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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public
Inspection► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable	C Name of organization MATER ACADEMY, INC		D Employer identification number 65-0857507
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended <input type="checkbox"/> Application pending	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 6340 SUNSET DRIVE		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33143		
	F Name and address of principal officer ANTONIO ROCA		

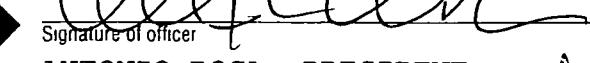
I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527J Website: ► [HTTP://WWW.MATERACADEMY.COM](http://WWW.MATERACADEMY.COM)K Form of organization: Corporation Trust Association Other ► L Year of formation: 1998 M State of legal domicile: FL

Part I Summary

Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities MATER ACADEMY, INC IS COMPOSED OF TWENTY-FOUR CHARTER SCHOOLS, EDUCATING STUDENTS FROM
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 7b
	8 Contributions and grants (Part VIII, line 1h) 62,833,697.
	9 Program service revenue (Part VIII, line 2g) 1,704,361.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 86,265.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)-line-12) 64,624,323.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,027,386.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 27,882,755.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 60,910,141.	
19 Revenue less expenses Subtract line 18 from line 12 3,714,182.	
20 Total assets (Part X, line 16) Beginning of Current Year 47,946,452.	End of Year 55,950,273.
21 Total liabilities (Part X, line 26) 4,367,617.	6,044,960.
22 Net assets or fund balances Subtract line 21 from line 20 43,578,835.	49,905,313.

Part II Signature Block

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

Sign Here	► Signature of officer  ► ANTONIO ROCA, PRESIDENT	Date 5/11/15
Paid Preparer	Print/Type preparer's name LEONARDO D. GRAVIER	Preparer's signature CD
Use Only	Firm's name ► HLB GRAVIER, LLP	Date 5/11/15 Check <input type="checkbox"/> if self-employed Firm's EIN ► 20-4946415
	Firm's address ► 396 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134-5095	PTIN P00368983
		Phone no. 305-446-3022

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission.

THE VISION OF MATER ACADEMY, INC. IS TO PROVIDE STUDENTS A VIABLE EDUCATIONAL CHOICE THAT OFFERS AN INNOVATIVE, RIGOROUS, AND SEAMLESS COLLEGE PREPARATORY CURRICULUM, PROVIDING MATER STUDENTS, AT EVERY LEVEL FROM PK-12TH GRADE, WITH A COMPETITIVE ADVANTAGE AGAINST THEIR

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 64,655,722. including grants of \$ _____) (Revenue \$ 3,179,179.)
EDUCATION FOR CHILDREN FROM PRE-KINDERGARTEN THROUGH TWELFTH GRADE IN
TWELVE SEPARATE FACILITIES. FOR THE FISCAL YEAR ENDED JUNE 30, 2014,
APPROXIMATELY 10,711 STUDENTS WERE ENROLLED.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 64,655,722.

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 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>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	131
1b		1b	0
1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1220
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7c	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13b	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 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?

3 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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	6	
1b	6	
2		X
3	X	
4	X	
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

ANA MARIA MARTINEZ - 305-669-2906

6340 SUNSET DRIVE, MIAMI, FL 33143

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) ROBERTO BLANCH <u>CHAIR</u>	2.00	X					0.	0.	0.
(2) SHANNIE SADESKY <u>VICE-CHAIR, DIRECTOR</u>	2.00	X					0.	0.	0.
(3) CESAR CHRISTIAN CROUSILLAT <u>DIRECTOR, SECRETARY</u>	2.00	X	X				0.	0.	0.
(4) JUAN GARCIA <u>DIRECTOR</u>	2.00	X					0.	0.	0.
(5) MAURENE SOTERO <u>DIRECTOR</u>	2.00	X					0.	0.	0.
(6) JAVIER JEREZ <u>DIRECTOR</u>	2.00	X					0.	0.	0.
(7) ANTONIO ROCA <u>PRESIDENT</u>	40.00		X				130,000.	0.	0.
(8) JUDITH MARTY <u>PRINCIPAL</u>	40.00			X			176,807.	0.	0.
(9) FRANCISCO JIMENEZ <u>PRINCIPAL</u>	40.00				X		118,858.	0.	0.
(10) RENE ROVIROSA <u>PRINCIPAL</u>	40.00				X		131,527.	0.	0.
(11) JOSE NUNEZ <u>PRINCIPAL</u>	40.00				X		125,067.	0.	0.
(12) LOURDES MARRERO <u>PRINCIPAL</u>	40.00				X		120,000.	0.	0.
(13) BEATRIZ RIERA <u>PRINCIPAL</u>	40.00				X		119,571.	0.	0.
(14) ILEANA MELIAN <u>PRINCIPAL</u>	40.00				X		108,045.	0.	0.
(15) SILVINA MACHO <u>SCHOOL ADVISOR</u>	40.00				X		107,759.	0.	0.
(16) CECILIA TELLERIA <u>PRINCIPAL</u>	40.00				X		106,039.	0.	0.

