

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> Mother Caroline Academy & Education Center, Inc.  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 Blue Hill Avenue  City or town, state or country, and ZIP + 4 Dorchester, MA 02121-3203	<b>D Employer identification number</b>  04-3163180
		<b>E Telephone number</b>  617-427-1177	<b>G Gross receipts \$</b> 2,196,507.
		<b>F Name and address of principal officer:</b> Susan M. Murray 18 Brewster Road, Newton, MA 02461	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c) Group exemption number</b> ▶
		<b>J Website:</b> ▶ mcaec.org	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1992 <b>M State of legal domicile:</b> MA

Part I Summary				
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Mother Caroline Academy and Education Center nurtures, inspires and empowers students and</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 26	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 26	
	<b>5</b>	Total number of employees (Part V, line 2a)	5 46	
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 0	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	2,597,832. 1,707,618.
<b>9</b>		Program service revenue (Part VIII, line 2g)	39,769. 48,635.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	255,474. 206,490.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	297,013. 153,204.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,190,088. 2,115,947.	
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,416. 52,558.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,058,761. 1,299,024.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 243,036.	
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,077,111. 948,045.
		<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,117,837. 2,299,627.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,072,251. -183,680.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	14,283,594. 12,760,702.	
	<b>21</b>	Total liabilities (Part X, line 26)	64,896. 88,542.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	14,218,698. 12,672,160.	

<b>Part II Signature Block</b>				
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.				
<b>Sign Here</b>	▶ Signature of officer		Date	
	▶ Susan M. Murray, Board Chair			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Cynthia P. Almquist	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Tonneson & Company CPAs PC 401 Edgewater Place, Suite 300 Wakefield, MA 01880-6208	05/04/10		EIN ▶ Phone no. ▶ (781) 245-9999

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

**Part III Statement of Program Service Accomplishments** (see instructions)

- 1 Briefly describe the organization's mission: See Schedule O for Continuation  
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  No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,199,427. including grants of \$ ) (Revenue \$ )  
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 \$ 260,606. including grants of \$ ) (Revenue \$ )  
The ADULT EDUCATION program enrolls over 150 students per semester.  
Morning and evening classes are offered in computer and basic literacy  
and five levels of ESOL. In addition to formal classes, workshops are  
offered in such topics as citizenship, resume writing, and banking.

4c (Code: ) (Expenses \$ 73,250. including grants of \$ ) (Revenue \$ )  
The SHINNING STAR AFTER-SCHOOL program provides 3rd & 4th grade boys  
and girls with the skills and academic strength they will need to  
qualify for competitive middle schools. The after-school sessions  
offer enrichment in the areas of reading, writing, math, and study  
skills, in addition to fostering the moral development and leadership  
potential of each student through character development.

