005
25	Total functional expenses. Add lines 1 through 24e	2,529,195.	1,908,783.	375,585.	244,827.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Check here Check here				

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Form **990** (2016)

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Mother Caroline Academy & Education Center

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1 0		Dalalice Sheet				
		Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,763.	1	28,574.
	2	Savings and temporary cash investments		20,313.	2	20,386.
	3	Pledges and grants receivable, net	-	203,593.	3	136,381.
	4	Accounts receivable, net	20,864.	4	8,406.	
	5	Loans and other receivables from current and former off				
		trustees, key employees, and highest compensated emp	oloyees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers				
		section 4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of section 501(
ş		employees' beneficiary organizations (see instr). Comple		6		
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		34,596.	9	30,381.
	10a	Land, buildings, and equipment: cost or other	Γ			
		basis. Complete Part VI of Schedule D 10a	6,798,915.			
	b	Less: accumulated depreciation 10b	5,823,725.	1,278,104.	10c	975,190.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		11,535,390.	12	11,746,975.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	9,975.
	16	Total assets. Add lines 1 through 15 (must equal line 34		13,097,623.	16	12,956,268.
	17	Accounts payable and accrued expenses		81,602.	17	103,536.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
ş	22	Loans and other payables to current and former officers				
litie		key employees, highest compensated employees, and d				
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third		74,015.	23	48,583.
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities (including federal income tax, payables to	o related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		155,617.	26	152,119.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🔟 and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		5,468,026.	27	4,991,468.
3al	28	Temporarily restricted net assets		2,544,785.	28	2,883,486.
Β	29	Permanently restricted net assets		4,929,195.	29	4,929,195.
Τur		Organizations that do not follow SFAS 117 (ASC 958)	, check here 🕨 🗌			
P		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
let	32	Retained earnings, endowment, accumulated income, or	F		32	
Z	33	Total net assets or fund balances		12,942,006.	33	12,804,149.
	34	Total liabilities and net assets/fund balances		13,097,623.	34	12,956,268.
						Form 990 (2016)

Form **990** (2016)

Part X Balance Sheet

Form 990 (2016)

	Mother Caroline Academy &				
Form	990 (2016) Education Center	04-3	3163180	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,52		
3	Revenue less expenses. Subtract line 2 from line 1	3			.30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,94		
5	Net unrealized gains (losses) on investments	5	74	9,2	73.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,80	4,1	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi [.]	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			-	000	

Form **990** (2016)

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(FORM 990 OF 990-EZ)1		rity Status an				OMB No. 1545-0047	
		plete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
Department of the Treasury		Attach to Form 990 or F	orm 990-EZ.			Open to Public	
Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.						Inspection	
		e Academy &				identification number	
	ation Cent					4-3163180	
Part I Reason for Public 0					S.		
The organization is not a private found							
1 A church, convention of ch							
2 X A school described in secti			-	-			
3 A hospital or a cooperative							
4 A medical research organiz	ation operated in co	njunction with a hospital	described in se	ection 170(b)(1)(A)(III). Enter	the hospital's name,	
city, and state:					unit also suile	a al in	
5 An organization operated for		niege or university owned	or operated by	a governmental	unit descrit	bed in	
section 170(b)(1)(A)(iv). (C		nontal unit described in a	a ation 170/h)/:	4 V A VA			
 6 A federal, state, or local gov 7 An organization that norma 	-				ha gaparal	public described in	
section 170(b)(1)(A)(vi). (C		initial part of its support i	rom a governme	final unit of from	ine general	public described in	
8 A community trust describe		(1)(A)(vi) (Complete Par	+ II)				
9 An agricultural research org				conjunction with a	land-grant	college	
or university or a non-land-g							
university:	, and conlege or agine			,,,			
10 An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from contri	butions, member	ship fees, a	nd gross receipts from	
activities related to its exen							
income and unrelated busir							
See section 509(a)(2). (Cor	mplete Part III.)						
11 An organization organized a	and operated exclus	ively to test for public sa	fety. See sectio	on 509(a)(4).			
12 An organization organized a	and operated exclus	ively for the benefit of, to	perform the fu	nctions of, or to c	arry out the	e purposes of one or	
more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section 509(a)	(2). See section	5 09(a)(3). (Check the box in	
lines 12a through 12d that	• •		-		-		
a Type I. A supporting orga							
the supported organization			a majority of the	directors or truste	ees of the s	upporting	
organization. You must o	-						
b Type II. A supporting org	-		-	-		-	
control or management o organization(s). You mus			arrie persons tri		age the sup	porteu	
c Type III functionally inte	•		in connection w	ith and functiona	llv integrate	ed with	
its supported organization					ing integration	sa mai,	
d Type III non-functionally			-		rted organi	zation(s)	
that is not functionally int							
requirement (see instruct							
e 🗌 Check this box if the orga	anization received a	written determination fro	m the IRS that i	t is a Type I, Type	II, Type III		
functionally integrated, or	r Type III non-functio	nally integrated support	ing organization				
f Enter the number of supported of							
g Provide the following information		ed organization(s). (iii) Type of organization	(iv) Is the organization li	sted (u) Amount of	fmonoton	(vi) Amount of other	
(i) Name of supported organization	(ii) EIN	(described on lines 1-10	(iv) Is the organization li in your governing docum			(vi) Amount of other support (see instructions)	
		above (see instructions))	Yes No	, ,			
				_			
Total		unione for Form 000	* 000 57				
LHA For Paperwork Reduction Act N	iotice, see the insti	ructions for Form 990 o		1 09-21-16 Sche	uule A (For	m 990 or 990-EZ) 2016	
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Schedule A (Form 990 or 990-EZ) 2016 Education Center Part II Support Schedule for Organizations Describe

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	ercentage				
14	Public support percentage for 2016 (li	ne 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Parl	t II, line 14			15	%
16 a	33 1/3% support test - 2016. If the o	rganization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶∟
b	33 1/3% support test - 2015. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances test	- 2016. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	upublicly supporte	ed organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	umstances" test, o	check this box and	l stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	'b, check this box	and see instructior	ns 🕨 🗌
					. .	odulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2016

