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_{Form} **99**(

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Open to Public Inspection

A	. 1	For the	2014 cale	endar year, or tax ye	ar beginning	JULY 1	, 2014, a	ind ending		IE 30	, 20 15		
В	. (Check if	applicable.	C Name of organizatio	MONTE CASSI	NO CHARITABLE TE	RUST			D Employer identification number			
] ,	Address	change	Doing business as				-			73-1041056		
	-	Name ct	-	Number and street (or P.O. box if mail is	not delivered to street a	ddress)	Room/suite		E Telepho	one number		
Ē	٦.	nitial ret	•	2206 S. LEWIS AVI	FNUF						918-742-3364	l	
Ē	_		rn/terminated			and ZIP or foreign posta	l code				010712 0001		
Ē	_			TULSA, OK 74114	•	• .				G Gross r	eceints \$	151,782	
F										G Gross receipts \$ 151,78 group return for subordinates? ☐ Yes ✓ No			
_	, ر	нирисат	ion pending				CREISER,	USB	1	subordinates included? Yes No			
-	-			2206 S. LEWIS AVI) ◀ (insert no.) ☐ 49	2.47(-)(4)				a list (see instruc		
<u> </u>			mpt status	✓ 501(c)(3)	501(c) (/ (insert no.) L 4s	947(a)(1) or	527	-			1101107	
7		Website					1				number >		
			organization		Association	Other ▶	L Yea	ar of formatio	n: 1978	M State	of legal domicile	OK	
	ة <u>ا</u>	irt I	Summ							· .			
	.	1	-	escribe the organiz		-							
	Activities & Governance		providing	a source of funds,	both operating a	nd endowment, to b	enefit Mon	te Cassino	School, In	c., Tulsa	, Oklahoma		
	<u> </u>												
	ĕ	2		is box ▶☐ if the c	more than	1	its net assets	5.					
ć	3	3		of voting members	-					3		5	
٥	ğ	4		of independent vo	-			-		4	ļ	5	
	ĕ	5	Total nur	nber of individuals	employed in ca	lendar year 2014 (F	⊃art V, line	2a) .		5		0	
3		6	Total nun	nber of volunteers	(estimate if nece	essary)			·	6		0	
4	¥	7a	Total unre	elated business re	venue from Part	VIII, column (C), lir	ne 12 .		<u> </u>	7a_			
	- 1	b	Net unrel	lated business tax	able income fron	n Form 990-T, line	34		· mmm· · ·	7b	Ü	0	
		_					· · · · · · · · · · · · · · · · · · ·		PROEY	ar (UIO	Current		
	_	8	Contribut	tions and grants (F	Part VIII. line 1h)			` =			ڠؙڶ	60,832	
7	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	9		service revenue (F	•			1	GDE	VI III	=======================================	00,002	
#	Pevenue	10	-	nt income (Part VI						43;122	-	151,782	
9 6	ב ב	11		venue (Part VIII, co						43,122		131,702	
		12		•						40 400	 	242.644	
(-	+			enue – add lines 8 t						43,122 120,000		212,614	
=		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)									 	296,903	
		14		•	•								
SENE CO	2	15		other compensation				_					
3		16a		onal fundraising fee					The second of th	-79	7.00 mm 100 mm 1	~ > e s : 4. 1000 uniti	
	4	b		draising expenses	•				408 W	& 1.53	71 34 C		
Ó		17		penses (Part IX, co				· ·		4,008			
-		18	Total exp	enses. Add lines 1	3-17 (must equ	al Part IX, column	(A), line 25	·		124,008		<u> 296,903</u>	
_		19	Revenue	less expenses. Su	btract line 18 fro	om line 12	<u> </u>			(80,886)		<u>(84,289)</u>	
5	Fund Balances							Ве	ginning of Cu	rrent Year	End of Y	fear	
sets	튵	20	Total ass	ets (Part X, line 16)			[_	6	,723,983		6,861,758	
t As		21	Total liab	ılıties (Part X, line 2	26)								
ž	큔	22	Net asset	ts or fund balance:	s. Subtract line 2	21 from line 20 .		🗆	6	,723,983		6,861,758	
		rt II		ture Block									
	Jnd	er pena		ry, I declare that I have	examined this return	, including accompany	ng schedules	and stateme	ents, and to the	ne best of	my knowledge ar	nd belief, it is	
				ete. Declaration of prep									
_			T S	-t- (1)	2 +2								
S	ig	n	Signa	ature of officer	white c	N_01 ABL			Da				
	er		Š	\sim	ISTINE FR	eiser I	RUSTE	- -					
	•	_	Type	or print name and title	STINE CE	E1365 1	ا درمس						
_				pe preparer's name	Prer	parer's signature		Date		T	PTIN		
	ai		1 "	Property a limito	' ' '			-		Check self-em	∟] #		
		pare			L					<u> </u>	p.0760		
U	Se	Onl				···				's EIN ▶			
_		41 1-		ddress ▶			Am 1 m dr = = = 1		Pho	ne no			
M	ay	the IH	is discuss	s this return with th	ie preparer snov	vn above? (see ins	tructions)		<u> </u>		<u> Ц</u> Ү	es No	