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

4e Total program service expenses ► \$ 1,533,283. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<b>11</b> X	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<b>12</b> X	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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 "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b> X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	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 "Yes," complete Schedule R, Part VI</i> .....		X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 8		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 46		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		26
<b>b</b>	Enter the number of voting members that are independent .....		26
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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 .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....		X
<b>13</b>	Does the organization have a written whistleblower policy? .....		X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....		X
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....		X
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**Stan McLaren - (617)427-1177**  
**515 Blue Hill Avenue, Dorchester, MA 02121**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Murray Chair		X		X				0.	0.	0.
Regina Caines Vice Chair		X		X				0.	0.	0.
Todd Abbrecht Trustee		X						0.	0.	0.
Markey Burke Trustee		X						0.	0.	0.
Sr. Frances Butler, SSND Trustee		X						0.	0.	0.
Keith Castle Trustee		X						0.	0.	0.
Sr. Deborah Cerullo, SSN Trustee		X						0.	0.	0.
Robert Connor Trustee		X						0.	0.	0.
Marylouise Crofton-Atkin Trustee		X						0.	0.	0.
Yasmin Cruz Trustee		X						0.	0.	0.
Dr. Sally L. Dias Trustee		X						0.	0.	0.
Michael Gobes Trustee		X						0.	0.	0.
Paula Griswold Treasurer, Finance Chair		X		X				0.	0.	0.
Elin Harris Trustee		X						0.	0.	0.
Katherine Holmgren Trustee		X						0.	0.	0.
Georgia Lee Trustee		X						0.	0.	0.
Stephanie D. Neal-Johnso Clerk, Trustees Chair		X		X				0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Rose Perard Trustee		X						0.	0.	0.
Charlene Roberts-Hayden Trustee		X						0.	0.	0.
Mary H. Small Trustee		X						0.	0.	0.
Hale Sturges Trustee		X						0.	0.	0.
Karen Sturges Trustee		X						0.	0.	0.
Joe Flynn Trustee		X						0.	0.	0.
Francisco Mejia Trustee		X						0.	0.	0.
Joan Nolan Trustee		X						0.	0.	0.
Teri Williams Trustee		X						0.	0.	0.
Ingrid Tucker President	40.00			X				133,173.	0.	5,186.
<b>1b Total</b>								<b>133,173.</b>	<b>0.</b>	<b>5,186.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	64,350.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	80,491.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,562,777.				
	g	Noncash contributions included in lines 1a-1f: \$		37,990.				
	h	<b>Total.</b> Add lines 1a-1f		1707618.				
	Program Service Revenue	2 a	Tuition & Fees	Business Code	611600	48,635.	48,635.	
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f			48,635.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		206,490.	206,490.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 64,350. of contributions reported on line 1c). See Part IV, line 18	a		223070.			
		b	Less: direct expenses	b	80,560.			
		c	Net income or (loss) from fundraising events		142,510.	142,510.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
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					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	Other Income	611600		10,694.	10,694.			
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			10,694.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2115947.	408,329.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	52,558.	52,558.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	139,492.	41,848.	97,644.	
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 .....	909,399.	599,654.	174,171.	135,574.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	5,825.	2,300.	1,575.	1,950.
9 Other employee benefits .....	136,403.	107,592.	20,500.	8,311.
10 Payroll taxes .....	107,905.	46,717.	51,354.	9,834.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	63,856.	27,740.	17,032.	19,084.
14 Information technology .....	42,871.	30,710.	4,498.	7,663.
15 Royalties .....				
16 Occupancy .....	172,410.	144,824.	22,414.	5,172.
17 Travel .....	40,661.	19,437.	19,809.	1,415.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	13,936.	5,244.	8,692.	
20 Interest .....	2,984.		2,984.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	325,702.	273,590.	42,341.	9,771.
23 Insurance .....	44,048.	37,000.	5,726.	1,322.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>Professional Fees</b> .....	99,348.	32,345.	41,087.	25,916.
b <b>School Activities</b> .....	74,264.	74,208.	56.	
c <b>Summer Camp</b> .....	36,731.	36,731.		
d <b>Special Events</b> .....	14,612.			14,612.
e <b>Bad Debt Expense</b> .....	6,233.		6,233.	
f All other expenses .....	10,389.	785.	7,192.	2,412.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,299,627.	1,533,283.	523,308.	243,036.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	403,539.	1	290,055.
	2 Savings and temporary cash investments .....	790,860.	2	173,493.
	3 Pledges and grants receivable, net .....	492,842.	3	638,047.
	4 Accounts receivable, net .....	8,603.	4	18,808.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....	2,541.	5	1,109.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	18,409.	9	64,288.
	10a Land, buildings, and equipment: cost basis ...	10a 6,492,159.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 3,219,294.	3,511,699.	10c 3,272,865.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	9,055,101.	12	8,302,037.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		14,283,594.	16	12,760,702.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	64,896.	17	88,542.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....		64,896.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	8,829,081.	27	7,110,781.
	28 Temporarily restricted net assets .....	506,755.	28	639,870.
	29 Permanently restricted net assets .....	4,882,862.	29	4,921,509.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	14,218,698.	33	12,672,160.
34 <b>Total liabilities and net assets/fund balances</b> .....	14,283,594.	34	12,760,702.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b Were the organization's financial statements audited by an independent accountant? .....	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

**Name of the organization**

Mother Caroline Academy &  
Education Center, Inc.