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Mother Caroline Academy &

Schedule A (Form 990 or 990-EZ) 2016 Education Center 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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
	Gifts, grants, contributions, and			-				
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5					<u> </u>		
<i>r</i> a	Amounts included on lines 1, 2, and							
h	3 received from disqualified persons Amounts included on lines 2 and 3 received							
IJ	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							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ec	tion B. Total Support			•				
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e);	2016	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
~	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
4	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)	(3) organiz	zation,
	abook this box and aton here	-			-			
	check this box and stop here							
ec		ic Support Pe	rcentage					
	tion C. Computation of Publ			column (f))		15		%
5	tion C. Computation of Public Public support percentage for 2016 (I	ine 8, column (f) d	ivided by line 13,			15 16		
5 6	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015	ine 8, column (f) d Schedule A, Part	ivided by line 13, III, line 15					%
5 6 6	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest	ine 8, column (f) d Schedule A, Part Stment Incom	ivided by line 13, III, line 15 e Percentage			16		%
15 16 6 6 6 7	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20	ine 8, column (f) d <u>Schedule A, Part</u> Stment Incom 16 (line 10c, colur	ivided by line 13, III, line 15 e Percentage nn (f) divided by li	ne 13, column (f))		16		%
15 16 Sec 17 18	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ine 8, column (f) d Schedule A, Part Stment Incom 16 (line 10c, colur 2015 Schedule A,	ivided by line 13, 4 III, line 15 e Percentage nn (f) divided by li Part III, line 17	ne 13, column (f))		16 17 18	and line 1	% % %
15 16 Sec 17 18	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the	ine 8, column (f) d Schedule A, Part Stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r	ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 tot check the box	ne 13, column (f)) on line 14, and line	e 15 is more than 3	16 17 18 33 1/3%,		% % 17 is not
15 16 6 6 7 17 18 19a	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2015. If the	ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r	ivided by line 13, III, line 15 e Percentage nn (f) divided by lin Part III, line 17 tot check the box organization qua not check a box or	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiz a, and line 16 is mo	16 17 18 33 1/3%, ation pre than 3	33 1/3%,	% % 17 is not and
15 16 17 18 19a b	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box au 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check	ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r ck this box and s	ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 tot check the box organization qua tot check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp	16 17 18 33 1/3%, ation pre than 3 orted orgon	33 1/3%, ganization	% % 17 is not and ►□
15 16 Sec 17 18 19a b 20	tion C. Computation of Public Public support percentage for 2016 (I Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2015. If the	ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r ck this box and s	ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 tot check the box organization qua tot check a box or top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp his box and see in:	16171833 1/3%,ationore than 3orted orgstruction	33 1/3%, ganization s	% % 17 is not and ►□

Mother Caroline Academy & Schedule A (Form 990 or 990-EZ) 2016 Education Center

04-3163180 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2016

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Pa	rt IV Supporting Organizations (continued)		Vee
1	Has the organization accepted a gift or contribution from any of the following persons?		Yes
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
ŭ	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c	
	tion B. Type I Supporting Organizations		
			Yes
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	
ec	tion C. Type II Supporting Organizations		
			Yes
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	
ec	tion D. All Type III Supporting Organizations		
			Yes
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		
	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.	3	
ec	tion 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 yea(see instruction	ns).	
а	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.		
С	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.		Yes
а	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.	2a	
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.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	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.	3a	
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.	3b	
	of its supported organizations? If Tes, describe in Tart VI the role played by the organization in this regard.	30	_

Mother Caroline Academy & <u>Schedule A (Form 990 or 990 EZ) 2016</u> Education Center

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

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Mother Caroline Academy &

Schedule A (Form 990 or 990 EZ) 2016 Education Center Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations З 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: а b c From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