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

10

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ADP 10200 SUNSET DRIVE, MIAMI, FL 33173	EMPLOYEE LEASING	36,114,350.
ACADEMICA DADE, LLC 6340 SUNSET DRIVE, MIAMI, FL 33143	EDUCATIONAL SUPPORT PROVIDER	4,974,975.
ZION'S FIRST NATIONAL BANK, 233 EAST CENTRAL STREET, MONTICELLO, UT 84535	RENTAL FACILITIES	3,776,352.
GALLOWAY OFFICE SUPPLY 10201 NW 21ST, MIAMI, FL 33172	OFFICE SUPPLIES	1,565,323.
SYSCO SOUTH FLORIDA, INC 12500 SYSCO WAY, MEDLEY, FL 33178	FOOD SUPPLIER	1,512,254.

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	78,168,570			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	166,000			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		78,334,570			
Program Service Revenue	2 a FEES - COMMUNITY SERVICE	Business Code				
	b FEES RENTAL INCOME	611710	917,284	917,284		
	c FEES: INSTRUCTION	611710	824,949	824,949		
	d FEES - LUNCHES	611710	565,156	565,156		
	e FEES - OPERATION OF PLANT	611710	436,536	436,536		
	f All other program service revenue	611710	311,727	311,727		
	g Total. Add lines 2a-2f		15,865	15,865		
	h Total. Add lines 1a-1f		3,071,517			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,722	6,722		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
	b Less rental expenses	(ii) Personal				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
b Less cost or other basis and sales expenses	(ii) Other					
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	3,234,979				
b Less direct expenses	b	3,113,545				
c Net income or (loss) from fundraising events			121,434			121,434
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 MISCELLANEOUS INCOME	611710	100,940	100,940			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		100,940				
12 Total revenue See instructions.		81,635,183	3,179,179	0	121,434	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	34,427,576.	28,162,343.	6,265,233.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	381,895.	300,397.	81,498.	
9 Other employee benefits	6,048,300.	4,925,031.	1,123,269.	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	4,835,700.	3,188,587.	1,647,113.	
b Legal	155,292.		155,292.	
c Accounting	249,547.	2,189.	247,358.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	396,142.	361,217.	34,925.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	13,271,485.	13,268,849.	2,636.	
17 Travel	95,867.	95,867.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,909,045.	2,880,358.	28,687.	
23 Insurance	1,160,814.	1,135,464.	25,350.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICES	2,117,200.	2,117,200.		
b SUPPLIES	1,363,066.	1,320,765.	42,301.	
c REPAIRS AND MAINTENANCE	1,183,331.	1,183,331.		
d ELECTRICITY	1,126,782.	1,121,263.	5,519.	
e All other expenses SEE SCH O	5,586,663.	4,592,861.	993,802.	
25 Total functional expenses Add lines 1 through 24e	75,308,705.	64,655,722.	10,652,983.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,016,884.	1	26,979,951.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	393,364.	3	916,107.
	4 Accounts receivable, net		4	90,632.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,691,588.	9	2,274,653.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,563,845.		
	b Less accumulated depreciation	10b 18,071,753.	10c	22,492,092.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	538,019.	15	3,196,838.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	47,946,452.	16	55,950,273.
Liabilities	17 Accounts payable and accrued expenses	3,014,180.	17	3,561,418.
	18 Grants payable		18	
	19 Deferred revenue	21,696.	19	139,252.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	362,013.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	969,728.	25	2,344,290.
	26 Total liabilities. Add lines 17 through 25	4,367,617.	26	6,044,960.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	43,578,835.	27	49,905,313.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	43,578,835.	33	49,905,313.
	34 Total liabilities and net assets/fund balances	47,946,452.	34	55,950,273.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	81,635,183.
2 Total expenses (must equal Part IX, column (A), line 25)	2	75,308,705.
3 Revenue less expenses Subtract line 2 from line 1	3	6,326,478.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,578,835.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,905,313.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

MATER ACADEMY, INC.