**Employer identification number**

04-3163180

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> Mother Caroline Academy & Education Center, Inc.	<b>Employer identification number</b> 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Anonymous 515 Blue Hill Avenue Dorchester, MA 02121	\$ 182,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Independence Investment LLC 160 Federal St. Fl. 9 Boston, MA 02110-1772	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Paul B. Edgerley 119 Hyslop Road Brookline, MA 02445-5727	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Gay E. Crowley 77 Lake Street Sherborn, MA 01770-1600	\$ 60,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Anonymous 515 Blue Hill Avenue Dorchester, MA 02121	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	G.B. Landry 250 Boylston Street Unit 6 Boston, MA 02116-3943	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	John A. McNeice 47 Green Street Canton, MA 02021-1023	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Robert G. Scully 30 Somerset Street Belmont, MA 02478-2008	\$ 40,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Charles Brizius 55 Fayerweather St. Cambridge, MA 02138	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Hazard Family Foundation 23 Marlborough Street Boston, MA 02116-2139	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Sue Hazard 23 Marlborough Street Boston, MA 02116-2139	\$ 37,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Martin Mannion 13 Commonwealth Avenue Boston, MA 02116-2122	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Daniel E. Rothenberg 1330 Boylston St. Ste. 610 Chestnut Hill, MA 02467-2100	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Mariana Duncan 1397 Great Egret Trail Naples, FL 34105	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Charles Hayden Foundation 140 Broadway Ste. 5101 New York, NY 10005-1104	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	The Boston Foundation 75 Arlington St. Boston, MA 02116-3992	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	J.E. and Z.B. Butler Foundation 825 3rd Avenue New York, NY 10022-7519	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Anonymous 515 Blue Hill Avenue Dorchester, MA 02121	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Gerald R. Jordan 10 Rowes Wharf Apt. 1202 Boston, MA 02110-3353	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Jennifer P. Chafkin 100 Suffolk Road Chestnut Hill, MA 02467-1218	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Loomis, Sayles & Company, L.P. 1 Financial Center Floor 34 Boston, MA 02110-2660	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Anne Lovett 21 Commonwealth Ave Boston, MA 02116-2102	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	The Catholic Schools Foundation 260 Franklin Street Suite 630 Boston, MA 02110-3147	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Wellington Management Foundation 75 State Street Boston, MA 02109-1827	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Mother Caroline Academy & Education Center, Inc.	<b>Employer identification number</b> 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	Elin S. Harris 388 Beacon Street Boston, MA 02116-1002	\$ 15,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	Anonymous 515 Blue Hill Avenue Dorchester, MA 02121	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	Liberty Mutual Foundation Inc. 175 Berkeley Street Boston, MA 02116-3350	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	The Edith Glick Shoolman Children's Foundation PO Box 20763 New York, NY 10021-0075	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	Downey Family Charitable Foundation 155 Federal Street Ste. 300 Boston, MA 02110-1881	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	Lucille Hicks 5 Wildwood Road Wayland, MA 01778-2121	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	John J. Roche 201 Bridle Trail Road Needham, MA 02492-1487	\$ 10,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	Bain Capital Children's Charity, LTD 111 Huntington Ave. Ste. 3500 Boston, MA 02199-7615	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	Jay M. Cashman PO Box 692396 Quincy, MA 02269-2396	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	John P. Connaughton 170 Otis Street West Newton, MA 02465-2524	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	Walter L. Downey 135 Bellevue Street West Roxbury, MA 02132-2633	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	Donna Farrell 39 Livingston Road Wellesley, MA 02482-7307	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	Gerald T. Cameron Family Charitable Foundation, Inc. 4200 Santa Maria Street Coral Gables, FL 33146	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	Hunt Street Fund PO Box 920227 Needham, MA 02492-0003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	Murray Family Charitable Foundation 10 Weybosset Street #302B Providence, RI 02903	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	Buddy Roche 320 Seabreeze Dr. Marco Island, FL 34145-1827	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	Lucy Caldwell Stair 46 Woodcliff Rd. Newton, MA 02461-1825	\$ 7,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	Tucker Walsh 26 Dartmouth St. Newton, MA 02465-2602	\$ 7,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	Deutsche Bank Americas Foundation 60 Wall St. Frnt. 1 New York, NY 10005-2858	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	Michael Gobes 121 Church Street Winchester, MA 01890-3540	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	Carl G. and Ruth Mayer Family Foundation 190 S La Salle St. Ste. 610 Chicago, IL 60603-3557	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	Joseph Flynn 37 Beverly Rd. Chestnut Hill, MA 02467-3101	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	Robert C. McAleer 50 Commonwealth Ave. Boston, MA 02116-3025	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	Markey Burke 18 Squirrel Hill Rd. Wayland, MA 01778-1709	\$ 5,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Mother Caroline Academy & Education Center, Inc.	<b>Employer identification number</b> 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	Adelard A. and Valeda Lea Roy Foundation c/o Spencer and Stone <hr/> 1500 Worcester Road Suite F <hr/> Framingham, MA 01702-8967	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	John Collins <hr/> 75 Federal Street 18th Floor <hr/> Boston, MA 02110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	Judy Del Col <hr/> 318 Beacon St. <hr/> Boston, MA 02116-1136	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	Anonymous <hr/> 515 Blue Hill Avenue <hr/> Dorchester, MA 02121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	Barbara R. Jordan <hr/> 30 Standish Rd. <hr/> Wayland, MA 01778-2127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	Roger Kafker <hr/> 11 Valley Rd. <hr/> Wellesley, MA 02481-1456	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization Mother Caroline Academy & Education Center, Inc.	Employer identification number 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	The McCarthy Family Foundation 25 Mandalay Dr. Peabody, MA 01960-4642	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	Peter Monaco 311 Marlborough St. Boston, MA 02116-1608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	James W. O'Brien Foundation 807 Turnpike St. North Andover, MA 01845-6131	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	Philip and Betsey C. Caldwell Foundation 225 High Ridge Road-West Building Stamford, CT 06905	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	Michael J. Rotondi 18 Fulling Mill Ln. Hingham, MA 02043-3458	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	Schrafft Charitable Trust PO Box 961449 Boston, MA 02196-1449	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Mother Caroline Academy & Education Center, Inc.	<b>Employer identification number</b> 04-3163180
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	Matthew J. and Gilda F. Strazzula Foundation <hr/> 107 Audobon Road Ste. 104 <hr/> Wakefield, MA 01880-1245	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	Anonymous <hr/> 515 Blue Hill Avenue <hr/> Dorchester, MA 02121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	Westfield Capital Management Company, Inc. <hr/> 1 Financial Center Floor 23 <hr/> Boston, MA 02111-2621	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	Rowland Foundation <hr/> 345 Park Ave Bsmt LC3 <hr/> New York, NY 10154-0028	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	6306001.				
<b>b</b> Contributions .....	38,647.				
<b>c</b> Investment earnings or losses .....	-786,327.				
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	215,523.				
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	5342798.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 12.00 %
  - b** Permanent endowment ▶ 88.00 %
  - c** Term endowment ▶ \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....		25,443.		25,443.
<b>b</b> Buildings .....		5,922,299.	2,761,367.	3,160,932.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		544,417.	457,927.	86,490.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				3,272,865.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other		
Admiral Money Market	396,739.	End-of-Year Market Value
Extended Market Index	1,637,752.	End-of-Year Market Value
Growth Index Fund	2,180,992.	End-of-Year Market Value
Value Index Fund	1,076,998.	End-of-Year Market Value
Inter-Term Invest-Gr	1,502,096.	End-of-Year Market Value
Short-Term Bond Index	1,507,460.	End-of-Year Market Value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>8,302,037.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,115,947.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,299,627.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-183,680.
4	Net unrealized gains (losses) on investments	4	-1,368,717.
5	Donated services and use of facilities	5	5,859.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,362,858.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,546,538.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,291,382.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,368,717.
b	Donated services and use of facilities	2b	463,592.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	80,560.
e	Add lines 2a through 2d	2e	-824,565.
3	Subtract line 2e from line 1	3	2,115,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,115,947.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,837,920.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	463,592.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	80,560.
e	Add lines 2a through 2d	2e	544,152.
3	Subtract line 2e from line 1	3	2,293,768.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,859.
c	Add lines 4a and 4b	4c	5,859.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,299,627.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**Part XII, Line 2d - Other Adjustments:**