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e Excess from 2016

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Schedula A	Motner (Form 990 or 990-EZ) 2016 Educat	ion Center	ιy α	04-3163180 _{Pag}
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4l	ovide the explanations required	by Part II, line 10; Part II, and 11c: Part IV, Sectio	line 17a or 17b; Part III, line 12;
	line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	; Part IV, Section E, lines 1c, 2a,	2b, 3a, and 3b; Part V, lir	ne 1; Part V, Section B, line 1e; Part V,
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			al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	b.	
	ment of the Treasury		Attach to Form 990. rm 990) and its instructions is at www.irs		Open to Public Inspection
-	Revenue Service				r identification number
- terri		Education Center	4		04-3163180
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year			
2		f contributions to (during year)			
3 4		f grants from (during year)			
4 5		t end of year on inform all donors and donor advisors in		ed funde	
5	-	on's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
	-	oses and not for the benefit of the donor		-	
	impermissible priva	ate benefit?			Yes No
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e	·	• •	
		f natural habitat	Preservation of a cert	ified historic struc	ture
		of open space			
2	•	through 2d if the organization held a quali	fied conservation contribution in the form		easement on the last
	day of the tax year				T AL LITE EITU OF LITE TAX TEAT
a b		priservation easements			
c		vation easements on a certified historic sti			
		vation easements included in (c) acquired			
		al Register	,		
3		vation easements modified, transferred, re			ing the tax
	year 🕨				
4	Number of states v	where property subject to conservation ea	sement is located		
5	0	tion have a written policy regarding the pe			
-		orcement of the conservation easements			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easeme	nts during the year
7			dling of violations, and onforcing concerve	tion occomonte d	uring the year
7	► \$	es incurred in monitoring, inspecting, hand	uning of violations, and enforcing conserva	tion easements d	uning the year
8	· · · · · · · · · · · · · · · · · · ·	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
•)(4)(B)(ii)?			Yes No
9		be how the organization reports conservat			
		ble, the text of the footnote to the organiza			
	conservation ease				
Par		ations Maintaining Collections o		ther Similar A	ssets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a		elected, as permitted under SFAS 116 (AS			
		s, or other similar assets held for public ex		nce of public serv	rice, provide, in Part XIII,
b		note to its financial statements that descr			
b	-	elected, as permitted under SFAS 116 (As			
		similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provi	de the following amounts
	relating to these ite	ded on Form 990, Part VIII, line 1		> \$	
2	.,	received or held works of art, historical tre			
_		unts required to be reported under SFAS 1		J, P. 6 100	
а		on Form 990, Part VIII, line 1		> \$	
		Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Sche	edule D (Form 990) 2016
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Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures,	or Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	at are a sig	gnificant u	use of its	collectior	n items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	е		0,0					
c	Preservation for future generations	-							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizati	ion's even	not purpo	se in Par	+ XIII	
5	During the year, did the organization solicit of			0					
5								V	
Da	to be sold to raise funds rather than to be matter than to be matter to be the sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to b							Yes	NoNo
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered	"Yes" on I	Form 990	, Part IV,	line 9, or	
		•							
та	Is the organization an agent, trustee, custod							٦.,	v
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					_ 1c			
d	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F					tv?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					· J ·			
Par						0.			
		(a) Current year	(b) Prior year	(c) Two yea		d) Three ye	ears back	(e) Four	years back
10	Beginning of year balance	11,535,390.	11,780,892.	., ,		, ,	28,032.	· · /	978,828.
		==,000,000	,,,	,	•,••=•		49,486.	•,	203.
	Contributions	1,426,083.	194,156.	50	7,552.				923,724.
	Net investment earnings, gains, and losses	1,420,003.	194,150.	59	7,552.	1,9	35,760.		923,124.
	Grants or scholarships								
е	Other expenditures for facilities					_			
	and programs	1,214,498.	1,196,352.	1,38	4,992.	9.	44,946.		274,723.
f	Administrative expenses								
g	End of year balance	11,746,975.	11,535,390.	11,78	0,892.	12,5	68,332.	7,	628,032.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	36.66	%						
b	Permanent endowment 41.96	%	_						
с	Temporarily restricted endowment ► 2	1.38 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	-	ation that are held a	nd administe	ered for th	e organiz	ation		
	by:					ie ergann <u>-</u>		Г	Yes No
	(i) unrelated organizations							3a(i)	X
									X
b	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990							
	Description of property	(a) Cost or o		or other		cumulate	d	(d) Book	value
		basis (investn	,	(other)	dep	reciation			
1a	Land			5,443.				25	5,443.
	Buildings		5,97	6,462.	5,1	40,98	37.	835	5,475.
	Leasehold improvements								
	Equipment		79	7,010.	6	82,73	38.	114	1,272.
	Other								
	Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	0c.)				975	5,190.
							Schedule		990) 2016
							Junearie	,. OI III	

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Mother Caroline Academy &

Schedule D (Form 990) 2016 Education C	enter	04	1-3163180 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Extended Market Index	2,572,174.		
(B) Growth Index Fund	2,769,395.	End-of-Year Market	
_(C) Value Index Fund	2,943,252.	End-of-Year Market	: Value
(D) Short-Term Bond Index	1,382,513.		: Value
_(E) Other Stocks	566,810.		: Value
_(F) Admiral Money Market	479,602.		: Value
(G) Inter-Term Invest- Bonds	1,033,229.	End-of-Year Market	: Value
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,746,975.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"			5.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	o the organization's financial statements	s that reports the
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Check	here if the text of the footnote has been	n provided in Part XIII 🚺
			hedule D (Form 990) 2016

	Mother Caroline Academy &				
Sche	dule D (Form 990) 2016 Education Center			04-	3163180 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R		
	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	2,907,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	749,273.		
b	Donated services and use of facilities		425,185.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		90,650.		
е	Add lines 2a through 2d			2e	1,265,108.
3	Subtract line 2e from line 1			3	1,642,065.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,642,065.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,045,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	425,185.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	90,650.		
е	Add lines 2a through 2d			2e	515,835.
3	Subtract line 2e from line 1			3	2,529,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,529,195.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The School's primary objective is long-term capital appreciation which
together with income will provide for the growth of the endowment while
allowing support for current activities. The School has adopted a
spending policy whereby a percentage of the historical average market
value of the endowment for program services and capital needs is
distributed and treated as support for operating activities. To the
extent the total return requirement for the current year is not fulfilled
by interest and dividends, the School utilizes gains of its endowment. To
the extent the total return requirement for the current year is exceeded
by interest and dividends, the School adds the excess income to its
endowment.
632054 08-29-16 Schedule D (Form 990) 2016
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Part X, Line 2:

Schedule D (Form 990) 2016

The Internal Revenue Service has recognized this School as a tax-exempt organization under Section 501(c)(3). Section 501(c)(3) provides for the exemption of organizations that are organized and operated exclusively for religious, charitable, scientific, literary or educational purposes and whose net earnings do not inure to the benefit of any private shareholder or individual.

In determining the recognition of uncertain tax positions, the School applies a more-likely-than-not recognition threshold and determines the measurement of uncertain tax positions considering the amounts and probabilities of the outcomes that could be realized upon ultimate settlement with taxing authorities. As of June 30, 2017, the School has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The School is generally subject to potential examination by taxing jurisdictions for the prior three years.

Part XI, Line 2d - Other Adjustments:

Annual Dinner Expense

Part XII, Line 2d - Other Adjustments:

Annual Dinner Expense

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Schedule D (Form 990) 2016

90,650.

90,650.