TER ACADEMY, INC

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

MATER ACADEMY, INC

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 (For lines 1 through 11, check only one box)

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).

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 Part III)

10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).

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 - Non-functionally integrated

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2012. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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 stop here. 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 10% -facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 6, 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 ►

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

MATER ACADEMY, INCEmployer identification number
65-0857507**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? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 (ASC 958) 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 acquisition, 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 XIII

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 **Escrow and Custodial Arrangements.** Complete if the 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 XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V **Endowment Funds.** Complete if the 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,240,225.		6,240,225.
b Buildings		14,157,636.	5,428,783.	8,728,853.
c Leasehold improvements				
d Equipment		17,915,115.	12,642,970.	5,272,145.
e Other		2,250,869.		2,250,869.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 22,492,092.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS	1,459,838.
(2) DUE FROM AFFILIATES	1,737,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	3,196,838.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF THE LEASEHOLD	
(3) PAYABLE	585,000.
(4) ACCRUED RENT PAYABLE	951,221.
(5) LONG TERM PORTION OF THE LEASEHOLD	
(6) PAYALBE	808,069.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	2,344,290.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	81,635,183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	81,635,183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	81,635,183.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	75,308,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	75,308,705.
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	75,308,705.

Part XIII | Supplemental Information.

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

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- Attach to Form 990 or Form 990-EZ.
- Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

MATER ACADEMY, INC

Employer identification number

65-0857507

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 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
If you need more space, use Part II

SEE PART II

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a	X	
5b	X	
5c	X	
5d	X	
5e	X	
5f	X	
5g	X	
5h	X	
6a	X	
6b	X	
7	X	

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II

**THE SCHOOL DOES NOT OFFER SCHOLARSHIPS AND/OR FINANCIAL
ASSISTANCE TO ANY STUDENT.**

- 5 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Part II

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable
Also complete this part to provide any other additional information

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

EXPLANATION: WE INCLUDE A NON-DISCRIMINATORY STATEMENT IN REGISTRATION

PACKETS, SCHOOL WEBSITES, EMPLOYEE HANDBOOKS, AND OTHER

DISTRIBUTED MATERIALS. FURTHER, THE CHARTER SCHOOL CONTRACT

WITH THE LOCAL SCHOOL DISTRICT INCLUDED THIS TYPE OF

STATEMENT ADDITIONALLY, FOR THE LUNCH PROGRAM WE HAVE SEND

OUT A PUBLIC NOTICE EACH YEAR, WHICH IS SENT TO THE LOCAL NEWSPAPER AND TV

STATIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990.

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

Employer identification number

MATER ACADEMY, INC

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations e Solicitation of non-government grants
- b Internet and email solicitations f Solicitation of government grants
- c Phone solicitations g Special fundraising events
- d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 MISCELLANEOUS FUNDRAISER (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col (c))
Revenue				
1 Gross receipts	3,234,979.			3,234,979.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	3,234,979.			3,234,979.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	3,113,545.			3,113,545.
10 Direct expense summary Add lines 4 through 9 in column (d)				3,113,545.
11 Net income summary Subtract line 10 from line 3, column (d)				121,434.

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 Noncash 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 Subtract line 7 from line 1, column (d)				►

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?

Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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 of the third party

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? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

PART I, LINE 2B, COLUMN (V) :

EXPLANATION: MISCELLANEOUS FUNDRAISER ACTIVITIES

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

MATER ACADEMY, INC

Employer identification number
65-0857507

Part I Questions Regarding Compensation

Question	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	4a	X
a Receive a severance payment or change-of-control payment?	4b	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	X
c Participate in, or receive payment from, an equity-based compensation arrangement?		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	5a	X
a The organization?	5b	X
b Any related organization?		
If "Yes" to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6a	X
a The organization?	6b	X
b Any related organization?		
If "Yes" to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)
 Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH MARTY PRINCIPAL	176,807.	0.	0.	0.	0.	176,807.	0.
(2)	0.	0.	0.	0.	0.	0.	0.
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Part III **Supplemental Information**

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number
65-0857507

MATER ACADEMY, INC

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

Complete if the organization 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by 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.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Total