Annual Dinner Expense: 80560.

**Part XIII, Line 2d - Other Adjustments:**

Annual Dinner Expense: 80560.

**Part XIII, Line 4b - Other Adjustments:**

**Part XIV** Supplemental Information *(continued)*

Donated Goods and Services Related to Annual Dinner: 5859.

COPY

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
► **Attach to Form 990 or Form 990-EZ.**

**2008**

**Open to Public Inspection**

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule E (Form 990 or 990-EZ) 2008





Mother Caroline Academy & Education Center, Inc.

Schedule G (Form 990 or 990-EZ) 2008

04-3163180 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		Annual Dinner (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	287,420.		287,420.
	2	Less: Charitable contributions	64,350.		64,350.
	3	Gross revenue (line 1 minus line 2)	223,070.		223,070.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	57,190.		57,190.
	7	Other direct expenses	23,370.		23,370.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 80,560. )
	9	Net income summary. Combine lines 3 and 8 in column (d)			142,510.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____		
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____		
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____		
12 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? _____		

Schedule G (Form 990 or 990-EZ) 2008

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide 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? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>15b</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

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

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations ..... ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance
Tuition Assistance	1	3,500.	0.	FMV	
Tuition Assistance	1	2,000.	0.	FMV	
Tuition Assistance	1	1,500.	0.	FMV	
Tuition Assistance	1	1,500.	0.	FMV	
Tuition Assistance	1	3,850.	0.	FMV	

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, 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.

**Part II** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(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 non-cash assistance
Tuition Assistance	1.	4,200.	0.	FMV	
Tuition Assistance	1.	2,000.	0.	FMV	
Tuition Assistance	1.	6,905.	0.	FMV	
Books and Supplies	1.	0.	370.	FMV	
Tuition Assistance	1.	500.	0.	FMV	
Books	1.	0.	683.	FMV	
Computer	1.	0.	1,500.	FMV	
Tuition Assistance	1.	3,812.	0.	FMV	
Tuition Assistance	1.	4,000.	0.	FMV	

Mother Caroline Academy &  
Education Center, Inc.

**Part II** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(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 non-cash assistance
Tuition Assistance	1.	2,000.	0.	FMV	
Tuition Assistance	1.	4,500.	0.	FMV	
Tuition Assistance	1.	4,500.	0.	FMV	
Tuition Assistance	1.	1,000.	0.	FMV	
Tuition Assistance	1.	1,500.	0.	FMV	
Miscellaneous	1.	2,738.	0.	FMV	

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	Ingrid Tucker - L				X	0.	1,109.		X	
<b>Total</b> .....				▶ \$	<b>1,109.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

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

See Schedule O for Schedule L Continuations



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **Mother Caroline Academy & Education Center, Inc.** Employer identification number **04-3163180**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>Laptops</u> )	X	1	24,000.	Cost
26 Other ▶ ( <u>Auction Items</u> )	X	4	5,019.	Selling Price
27 Other ▶ ( <u>Field Trips</u> )	X	2	4,308.	Cost
28 Other ▶ ( <u>Concert Ticke</u> )	X	2	2,510.	Selling Price