632055 08-29-16

Department of the Treasury Internal Revenue Service Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Mother Caroline Academy & Employer in Education Center Employer in 04	Open t Inspec lentificat -3163	tion tion nu	ic
Image: Second state of the organization Image: Second state of the organization Mother Caroline Academy & Employer ic	lentificat	ion nu	
EQUCALION CENTER 1 04	-3103	$D \perp O U$	
Part I		YES	NO
 Dependence of the second se 		163	
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		x	
other governing instrument, or in a resolution of its governing body?	1		
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarship	s? 2	x	
 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the 			
period of solicitation producted its racially nondiscriminatory policy through newspaper of broadcast media during the period of solicitation program, in a way that makes			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	3	x	
Each student is provided with a copy of the student handbook,			
which includes the School's non-discrimination policy. The	-		
policy is also included in all of the School's	-		
advertisements.	-		
	-		
4 Does the organization maintain the following?	-		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
admissions, programs, and scholarships?	4c	Х	
d Copies of all material used by the organization or on its behalf to solicit contributions?		X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	_		
	_		
	_		
	_		
5 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	5a		X
b Admissions policies?	5 b		X
c Employment of faculty or administrative staff?	5 c	<u> </u>	X
d Scholarships or other financial assistance?		<u> </u>	X
e Educational policies?			X
f Use of facilities?			X
g Athletic programs?			X
h Other extracurricular activities?	5h		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	_		
	-		
	-		
	_	v	
6a Does the organization receive any financial aid or assistance from a governmental agency?		X	v
b Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	_	v	
Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Formation 2014)		X	7) 00 10

632061 10-10-16

Mother Caroline Academy &
Schedule E (Form 990 or 990 EZ) 2016 Education Center 04-3163180 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
Line 6 - Explanation of Government Financial Aid:
The School participates in a federally assisted meal program known as the
National School Lunch Program. 80% to 90% of the cost to provide
nutritionally balanced meals to the students is reimbursed through this
program. It is administered by the MA Department of Education. The
School also participates in "Erate", a federal program that discounts up
to 90% of certain telecommunications and internet access
services/equipment for eligible schools. The program is run with
oversight from the Federal Communications Commission (FCC).

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding ne organization answered "Yes" or organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-EZ	- Form 15,000 0 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
Name of the organization Mother	Caroline Academy &	x	<u>, , , , , , , , , , , , , , , , , , , </u>				entification number
	6. Complete if the organization answ	ered "Y	es" o	n Form 990, Part IV, I	line 1		
 Indicate whether the organization ratio a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	ised funds through any of the follow e X Solicita f S Solicita g S Specia or oral agreement with any individua Part VII) or entity in connection with ividuals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	XYe	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
PROMUS Consulting - 21 Court Road, Winthrop, MA 02152	Fundraising	Yes	No X	322,891.		46,500	276,391.
Total 3 List all states in which the organizati or licensing.	on is registered or licensed to solicit	contrik	bution:	322,891. s or has been notified	d it is	46,500 exempt from	

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

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

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Mother Caroline Academy & Schedule G (Form 990 or 990 EZ) 2016 Education Center

04-3163180 Page 2

		of fundraising event contributions and gr	USS INCOME ON FORM 990		÷ .	ots greater than \$5,000.
			(a) Event #1 Annual Dinner	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	322,891.			322,891
Ľ	2	Less: Contributions	296,031.			296,031
	3	Gross income (line 1 minus line 2)	26,860.			26,860
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses				90,650.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	90,650
	11	Net income summary. Subtract line 10 from				-63,790
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
	·					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a	· · · _	states?		Yes No
		No," explain:				-
		ere any of the organization's gaming licenses r				Yes No
5		Yes," explain:				
3208	32 09	9-12-16			Schedule G (For	rm 990 or 990-EZ) 201

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	edule G (Form 990 or 990-EZ) 2016 Education Center 04-3	316318	0 Page
11	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	
	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	
b	An outside facility		
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
6	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Director/officer Employee Independent contractor Mandatory distributions:		
17 a	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
17 a	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
17 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
l7 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
17 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
17 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
17 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
17 a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	🗌 Yes	
17 a b Pai	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	Yes	10b, 15

		Mother Caroline Academy &
Schedule G	i (Form 990 or 990-EZ)	Education Center
Part IV	Supplemental Inf	ormation (continued)

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20004									Schedule	e G (Form	990 or 990-E

SCHEDULE I (Form 990)	rm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Name of the organizati	_{on} Mother Ca	roline Ac	on about Schedule I	(Form 990) and it	s instructions is a	it www.irs.gov/form99	0.	Inspection Employer identification number
Name of the organizati	Education		aaciny a					04-3163180
Part I General In	formation on Grants a							
1 Does the organiz	ation maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction
criteria used to a	ward the grants or assi	stance?	-					X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
	d Other Assistance to hat received more than t	•			1 0	anization answered "א	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	Idress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					assistance	other)		
2 Enter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	•	>
3 Enter total numb	er of other organization	s listed in the line	1 table				·····	
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Mother Caroline Academy &

Schedule I (Form 990) (2016)

Education Center

04-3163180

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Tuition Assistance	29	53,797.	0.	FMV	
Application and Testing	29	500.	0.	FMV	
upplies	29	845.	0.	FMV	

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

Part I, Line 2:

The graduate support coordinator verifies need by communicating with the

matriculating institution and funds are forwarded directly to each school

on behalf of the student and their parents.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
	For certain Officers, Directors, Trustees, Key Employees, and Highest				16	16	
•	·	Compensated Employees		20	IU)	
Dena	rtment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe			
Nan	ne of the organizatio		Employer i			mber	
		Education Center	04-3	16318	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		cation and gross-up payments					
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the filing organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	n committee Written employment contract					
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					v	
а		e payment or change-of-control payment?				X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X X	
С		ceive payment from, an equity-based compensation arrangement?		4c			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	.						
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ווכ				
	contingent on the r			_		v	
a	ine organization?			5a		X X	
b		ation?		5b			
-		br 5b, describe in Part III.					
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท				
	contingent on the r					v	
a	The organization?			6a		X X	
b		ation?		6b			
_		pr 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v	
~		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				v	
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in		-			
		n 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990	12016	

632111 09-09-16

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Mother Caroline Academy & Education Center

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title (i) Base compensation (ii) Bonus & compensation (iii) contrue reportable compensation compensation compensation compensation compensation reportable compensation (1) Edward Hudner (i) 165,000. 0.	(F) Compensation	(E) Total of columns		(C) Retirement and other deferred	(B) Breakdown of W-2 and/or 1099-MISC compensation					
Head of School, Trustee (i) 0. 0. 0. 0. 0. 0. 0. (i) (i) <th>in column (B) ported as deferred on prior Form 990</th> <th>(B)(I)-(D)</th> <th>Denems</th> <th></th> <th>reportable</th> <th>incentive</th> <th>(i) Base compensation</th> <th colspan="2">(A) Name and Title</th>	in column (B) ported as deferred on prior Form 990	(B)(I)-(D)	Denems		reportable	incentive	(i) Base compensation	(A) Name and Title		
Head of School, Trustee (i) 0. 0. 0. 0. 0. 0. (ii)	0.	165,000.					165,000.	(i)	(1) Edward Hudner (i	
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ii)Image: sector of the sector of								(ii)	(i	
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(i) (i)								(ii)	(i	
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II										
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(i)		+								
(i) (ii)		+								
		+								
		+								

Page **2**

04-3163180

Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Mother Caroline Academy &Education Center04

Employer identification number 04 - 3163180

Form 990, Part I, Line 1, Description of Organization Mission:

families to achieve success through education.