9

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
ROBERTO BLANCH	COMMON BOARD MEMBER	2,561,949.	MATER ACADE		X
SHANNIE SADESKY	COMMON BOARD MEMBER	2,561,949.	MATER ACADE		X
CESAR CHRISTIAN CROUSILLAT	COMMON BOARD MEMBER	2,561,949.	MATER ACADE		X
JUAN GARCIA	COMMON BOARD MEMBER	11,400,000.	MATER ACADE		X
ROBERTO BLANCH	COMMON BOARD MEMBER	11,440,000.	MATER ACADE		X
ROBERTO BLANCH	COMMON BOARD MEMBER	1,342,949.	MATER ACADE		X
SHANNIE SADESKY	COMMON BOARD MEMBER	1,342,949.	MATER ACADE		X
CESAR CHRISTIAN CROUSILLAT	COMMON BOARD MEMBER	11,400,000.	MATER ACADE		X
CESAR CHRISTIAN CROUSILLAT	COMMON BOARD MEMBER	1,342,949.	MATER ACADE		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:(A) NAME OF PERSON: ROBERTO BLANCH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF SPORTS LEADERSHIP AND MANAGEMENT ACADEMY(C) AMOUNT OF TRANSACTION \$ 2,561,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIES AND PROVIDES LOANS TO SPORTS LEADERSHIP AND MANAGEMENT ACADEMY.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: SHANNIE SADESKY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF SPORTS LEADERSHIP AND MANAGEMENT ACADEMY(C) AMOUNT OF TRANSACTION \$ 2,561,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIES AND PROVIDES LOANS TO SPORTS LEADERSHIP AND MANAGEMENT ACADEMY.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: CESAR CHRISTIAN CROUSILLAT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF SPORTS LEADERSHIP AND MANAGEMENT ACADEMY

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(C) AMOUNT OF TRANSACTION \$ 2,561,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIES AND PROVIDES LOANS TO SPORTS LEADERSHIP AND MANAGEMENT ACADEMY.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: JUAN GARCIA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF 8003 FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 11,400,000.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. GUARANTEES LOANS FOR 8003 FOUNDATION, INC.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: ROBERTO BLANCH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF 8003 FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 11,440,000.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. GUARANTEES LOANS FOR 8003 FOUNDATION INC.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: ROBERTO BLANCH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF MATER ACADEMY FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 1,342,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIES FROM MATER ACADEMY FOUNDATION INC.(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(A) NAME OF PERSON: SHANNIE SADESKY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF MATER ACADEMY FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 1,342,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIESFROM MATER ACADEMY FOUNDATION INC.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: CESAR CHRISTIAN CROUSILLAT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF 8003 FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 11,400,000.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. GUARANTEES LOANS FOR
8003 FOUNDATION INC.(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON: CESAR CHRISTIAN CROUSILLAT(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:COMMON BOARD MEMBER OF MATER ACADEMY FOUNDATION INC(C) AMOUNT OF TRANSACTION \$ 1,342,949.(D) DESCRIPTION OF TRANSACTION: MATER ACADEMY INC. LEASES FACILITIES
FROM MATER ACADEMY FOUNDATION INC.(E) SHARING OF ORGANIZATION REVENUES? = NO

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

MATER ACADEMY, INC

Employer identification number
65-0857507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRE-KINDERGARTEN THROUGH TWELFTH GRADE. THE SCHOOLS OPERATE UNDER
CHARTERS WITH THE DISTRICT SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA,
AND ARE CONSIDERED COMPONENT UNITS OF THE DISTRICT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMTEMPORARIES. TO THAT END, MATER SCHOOLS STRIVE TO: CREATE A THIRST
FOR KNOWLEDGE IN ALL DISCIPLINES; KINDLE THE ART OF THINKING AND SERVE
AS A SPRINGBOARD FOR LIFELONG LEARNING; AND DELIVER AND ENRICH EVERY
STUDENT WITH A SENSE OF PURPOSE, A BELIEF IN THEIR OWN EFFICACY, AND A
COMMITMENT TO THE COMMON GOOD.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: ACADEMICA DADE, LLC, A PROFESSIONAL CHARTER SCHOOL EDUCATIONAL
SERVICE AND SUPPORT ORGANIZATION, PROVIDES MANAGEMENT AND ADMINISTRATIVE
SERVICES TO THE SCHOOLS INCLUDING, BUT NOT LIMITED TO, FACILITY DESIGN,
STAFFING RECOMMENDATIONS, HUMAN RESOURCE COORDINATION, REGULATORY
COMPLIANCE, LEGAL AND CORPORATE UPKEEP, MAINTENANCE OF THE BOOKS AND
RECORDS, BOOKKEEPING, BUDGETING AND FINANCIAL REPORTING.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: DURING THE ORGANIZATION'S YEAR IT UPDATED IT'S BYLAWS TO
INCLUDE THAT EACH DIRECTOR SHALL HOLD OFFICE FOR A TERM OF NOT LESS THAN
ONE YEAR AND NOT MORE THAN FIVE YEARS AS SHALL BE DETERMINED BY THE BOARD
WHETHER TO ESTABLISH STAGGERED TERMS OR OTHERWISE. THERE IS NO LIMIT ON THE
NUMBER OF TERMS A DIRECTOR MAY SERVE. ADDITIONAL THEY ALSO INCLUDED A