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

**Part I, Other Types of Property:**

**Educational Materials**

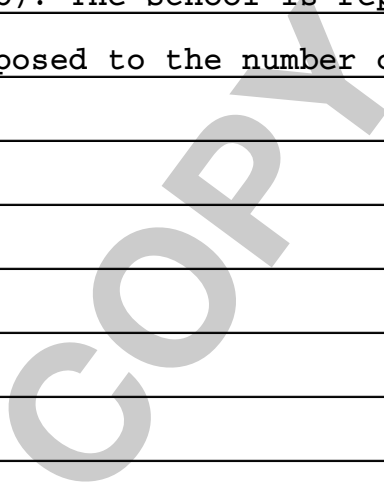
(a) Check if applicable = X

(b) Number of Contributors = 5

(c) Revenue Reported on Form 990, Part VIII \$ 2153.

(d) Method of determining revenue: Cost

Schedule M, Part I, Column (b): The School is reporting the number of contributions received as apposed to the number of items received.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

Mother Caroline Academy &  
Education Center, Inc.

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 A, line 10: 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. The Audit and  
Finance Committees review the entire form and then submit it to the Board  
chair for approval and signature.

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

Form 990, Part VI, Section C, Line 19: Via the internet and upon request.

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Ingrid Tucker

(a) Purpose of Loan: Leased car payments made on Ingrid's behalf.

---

Schedule E	Government Financial Assistance Statement	Statement	1
	Line 6		

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The School receives Title 1 funding from the Massachusetts Department of Education.

COPY

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

**Mother Caroline Academy &  
Education Center, Inc.**

Employer identification number

**04-3163180**

Name and title of officer

**Susan M. Murray  
Board Chair**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing 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.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12)	<b>1b</b>	<u>2115947</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	_____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c)	<b>5b</b>	_____

**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 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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**

I authorize Tonneson & Company CPAs PC to enter my PIN 41768  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to 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 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04132386663  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Cynthia P. Almquist, CPA Date ▶ 05/04/10

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

[Empty box]

Massachusetts Office of the Attorney General
Division of Public Charities

FORM PC

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Report for the Fiscal Period: Beginning 07/01/08 Ending 06/30/09

Check all items attached: Form PC [X] Schedule A1 [X] Schedule A2 [X] Schedule RO [ ] AG Schedule B [ ]
Probate Account [ ] Copy of IRS Return [X] Audited Financial Statements/Review [X] Filing Fee [X] Amended Articles/Bylaws [ ]

Attorney General's Acct. No.: 030367 Federal ID Number: 04-3163180

When did the organization first engage in charitable work in Massachusetts? 07/24/92

Has the organization applied for or been granted IRS tax exempt status? Yes [X] No [ ]

If yes, Date of Application: [ ] OR Date of Determination Letter: 05/18/94

IRS Exemption under 501(c): 3 Check box if No IRS Exemption [ ]

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes [X] No [ ]

ORGANIZATION DATA

Name: Mother Caroline Academy & Education Center, Inc.

Mailing Address: 515 Blue Hill Avenue

City: Dorchester

State: MA

ZIP: 02121-3203

Phone: 617-427-1177

Fax: 617-427-7788

E-Mail:

Web Site (URL): http://www.mcaec.org

In the section below, please enter the appropriate codes from the corresponding tables found on pages 12 and 13:

Table with 4 columns: Category, Code, Enter up to 2 codes from Table 3 for your organization's main purpose(s), Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 2.

Please check box if final return prior to dissolution [ ]

Payment Received Office Use Only

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.

<b>1. On what date was the organization created?</b>	<b>2. Where was the organization created?</b>
07/24/1992	Dorchester, MA

3. What is the form of the organization?	
Corporation <input checked="" type="checkbox"/>	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")?**  
 Yes  No  If yes, please complete the Schedule RO on pages 10 and 11.

5. Summary of Financial Data		Amounts
A	Contributions, gifts, grants, and similar amounts received	\$ 1,707,618.
B	Gross Support and Revenue	\$ 2,115,947.
C	Program services and similar amounts paid out	\$ 1,533,283.
D	Fundraising expenses	\$ 243,036.
E	Management and general expenses	\$ 523,308.
F	Payments to affiliates	\$
G	Total Expenses	\$ 2,299,627.
H	Net assets or fund balances at the end of the year	\$ 12,672,160.

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

	Name	Title	Hours Per Week	Salary & Other Income	Benefit Plans	Other Compensation
1	Ingrid Tucker	President	40	137,917.	1,575.	
2	Shirley Grover	Principal	40	85,481.		
3	Stan McLaren	Bus. Mngr.	40	69,827.		
4	Mary Beth Griff	Dev. Dir.	40	67,308.		
5	Marie L. Greeni	Dev. Asst.	40	64,130.	1,950.	