Form 990, Part III, Line 1, Description of Organization Mission:

their families, and by preserving a spirit of volunteerism and

commitment among all who aid and support and benefit from our mission.

Form 990, Part VI, Section B, line 11b:

The School engages independent accountants to prepare the form 990 with

assistance from the School's Business Manager. Upon completion, the

President and CEO review the form 990 and then present it to the Audit and Finance Committees.

Form 990, Part VI, Section B, Line 12c:

New Board members are presented with all policies as part of their orientation. Through the various committee meetings the Board assures that the School is in compliance with their policies. As part of the Board's oversight the President and Management are also required to prepare reports for Board meetings that detail day to day activities.

Form 990, Part VI, Section B, Line 15a:

Salaries of key staff are determined by the Compensation Committee. The Compensation Committee reviews market trends, job descriptions and the overall budget of the organization prior to determining salary ranges for key positions.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Mother Caroline Academy & Education Center	Pag Employer identification numb 04-3163180
Form 990, Part VI, Section C, Line 19:	
Via the internet and upon request.	
32212 08-25-16	Schedule O (Form 990 or 990-EZ) (2
57 90514 794015 053845.000 2016.05070 Mother Carc	oline Academy & E 053845

MOTHER CAROLINE ACADEMY AND EDUCATION CENTER, INC.

FINANCIAL STATEMENTS AND ACCOMPANYING INFORMATION YEAR ENDED JUNE 30, 2017



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INDEPENDENT AUDITOR'S REPORT

Board of Trustees Mother Caroline Academy and Education Center, Inc. Dorchester, Massachusetts

We have audited the accompanying financial statements of Mother Caroline Academy and Education Center, Inc. (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statement of activities for the year ended June 30, 2017, and the statements of cash flows for the years ended June 30, 2017 and 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the School's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mother Caroline Academy and Education Center, Inc. as of June 30, 2017 and 2016, and the changes in its net assets for the year ended June 30, 2017, and its cash flows for the years ended June 30, 2017 and 2016 in accordance with U.S. generally accepted accounting principles.

tonneson + co

Certified Public Accountants & Consultants 401 Edgewater Place, Suite 300, Wakefield, MA 01880-6208 t. 781.245.9999 f. 781.245.8731 www.tonneson.com

Report on Summarized Comparative Information

We have previously audited the Mother Caroline Academy and Education Center, Inc.'s June 30, 2016 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated February 15, 2017. In our opinion, the summarized comparative information presented herein for the year ended June 30, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Tonneson & Company, PC

Wakefield, Massachusetts April 9, 2018



Certified Public Accountants & Consultants 401 Edgewater Place, Suite 300, Wakefield, MA 01880-6208 t. 781.245.9999 f. 781.245.8731 www.tonneson.com

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2017 AND 2016

ASSETS

	_	Unrestricted	- <u>-</u>	Temporarily Restricted		Permanently Restricted		2017 Total	2016 Total
ASSETS:		10.0.00	•		•		<i>•</i>	10.0.00	25.05.6
Cash and cash equivalents	\$	48,960	\$		\$		\$	48,960 \$	25,076
Accounts receivable		8,406						8,406	20,864
Pledges receivable, net		-		136,381				136,381	203,593
Investments		4,306,531		2,511,249		4,929,195		11,746,975	11,535,390
Prepaid expenses and other assets		40,356						40,356	34,596
Property and equipment, net		975,190						975,190	1,278,104
Due from (to) other funds	-	(235,856)	_	235,856					-
TOTAL ASSETS	\$	5,143,587	\$	2,883,486	\$	4,929,195	\$	12,956,268 \$	13,097,623

LIABILITIES AND NET ASSETS

LIABILITIES: Accounts payable Accrued expenses Capital lease obligations	\$	51,859 51,677 48,583	\$ \$	5	\$ 51,859 \$ 51,677 48,583	31,726 49,876 74,015
TOTAL LIABILITIES		152,119	 -		 152,119	155,617
NET ASSETS: Unrestricted Temporarily restricted Permanently restricted	_	4,991,468	 2,883,486	4,929,195	 4,991,468 2,883,486 4,929,195	5,468,026 2,544,785 4,929,195
TOTAL NET ASSETS		4,991,468	 2,883,486	4,929,195	 12,804,149	12,942,006
TOTAL LIABILITIES AND NET ASSETS	\$	5,143,587	\$ 2,883,486 \$	§ <u>4,929,195</u>	\$ 12,956,268 \$	13,097,623

STATEMENT OF ACTIVITIES

<u>YEAR ENDED JUNE 30, 2017</u> (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2016)