Name of the organization

MATER ACADEMY, INC

Employer identification number

65-0857507

STATEMENT EXPLAINING THAT A PERSON NOT BE A DIRECTOR IN ORDER TO HOLD AN OFFICE. AN OFFICER WHO DOES NOT SERVE AS A DIRECTOR IS NOT SUBJECT TO THE PROHIBITION AGAINST RECEIVING FEES OR COMPENSATION FOR SERVICES RENDERED TO THE CORPORATION. LASTLY THEY INCLUDED A PROVISION IN THE BYLAWS THAT STATES THAT THE PRESIDENT SHALL BE THE CEO OF THE CORPORATION AND SHALL NOT SERVE AS A DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION HOLDS A MEETING WITH THE BOARD OF DIRECTORS TO REVIEW THE CONTENTS OF THE FORM 990 BEFORE SUBMITTING TO INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION REQUIRES THAT ALL OFFICERS AND/OR DIRECTORS DISCLOSE ANY ACTIVITY THAT MAY BE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE DETERMINATION OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES INVOLVES REVIEWING OFFICERS' CONTRACT, ORGANIZATION'S BUDGET, AND PAST PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THIS INFORMATION IS AVAILABLE ON GUIDESTAR.ORG WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THIS INFORMATION IS ARLEADY AVAILABLE TO THE GENERAL PUBLIC VIA WWW.MATERACADEMY.COM

Name of the organization

MATER ACADEMY, INC

Employer identification number

65-0857507

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:ROBERTO BLANCH - 201 ALHAMBRA CIRCLE, SUITE 1102, CORAL GABLES, FL 33134SHANNIE SADESKY - 12601 SOMERSET BLVD, MIRAMAR, FL 33027CESAR CHRISTIAN CROUSILLAT - 3524 NW 10 AVE, CITY OF OAKLAND PARK, FL 33309JUAN GARCIA - 18803 NW 89TH AVENUE, HIALEAH, FL 33018FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:TEXTBOOKS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>1,096,948.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>1,096,948.</u>

ADMINISTRATION OVERHEAD:

<u>PROGRAM SERVICE EXPENSES</u>	<u>0.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>956,917.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>956,917.</u>

AFTER CARE EXPENSE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>836,095.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>836,095.</u>

PRE-K EXPENSES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>578,426.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>

Name of the organization

MATER ACADEMY, INC

Employer identification number
65-0857507FUNDRAISING EXPENSES 0.TOTAL EXPENSES 578,426.DUES & FEES:PROGRAM SERVICE EXPENSES 494,745.MANAGEMENT AND GENERAL EXPENSES 31,919.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 526,664.PUBLIC UTILITY SERVICES:PROGRAM SERVICE EXPENSES 470,984.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 470,984.VIRTUAL INSTRUCTION DELIVERY FEE:PROGRAM SERVICE EXPENSES 379,586.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 379,586.COMMUNICATIONS:PROGRAM SERVICE EXPENSES 379,256.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 379,256.OTHER PURCHASE SERVICES:332212
08-04-13

Name of the organization

MATER ACADEMY, INC

Employer identification number

65-0857507

<u>PROGRAM SERVICE EXPENSES</u>	205,948.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	205,948.

EXTRACURRICULAR ACTIVITIES:

<u>PROGRAM SERVICE EXPENSES</u>	47,309.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	47,309.

DUAL DIPLOMA EXPENSE:

<u>PROGRAM SERVICE EXPENSES</u>	42,700.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	42,700.

MARKETING & ADVERTISING:

<u>PROGRAM SERVICE EXPENSES</u>	37,258.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	37,258.

MISC. EXPENSES:

<u>PROGRAM SERVICE EXPENSES</u>	22,006.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	1,246.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	23,252.

Name of the organization

MATER ACADEMY, INC

Employer identification number
65-0857507ACCREDITATION & COMPLIANCE:

<u>PROGRAM SERVICE EXPENSES</u>	1,600.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	1,600.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	3,200.