**7. Was any compensation provided to any of the individuals listed in 6 above which was not quantified in your response to 6?**  
 Yes  No  If yes, please provide explanation \_\_\_\_\_

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	Amount of Compensation	Type of Service(s)
1	Techwave Group	28,002.	Computer Consultan
2	Tonneson + Co	12,784.	Accounting
3	Felecia Hayes	12,525.	Grant Writer
4	Olumide Adebo	7,980.	Computer Consultan
5	Susan Olson	7,000.	Development Consul

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

Bank	Address	Phone Number
Bank of America	470 Blue Hill Ave Dorchester, MA	617-442-5100

10. What is the organization's accounting method? Cash  Accrual  Other (specify) \_\_\_\_\_

11. If organization's mailing address is a P.O. Box Number, list the organization's full street address:

Street Address	City, State	ZIP

12. Name, address and telephone number of Contact Person:

Name	Street Address	City, State, ZIP	Telephone Number
Stan McLaren	515 Blue Hill Ave.	Dorchester, MA 02121	617-427-1177

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, have solicited contributions? Yes  No

**IF YOU ANSWERED "YES" IN RESPONSE TO QUESTION 13 OR QUESTION 14, YOU MUST COMPLETE SCHEDULES A-1 AND/OR A-2 UNLESS YOU ARE EXEMPT FROM THE SOLICITATION CERTIFICATE REQUIREMENT.**

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

a religious organization	<input type="checkbox"/>
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.	<input type="checkbox"/>



[Empty box]

16. Names, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches/affiliates (attach list).

Statement 1

17. List the names, titles and addresses (street & P.O.) of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).

Statement 2

18. Attach separate sheet listing names and addresses (street & P.O.) for all below:

- Individual(s) responsible for custody of funds
- Individual(s) responsible for distribution of funds
- Individual(s) responsible for fund raising
- Individual(s) responsible for custody of financial records
- Individual(s) authorized to sign checks

Statement 3

19. Has this organization or any of its officers, directors, employees or fund raisers solicited funds in any other state? Yes \_\_\_ No X

If "yes", attach list of states where solicitation was conducted, including registering 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.

20. Has this organization or any of its officers, directors, employees:

If yes, please attach an explanation

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes \_\_\_ No X
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes \_\_\_ No X
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes \_\_\_ No X
- (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 \_\_\_ No X

21. Have any restrictions been removed during the year from donor-restricted funds? Yes \_\_\_ No X

If yes, please attach an explanation

22. Have donor-restricted funds been loaned to unrestricted funds? Yes \_\_\_ No X

If yes, please attach an explanation

23. This question involves "Termination of Employment or Change of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four 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 individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes \_\_\_ No X
- (b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement? Yes \_\_\_ No X

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.

FORM PC	Name, Address, Phone of Other Offices	Statement	1
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Name	Phone Number
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N/A

Address

COPY

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FORM PC                      Officers, Directors, Trustees and Executives                      Statement      2

---

Name \_\_\_\_\_ Title \_\_\_\_\_

Susan Murray                      Chair

Address \_\_\_\_\_

18 Brewster Road Newton, MA 02461

Name \_\_\_\_\_ Title \_\_\_\_\_

Regina Caines                      Vice Chair

Address \_\_\_\_\_

120 Decatur Street Arlington, MA 02474

Name \_\_\_\_\_ Title \_\_\_\_\_

Todd Abbrecht                      Trustee

Address \_\_\_\_\_

33 Highgate Road Wellesley, MA 02481

Name \_\_\_\_\_ Title \_\_\_\_\_

Markey Burke                      Trustee

Address \_\_\_\_\_

18 Squirrel Hill Road Wayland, MA 01778

Name \_\_\_\_\_ Title \_\_\_\_\_

Sr. Frances Butler, SSND                      Trustee

Address \_\_\_\_\_

270 Gallivan Boulevard Dorchester, MA 02124

Name \_\_\_\_\_ Title \_\_\_\_\_

Keith Castle                      Trustee

Address \_\_\_\_\_

15 Hallowell Street Mattapan, MA 02126

Name	Title
Sr. Deborah Cerullo, SSND	Trustee

Address  
 578 Charles Street Providence, RI 02904

Name	Title
Robert Connor	Trustee

Address  
 21 Greenmount Street Dorchester, MA 02125

Name	Title
Marylouise Crofton-Atkins	Trustee

Address  
 90 Commonwealth Avenue Boston, MA 02116

Name	Title
Yasmin Cruz	Trustee

Address  
 13 Crawford St. Apt. 3 Dorchester, MA 02121

Name	Title
Dr. Sally L. Dias	Trustee

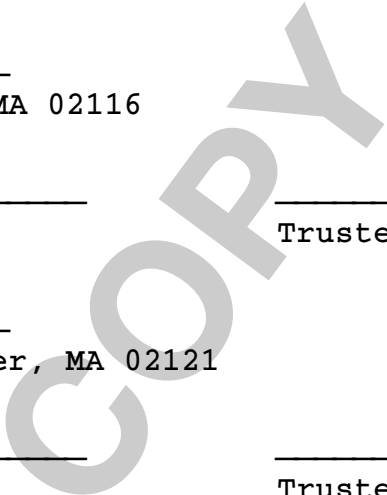
Address  
 85 Bigelow Road West Newton, MA 02465