	Unrest	ricted	Temporarily Restricted	Permanently Restricted	 2017 Total	2016 Total
REVENUES:						
Activity and registration fees	\$5	6,975 \$		\$	\$ 56,975 \$	67,150
EXPENSES:						
Academy	2,33	3,781			2,333,781	2,294,952
Administrative	37	5,502			375,502	364,015
Fundraising	33	35,747			 335,747	282,595
Total expenses	3,04	5,030			 3,045,030	2,941,562
DECREASE BEFORE SUPPORT	(2,98	38,055)			 (2,988,055)	(2,874,412)
SUPPORT:						
Contributions and grants	96	58,380	490		968,870	1,123,863
Contributed services and materials	42	25,185			425,185	373,356
Interest and dividend income	8	3,835	143,120		226,955	212,947
Realized and unrealized gains (losses)	44	1,819	757,309		1,199,128	(18,538)
Other income	3	80,060			30,060	32,738
Appropriation of gains on investments	35	52,026	(352,026)		-	-
Net assets released	21	0,192	(210,192)		 	-
Total support	2,51	1,497	338,701		 2,850,198	1,724,366
NET INCREASE (DECREASE)	(47	6,558)	338,701	-	(137,857)	(1,150,046)
NET ASSETS, BEGINNING OF YEAR	5,46	58,026	2,544,785	4,929,195	 12,942,006	14,092,052
NET ASSETS, END OF YEAR	\$ 4,99	91,468 \$	2,883,486	\$ 4,929,195	\$ 12,804,149 \$	12,942,006

STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2017 AND 2016

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

		<u>2017</u>		<u>2016</u>
CASH FLOWS FROM OPERATING ACTIVITIES:				
Decrease in net assets	\$	(137,857)	\$	(1,150,046)
Adjustments to reconcile decrease in net assets to				
net cash used in operating activities:				
Depreciation and amortization		334,366		335,981
Realized and unrealized (gains) losses on investments, net		(1,199,128)		18,538
Changes in certain assets and liabilities:				
Accounts receivable		10,681		4,069
Pledges receivable		67,212		78,862
Prepaid expenses and other assets		(6,888)		(9,578)
Accounts payable		20,133		(16,272)
Accrued expenses	-	1,801		(33,581)
Net cash used in operating activities	-	(909,680)	-	(772,027)
CASH FLOWS FROM INVESTING ACTIVITIES:				
Proceeds from investments, net		987,543		787,510
Purchase of property and equipment		(30,324)		(8,177)
Advances to employees		(3,993)		(9,299)
Repayment of employee advances	-	5,770	-	7,594
Net cash provided by investing activities	-	958,996		777,628
CASH FLOWS FROM FINANCING ACTIVITIES:				
Proceeds from related party		25,000		-
Repayments to related party		(25,000)		(35,000)
Repayments of capital lease obligations	-	(25,432)		(27,230)
Net cash used in financing activities	-	(25,432)	-	(62,230)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS		23,884		(56,629)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	-	25,076	-	81,705
CASH AND CASH EQUIVALENTS, END OF YEAR	\$	48,960	\$	25,076

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 1 - Summary of Significant Accounting Policies

<u>**Organization**</u> - Mother Caroline Academy and Education Center, Inc. ("the School") was established in 1992. It is a not-for-profit charitable organization whose mission is to provide educational opportunities to an underserved population of Boston by offering programs that are both challenging and liberating.

The School accomplishes its mission by offering several programs. The Academy prepares middle school girls to succeed in competitive secondary schools by emphasizing the importance of scholarship, leadership and social and moral development. The Mentoring Program offers 7th and 8th grade students another adult (usually outside of the immediate school community) from which to receive support and guidance as they prepare for their lives in high school and beyond.

The School relies heavily on contributions from donors and support from investments in achieving its mission.

Basis of Accounting - The financial statements of the School have been prepared on the accrual basis of accounting.

Basis of Presentation - The School's financial statements are prepared in accordance with U.S. generally accepted accounting principles. U.S. generally accepted accounting principles establish standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes into three net asset categories according to externally (donor) imposed restrictions. A description of the three net asset categories follows.

Unrestricted net assets include net assets that are not subject to donor-imposed stipulations or for which restrictions have expired.

Temporarily restricted net assets include net assets subject to donor-imposed stipulations that will be met by actions of the School and/or the passage of time.

Permanently restricted net assets include net assets subject to donor-imposed stipulations that they be maintained permanently by the School. Generally, the donors of these assets permit the School to use all or part of the income earned on related investments for general or specific purposes.

<u>**Comparative Financial Information</u></u> - The statement of activities includes certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2016 from which the summarized information was derived.</u>**

Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 1 - Summary of Significant Accounting Policies (Continued)

<u>Cash Equivalents</u> - Cash equivalents consist of money market funds and similar investments with original maturities of 90 days or less. Marketable securities with original maturities in excess of 90 days are classified as investments. Cash equivalents are carried at cost which approximates market. Money market funds in the amount of \$479,602 and \$887,633 at June 30, 2017 and 2016, respectively, are classified as investments in the accompanying statements of financial position.

<u>Accounts and Pledges Receivable</u> - Accounts and pledges receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts or pledges receivable.

Investments - Investments are recorded at fair value. The School accounts for investments in accordance with U.S. generally accepted accounting principles whereby investments in marketable securities with readily determinable fair values and all investments in debt securities are stated at fair value in the statements of financial position. Net realized and unrealized gains and losses are included in the change in net assets in the accompanying statement of activities.

The fair value of publicly traded mutual funds is based upon quoted market prices and net asset values. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

Dividends, interest and net gains and losses on investments are reported as increases or decreases in permanently restricted net assets if the terms of the underlying gift require that they be added to the principal of a permanent endowment fund, or as increases or decreases in temporarily restricted net assets if the terms of the underlying gift or relevant state law impose restrictions on the use of the income or net gains. Income and net gains and losses on board designated funds are reported as increases or decreases in unrestricted net assets.

Investment Return Objectives and Parameters - The School's primary objective is long-term capital appreciation which together with income will provide for the growth of the endowment while allowing support for current activities. To satisfy its long-term rate-of-return objectives, the School relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The School targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

Spending Policy - The School utilizes a spending policy whereby 5% of the historical average market value of the endowment for program services and capital needs is distributed and treated as support for operating activities. The amount distributed is reported as an appropriation of cumulative gains in the accompanying statement of activities. To the extent the total return requirement for the current year is not fulfilled by interest and dividends, the School utilizes realized gains of its endowment. To the extent the total return requirement for the current year is exceeded by interest and dividends, the School adds the excess income to its endowment.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 1 - Summary of Significant Accounting Policies (Continued)

<u>**Property and Equipment</u>** - Property and equipment acquisitions in excess of \$1,000 are capitalized and recorded at cost. Gifts of property and equipment are stated at the fair value at the date of donation. Depreciation is computed using the straight-line method calculated to amortize the cost of the assets over their estimated useful lives.</u>

<u>Capital Lease Obligations</u> - Long-term lease transactions relating to the financing of property and equipment are accounted for as installment purchases of property and equipment. The capital lease obligation reflects as a liability the present value of future rental payments and a corresponding amount is capitalized as the cost of the assets and amortized over the estimated economic life of the assets. Amortization of assets under capital leases is included in depreciation expense in the accompanying financial statements.