IT SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	2,120.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	2,120.

<u>TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A</u>	5,586,663.
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FORM 990, LINE 3, PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSUREEXPLANATION: ACADEMICA DADE LLC, A PROFESSIONAL CHARTER SCHOOL

MANAGEMENT COMPANY, PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES TO THE SCHOOLS INCLUDING, BUT NOT LIMITED TO, FACILITY DESIGN, STAFFING RECOMMENDATIONS, HUMAN RESOURCE COORDINATION, REGULATORY COMPLIANCE, LEGAL AND CORPORATE UPKEEP, MAINTENANCE OF THE BOOKS AND RECORDS, BOOKKEEPING, AND BUDGETING FINANCIAL REPORTING.

FORM 990, LINE 19, PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSUREEXPLANATION: AVAILABLE ON ANOTHER'S WEBSITE.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► See separate instructions.

Department of the Treasury
Internal Revenue Service

WATER ACADEMY, INC

Part I

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity

Part II Identification of Related Tax-Exempt Organizations during the tax year

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
REPORTS LEADERSHIP AND MANAGEMENT FOUNDATION, INC. - 27-1604001, 6340 SUNSET DRIVE, MIAMI, FL 33130	EDUCATIONAL DEVELOPMENT	FLORIDA	501(c)(3)	LINE 2	LINE 11A, I	X
WATER ACADEMY FOUNDATION INC - 26-3039409 340 SUNSET DRIVE MIAMI, FL 33130	SUPPORTING ORGANIZATION	FLORIDA	501(c)(3)	LINE 11A, I	LINE 11A, I	X
003 FOUNDATION, INC. - 46-3827934 340 SUNSET DRIVE MIAMI, FL 33130	SUPPORTING ORGANIZATION	FLORIDA	501(c)(3)	LINE 11A, I	LINE 11A, I	X
00 HOLDINGS INC - 37-1757113 601 S BAYSHORE DR STE 725 MIAMI, FL 33133	SUPPORTING ORGANIZATION	FLORIDA	501(c)(3)	LINE 11A, I	LINE 11A, I	X

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

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

organizations treated as a partnership during the tax year.

Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related

organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations taxable as a corporation or trust.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPORTS LEADERSHIP AND MANAGEMENT ACADEMY	D	1,737,000	FAIR MARKET VALUE
(2) SPORTS LEADERSHIP AND MANAGEMENT ACADEMY	J	824,949	FAIR MARKET VALUE
(3) 8003 FOUNDATION, INC.	D	11,400,000	FAIR MARKET VALUE
(4) 600 HOLDINGS, INC.	D	9,450,000	FAIR MARKET VALUE
(5) MATER ACADEMY FOUNDATION, INC.	K	1,342,949	FAIR MARKET VALUE
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No 1545-0172

2013

Attachment
Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MATER ACADEMY, INC

FORM 990 PAGE 10

65-0857507

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,909,045.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10 year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		27 5 yrs	MM	S/L	
	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	2,909,045.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V	Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)							
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable								

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------	--	------------------------------	-----------------------------

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use	25
--	----

26 Property used more than 50% in a qualified business use:	%	%	%	%	%	%	%	%
---	---	---	---	---	---	---	---	---

27 Property used 50% or less in a qualified business use:	%	%	%	S/L	S/L	S/L	
---	---	---	---	-----	-----	-----	--

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	28
---	----

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1	29
--	----

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle					
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI	Amortization				
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 Amortization of costs that begins during your 2013 tax year					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

- File a separate application for each return.
- Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions MATER ACADEMY, INC	Employer identification number (EIN) or 65-0857507
	Number, street, and room or suite no. If a P O box, see instructions 6340 SUNSET DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MIAMI, FL 33143	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990 EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANA MARIA MARTINEZ

- The books are in the care of ► **6361 SUNSET DRIVE - MIAMI, FL 33143**

Telephone No ► **305-669-2906** Fax No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► calendar year or

► tax year beginning **07/01/2013**, and ending **06/30/2014**

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions MATER ACADEMY, INC	Employer identification number (EIN) or 65-0857507
	Number, street, and room or suite no. If a P O box, see instructions 6340 SUNSET DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MIAMI, FL 33143	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ANA MARIA MARTINEZ

- The books are in the care of ► **6340 SUNSET DRIVE - MIAMI, FL 33143**

Telephone No ► **305-669-2906** Fax No ► _____

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year **2013**, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return

Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

ANM

Date ►

1/29/15

Form 8868 (Rev. 1-2014)