Name	Title
Michael Gobes	Trustee

Address  
 121 Church Street Winchester, MA 01890

Name	Title
Paula Griswold	Treasurer, Finance Chair

Address  
 5 NE Executive Park Burlington, MA 01803



<u>Name</u>	<u>Title</u>
Elin Harris	Education Chair

Address  
 388 Beacon Street Boston, MA 02116

<u>Name</u>	<u>Title</u>
Katherine Holmgren	Trustee

Address  
 PO Box 5022 Andover, MA 01810

<u>Name</u>	<u>Title</u>
Georgia Lee	Trustee

Address  
 234 Randolph Avenue Milton, MA 02186

<u>Name</u>	<u>Title</u>
Stephanie D. Neal-Johnson, Esq.	Clerk, Trustees Chair

Address  
 51 Franklin Street Boston, MA 02110

<u>Name</u>	<u>Title</u>
Rose Perard	Trustee

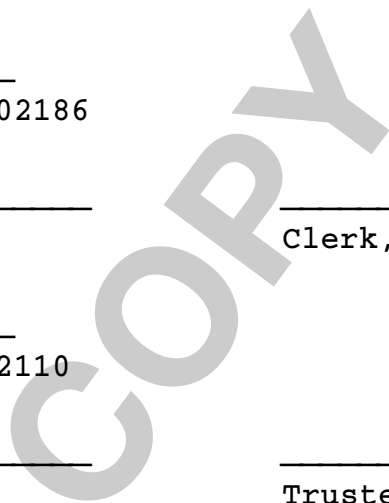
Address  
 1 Springdale Terrace Canton, MA 02021

<u>Name</u>	<u>Title</u>
Charlene Roberts-Hayden	Trustee

Address  
 120 Stanley Road Waban, MA 02468

<u>Name</u>	<u>Title</u>
Mary H. Small	Trustee

Address  
 1030 Briar Hill Road Contoocook, NH 03229



Name	Title
Hale Sturges	Trustee

Address  
 403 Marlborough Street Boston, MA 02115

Name	Title
Karen Sturges	Trustee

Address  
 403 Marlborough Street Boston, MA 02115

Name	Title
Joe Flynn	Trustee

Address  
 37 Beverly Road Chestnut Hill, MA 02467

Name	Title
Francisco Mejia	Trustee

Address  
 762 Shawmut Avenue Roxbury, MA 02119

Name	Title
Joan Nolan	Trustee

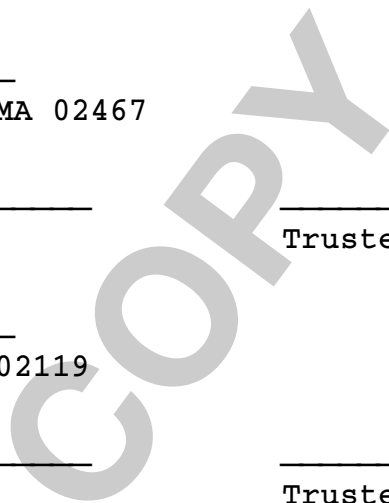
Address  
 6 Hopewell Farm Road Natick, MA 01760

Name	Title
Teri Williams	Trustee

Address  
 88 Clyde Street Chestnut Hill, MA 02467

Name	Title
Ingrid Tucker	President

Address  
 36 Beacon St. Circle Milton, MA 02186



FORM PC

Page 4 Line 18

Statement 3

<u>Name</u>	<u>Area of Responsibility</u>
Ingrid Tucker	Responsible for custody of funds

Address

36 Beacon St. Circle Milton, MA 02186

<u>Name</u>	<u>Area of Responsibility</u>
Ingrid Tucker	Responsible for distribution of funds

Address

36 Beacon St. Circle Milton, MA 02186

<u>Name</u>	<u>Area of Responsibility</u>
Ingrid Tucker	Responsible for fundraising

Address

36 Beacon St. Circle Milton, MA 02186

<u>Name</u>	<u>Area of Responsibility</u>
Marie L. Greenidge	Responsible for fundraising

Address

59 L'Heureux Circle Randolph, MA 02368

<u>Name</u>	<u>Area of Responsibility</u>
Ingrid Tucker	Custody of financial records

Address

36 Beacon St. Circle Milton, MA 02186

<u>Name</u>	<u>Area of Responsibility</u>
Stan A. McLaren	Custody of financial records