<u>Contributions</u> - Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional; that is, when the conditions on which they depend are substantially met. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. Discount rates range between .1% and 3.5% for the year ended June 30, 2016.

<u>Contributed Services and Materials</u> - The School recognizes contributed services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The School's faculty includes certain volunteer teachers. These services were valued at approximately \$420,000 and \$360,000 for the years ended June 30, 2017 and 2016, respectively. Materials donated to the School amounted to approximately \$1,000 and \$12,000 for the years ended June 30, 2017 and 2016, respectively.

<u>Concentration of Credit Risk</u> - Financial instruments which subject the School to concentrations of credit risk, consist principally of temporary cash investments, marketable securities and pledges receivable. The School places its temporary cash investments in high credit financial institutions. The School is not aware of any concentrations of credit risk for cash accounts at June 30, 2017.

<u>Subsequent Events</u> - The date to which events occurring after June 30, 2017 have been evaluated for possible adjustment to the financial statements or disclosure is the date of the Independent Auditor's Report which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 2 - Pledges Receivable

Pledges receivable at June 30, 2017 and 2016 are as follows:

	<u>2017</u>	<u>2016</u>
Pledges expected to be collected in:		
Less than one year	\$ 146,896	\$ 128,833
One to five years	 -	 75,000
	 146,896	203,833
Less present value discount	-	240
Less allowance for doubtful pledges	 10,515	 -
Net pledges receivable	\$ 136,381	\$ 203,593

Note 3 - Fair Value

Fair value is defined under U.S. generally accepted accounting principles as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants. Further, the School is required to maximize the use of observable market inputs, minimize the use of unobservable market inputs, and disclose in the form of an outlined hierarchy the valuation techniques based on whether the inputs to a fair value measurement are considered to be observable or unobservable in a marketplace. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the School's market assumptions.

This hierarchy requires the use of observable market data when available. These inputs have created the following fair value hierarchy:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than those included in Level 1. For example, quoted prices for similar assets in active markets or quoted prices for identical assets in inactive markets.

Level 3 - Unobservable inputs reflecting management's own assumptions about the inputs used in estimating the value of the asset.

Following is a description of the Plan's valuation methodologies for assets measured at fair value:

Mutual Funds

These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund and calculated at the close of business on the NYSE. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. Investments in mutual funds are classified within Level 1 of the valuation hierarchy.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 3 - Fair Value (Continued)

The following table summarizes the School's financial assets measured at fair value on a recurring basis in accordance with U.S. generally accepted accounting principles as of June 30, 2017 and 2016:

		<u>2017</u>		<u>2016</u>
Level 1				
Public equities:				
Large cap funds	\$	5,712,647	\$	5,798,470
Mid cap funds		2,572,174		2,115,121
Bank loan funds		272,690		258,178
Emerging market funds		211,246		177,815
Specialty funds		82,873		102,134
Bond investments:				
Short-term bond funds		1,406,117		1,405,445
Intermediate-term bond funds		1,009,626		1,040,596
Short-term investments - Money market funds	_	479,602	-	637,631
Total Level 1 Investments	\$	11,746,975	\$	11,535,390

Note 4 - Property and Equipment

Property and equipment at June 30, 2017 and 2016 consists of the following:

		<u>2017</u>		<u>2016</u>
Land	\$	25,443	\$	25,443
Building		5,976,462		5,976,462
Equipment	_	797,010	_	766,686
		6,798,915		6,768,591
Less accumulated depreciation	_	5,823,725	-	5,490,487
Property and equipment, net	\$	975,190	\$	1,278,104

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 5 - Capital Lease Obligations

The following is a schedule by years of future minimum lease payments required under capital lease agreements, together with the net present value of the future minimum lease payments as of June 30, 2017:

Years Ending June 30,		Amount
2018	\$	21,202
2019		20,077
2020		15,626
Total future minimum lease payments		56,905
Less amount representing interest	_	8,322
Net present value of future minimum lease payments	\$	48,583

Note 6 - Endowment

The School's endowment consists of approximately seven individual funds established for a variety of purposes. Its Endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The School has interpreted the Massachusetts Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of original gift as of the gift date of the donorrestricted endowment funds absent explicit donor stipulations to the contrary. As a result, the School classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the School.

In accordance with UPMIFA, the School considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the School and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effect of inflation and deflation
- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the School
- 7. The investment policies of the School

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 6 - Endowment (Continued)

The endowment net asset composition by type of fund as of June 30, 2017 and 2016 is as follows:

				Temporarily		Permanently		
		Unrestricted		Restricted		Restricted		Total
<u>As of June 30, 2017:</u>							-	
Donor-restricted endowment funds	\$		\$	2,511,249	\$	4,929,195	\$	7,440,444
Board designated endowment funds		4,306,531					-	4,306,531
	\$	4,306,531	\$	2,511,249	\$	4,929,195	\$	11,746,975
As of June 30, 2016:	¢		¢	1.002.946	¢	4 0 20 105	¢	C 20 2 041
Donor-restricted endowment funds	\$	1 (12 2 10	\$	1,962,846	\$	4,929,195	\$	6,892,041
Board designated endowment funds		4,643,349					-	4,643,349
	\$	4,643,349	\$	1,962,846	\$	4,929,195	\$	11,535,390

The changes in endowment net assets for the years ended June 30, 2017 and 2016 are as follows:

	Unrestricted]	Temporarily Restricted	Permanently Restricted	-	Total
Balance, July 1, 2015	\$ 5,242,332 \$	5	2,169,911	\$ 4,929,195	\$	12,341,438
Investment income, net Appropriations of cumulative gains Other transfers	61,696 339,525 (1,000,204)		132,460 (339,525)			194,156 - (1,000,204)
Balance, June 30, 2016	4,643,349		1,962,846	4,929,195	-	11,535,390
Investment income, net Appropriations of cumulative gains Other transfers	525,654 352,026 (1,214,498)	_	900,429 (352,026)		-	1,426,083 - (1,214,498)
Balance, June 30, 2017	\$ 4,306,531 \$	S _	2,511,249	\$ 4,929,195	\$	11,746,975

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 7 - Temporarily Restricted Net Assets

At June 30, 2017 and 2016, temporarily restricted net assets consist of the following:

		<u>2017</u>		<u>2016</u>
Building	\$	-	\$	4,875
Class Sponsor		220,000		309,760
Cumulative Gains from Permanent Endowment Funds		2,511,249		1,962,846
General Academy Support		56,681		105,132
GMH Scholarship		72,761		72,511
Emergency Funds		2,795		2,795
Strategic Planning		20,000		60,000
Summer		-		25,000
Other	_	-	_	1,866
	\$	2,883,486	\$	2,544,785

Note 8 - Permanently Restricted Net Assets

At June 30, 2017 and 2016, permanently restricted net assets consist of the following:

		<u>2017</u>		<u>2016</u>
Building Improvements Library	\$	246,400 75,000	\$	246,400 75,000
General Purposes:				
Caroline Fund		342,241		342,241
Endowment Challenge		2,045,500		2,045,500
Gala		153,494		153,494
General Fund		1,216,662		1,216,662
Millennium Fund	_	849,898	_	849,898
	\$	4,929,195	\$	4,929,195

Note 9 - Retirement Plan

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The School provides a tax deferred annuity program under Internal Revenue Code Section 403(b) to all full-time employees. The Plan does not have a service requirement. The employees may contribute a specified percentage of their salary as defined in the Plan. The School contributes 25% of the participant's pre-tax contributions, not to exceed \$3,000 per year. The School's contribution to the annuity program amounted to approximately \$9,000 and \$5,000 for the years ended June 30, 2017 and 2016, respectively.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2017 AND 2016

Note 9 - Retirement Plan (Continued)

While the School expects to continue the plan indefinitely, it has reserved the right to modify, amend or terminate the plan. In the event of termination, the entire amount contributed under the plan must be applied to the payment of benefits to the participants or their beneficiaries.

Note 10 - Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Note 11 - Income Taxes

The Internal Revenue Service has recognized this School as a tax-exempt organization under Section 501(c)(3). Section 501(c)(3) provides for the exemption of organizations that are organized and operated exclusively for religious, charitable, scientific, literary or educational purposes and whose net earnings do not inure to the benefit of any private shareholder or individual.

In determining the recognition of uncertain tax positions, the School applies a more-likely-than-not recognition threshold and determines the measurement of uncertain tax positions considering the amounts and probabilities of the outcomes that could be realized upon ultimate settlement with taxing authorities. As of June 30, 2017, the School has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The School is generally subject to potential examination by taxing jurisdictions for the prior three years.

Note 12 - Statement of Cash Flows Supplemental Notes

Cash paid for interest for the years ended June 30, 2017 and 2016 amounted to approximately \$1,000 and \$3,000, respectively.

INDEPENDENT AUDITOR'S REPORT ON ACCOMPANYING INFORMATION

Board of Trustees Mother Caroline Academy and Education Center, Inc. Dorchester, Massachusetts

We have audited the financial statements of Mother Caroline Academy and Education Center, Inc. as of June 30, 2017 and 2016 and for the year ended June 30, 2017, and our report thereon dated April 9, 2018, which expressed an unmodified opinion on those financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying information contained on page 14 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Wakefield, Massachusetts April 9, 2018

Tonneson & Company, PC

tonneson + co

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STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2017 AND 2016

	2017					2016				
-	Academy	Administrative	Fundraising	Total	_	Academy	Administrative	Fundraising	Total	
Bad debt expense \$	10,160	\$\$:	\$ 10,160	\$	10,905	\$ 2,990 \$	\$	13,895	
Communications and public relations	276		192	468		1,402	90	90	1,582	
Contributed services and materials	424,649			424,649		370,886		2,470	373,356	
Fringe benefits and payroll taxes	152,835	43,461	24,943	221,239		153,595	41,866	18,346	213,807	
Fundraising and special events	12,080		57,901	69,981		6,713		73,877	80,590	
Insurance	63,830			63,830		56,496	4,394	1,883	62,773	
Miscellaneous expense	5,832	8,825	113	14,770		3,351	8,085	5,609	17,045	
Operation and maintenance of plant	135,242	9,400	5,230	149,872		127,378	8,445	4,926	140,749	
Postage	386	1,380	3,329	5,095		704	4,142	1,715	6,561	
Printing and publications	6,444	2,606	13,778	22,828		9,600	2,296	15,617	27,513	
Professional fees	56,441	56,167	87,566	200,174		74,339	36,443	48,123	158,905	
Salaries and related expenses	943,796	220,679	119,241	1,283,716		923,766	223,068	91,594	1,238,428	
Scholarships	54,874		268	55,142		57,359			57,359	
Staff development	10,710	825	1,699	13,234		11,126	1,311	2,049	14,486	
Student activities	93,419	462	49	93,930		111,139			111,139	
Supplies	21,988	3,294	448	25,730		28,185	5,574	389	34,148	
Technology	14,463	3,494	6,000	23,957		14,597	1,528	3,997	20,122	
Travel and hospitality	23,806	4,813	3,270	31,889		29,348	3,624	151	33,123	
_	2,031,231	355,406	324,027	2,710,664		1,990,889	343,856	270,836	2,605,581	
Depreciation and amortization	302,550	20,096	11,720	334,366	_	304,063	20,159	11,759	335,981	
Total \$	2,333,781	\$\$	335,747	\$3,045,030	\$	2,294,952	\$\$	282,595 \$	2,941,562	