

EXTENDED TO MAY 15, 2020

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOTHER CAROLINE ACADEMY & EDUCATION CENTER		D Employer identification number 04-3163180
	Doing business as		E Telephone number 617-427-1177
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 BLUE HILL AVENUE		G Gross receipts \$ 2,511,491.
	City or town, state or province, country, and ZIP or foreign postal code DORCHESTER, MA 02121-3203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: SANDRA GENERE SAME AS C ABOVE		H(c) Group exemption number

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

J Website: **MCAEC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1992** **M** State of legal domicile: **MA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ***REFER TO SCHEDULE O, PAGE 47**

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	40
6 Total number of volunteers (estimate if necessary)	6	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	943,031.	1,042,135.
9 Program service revenue (Part VIII, line 2g)	54,000.	52,300.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	760,724.	1,224,283.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-52,925.	-15,188.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,704,830.	2,303,530.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,575.	50,263.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,352,274.	1,434,486.
16a Professional fundraising fees (Part IX, column (A), line 11e)	55,692.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 252,075.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	968,633.	783,670.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,426,174.	2,268,419.
19 Revenue less expenses. Subtract line 18 from line 12	-721,344.	35,111.
20 Total assets (Part X, line 16)	Beginning of Current Year 12,638,046.	End of Year 12,146,160.
21 Total liabilities (Part X, line 26)	180,099.	146,520.
22 Net assets or fund balances. Subtract line 21 from line 20	12,457,947.	11,999,640.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	SANDRA GENERE, CO-CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CYNTHIA P. ALMQUIST	Preparer's signature CYNTHIA P. ALMQUIST	Date 07/07/20	Check if self-employed <input type="checkbox"/>	PTIN P01309212
	Firm's name TONNESON & COMPANY, PC	Firm's EIN 04-2943536			
	Firm's address 401 EDGEWATER PLACE, SUITE 300 WAKEFIELD, MA 01880-6208		Phone no. 781-245-9999		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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