Address

31 Kenwood Street Dorchester, MA 02124

<u>Name</u>	<u>Area of Responsibility</u>
Ingrid Tucker	Authorized to sign checks
<u>Address</u>	
36 Beacon St. Circle Milton, MA 02186	

COPY



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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, has your organization:	Yes	No
(a) Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		X
(b) Leased assets to or leased assets from a related party?		X
(c) Been indebted to a related party?	X	
(d) Allowed a related party to be indebted to it?		X
(e) Made or held an investment in a related party?		X
(f) Furnished goods, services, or facilities to a related party?		X
(g) Acquired goods, services, or facilities from a related party who received compensation or other value in return?		X
(h) Paid or became obligated to pay wages, salary or other compensation to a related party?	X	
(i) Transferred income or assets to or for use by a related party?		X
(j) Was the 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?		X
(k) Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares?		X
(l) Is any property of the organization held in the name of or commingled with the property of any other person or organization?		X
(m) Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship?		X

**Statement 4**

Name

Ingrid Tucker

Address

36 Beacon Street Circle Milton, MA 02186

Nature of Transaction

Amount Involved

Leased car payments made on Ingrid's behalf.

1,109.

Procedure Followed

N/A

Name

Ingrid Tucker

Address

36 Beacon Street Circle Milton, MA 02186

Nature of Transaction

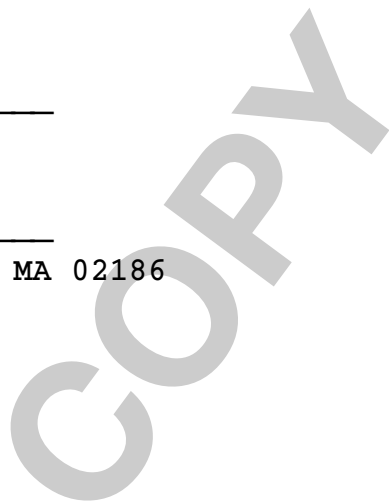
Amount Involved

Compensation

138,359.

Procedure Followed

N/A



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 of president or other authorized officer or trustee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Tonneson & Company CPAs PC

Name of Preparer

401 Edgewater Place, Suite 300  
Wakefield, MA 01880-6208

Address

(781)245-9999

Phone Number

**SOLICITATION ACTIVITIES**

**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.

A. **N/A**

B.

C.

Types of solicitation activities in which you expect to engage (check all that apply):			
<input checked="" type="checkbox"/>	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door		Sale of goods other than by telephone
<input checked="" type="checkbox"/>	Entertainment event		Individual mailings
	Telemarketing without sale of goods or ads		Corporate solicitations
	Telemarketing with sale of goods		Grant proposals
	Telemarketing with sale of ads		Other (explain):
<input checked="" type="checkbox"/>	Via the internet		

Identify the method or methods you expect to use for fundraising (check all that apply):			
	A. Professional solicitor	<input checked="" type="checkbox"/>	D. Own employees
	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

Name	Title
<b>Ingrid Tucker</b>	<b>President</b>

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name	Title
<b>Ingrid Tucker</b>	<b>President</b>

**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 name which appears on page 1.
A. N/A
B.
C.

Types of solicitation activities in which you expect to engage (check all that apply):			
<input checked="" type="checkbox"/>	Mass mailings	<input checked="" type="checkbox"/>	Raffle, beano, bingo or gaming event
	Door-to-door	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
<input checked="" type="checkbox"/>	Entertainment event	<input checked="" type="checkbox"/>	Individual mailings
	Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Corporate solicitations
	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
	Telemarketing with sale of ads		Other (explain):
<input checked="" type="checkbox"/>	Via the internet		

Identify the method or methods you expect to use for fundraising (check all that apply):			
	A. Professional solicitor	<input checked="" type="checkbox"/>	D. Own employees
	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

Name	Title
Ingrid Tucker	President

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name	Title
Ingrid Tucker	President

**Certification by Organization - TWO DIFFERENT SIGNATURES ARE REQUIRED**

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date

Signature of President or other authorized officer or trustee	Title	Date

COPY

**SCHEDULE RO**

I. Please read the instructions and definition of "Related Organization" carefully before completing this section.  
(If you have more than 5 Related Organizations, please attach a list)

Name <b>N/A</b>		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd Party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd Party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd Party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd Party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd Party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

II. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at I, above, receiving the highest aggregate compensation (see Instructions). Use additional lines below to itemize by compensation source.

Name		Title		
Income Source	Salary & Other Income	Benefits Plan	Other Compensation	

Name		Title		
Income Source	Salary & Other Income	Benefits Plan	Other Compensation	

Name		Title		
Income Source	Salary & Other Income	Benefits Plan	Other Compensation	

Name		Title		
Income Source	Salary & Other Income	Benefits Plan	Other Compensation	

Name		Title		
Income Source	Salary & Other Income	Benefits Plan	Other Compensation	

III. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? If yes, place an "X" in the box to the right.