	'	•												
	0 (201	<u> </u>	Page 2											
Part	Ш	Statement of Program Service Accomplishments												
	Daire	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>											
1		offly describe the organization's mission:	Cassino											
		penefit Monte Cassino School, Inc. by providing a source of funds, both operating and endowment, to benefit Monte												
	SCIIC	ool, Inc., Tulsa, Oklahoma.												
2	Did:	the organization undertake any significant program services during the year which were not listed on the												
2			Yes 🗹 No											
	If "Y	f "Yes," describe these new services on Schedule O.												
3		old the organization cease conducting, or make significant changes in how it conducts, any program ervices?												
		f "Yes," describe these changes on Schedule O.												
4		res, describe these changes on schedule 0. scribe the organization's program service accomplishments for each of its three largest program services, as	measured by											
7	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	ons to others,											
	the t	total expenses, and revenue, if any, for each program service reported.												
4a	(Cor	de:) (Expenses \$ 296,903 including grants of \$ 296,903) (Revenue \$												
Ta	•	te Cassino Charitable Trust contributed \$120,000 to the scholarship fund for Monte Cassino School, Inc. This supp												
		d to provide financial assistance to students attending Monte Cassino School, Inc. Monte Cassino Charitable Trust												
	an a	additional \$176,903 to Monte Cassino School, Inc. to fund capital projects and for general operations.												
			· · · · · · · · · · · · · · · · · · ·											
4b	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)											
4c	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$)											

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 Total program service expenses ▶

) (Revenue \$

296,903

Form **990** (2014)

art	Checklist of nequired schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	V	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	√	
С	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? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
† 40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

ronn 9	90 (2014)	_		Page 4
Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	!	1
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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):	750 J.		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
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,			
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

0				
Part				_
	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 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	.*		
	(FBAR).	Tile of Section Associated	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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	_		١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ļ
	gifts were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).	4		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	- شگ	 -
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _ :		,
	required to file Form 8282?	7c	48/40.	√
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		11.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	- تنشه	<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8 *6H	1774	g 是 《 题
9	Sponsoring organizations maintaining donor advised funds.		2 125	, ~ ~
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X1.	-,-
10	Section 501(c)(7) organizations. Enter:	ľ	200 Y	· ·
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	, ,	u es -	
11	Section 501(c)(12) organizations. Enter:	ľ	" "	`· `
a	Gross income from members or shareholders		,	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	774	. 25	~ k, ~
	against amounts due or received from them.)	71)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
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.	<u> </u>	<u>,</u> ,1	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
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	1	مهادي , ز	· ·
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	I

Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI			uons. . 🔽						
Secti	on A. Governing Body and Management		<u>· · · </u>	<u> </u>						
			Yes	No						
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.	5								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee?	5 /ith								
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors, or trustees, or key employees to a management company or other person?			\ <u>\</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	1						
5 6 7a	6 Did the organization have members or stockholders?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	1		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:									
а	The governing body?	. 82	·	1						
ь	Each committee with authority to act on behalf of the governing body?	. 8t	<u> </u>	↓✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. g		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re									
			Yes							
10a b	Did the organization have local chapters, branches, or affiliates?	. 1		✓						
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			+,						
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form Describe in Schedule O the process, if any, used by the organization to review this Form 990.	n? 11	a 	7						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	. 12		1						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic									
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	es," . 12	С							
13	Did the organization have a written whistleblower policy?	. 13	3	✓						
14 15	Did the organization have a written document retention and destruction policy?		7. 5.	/						
а	The organization's CEO, Executive Director, or top management official	نمسسد								
b	Other officers or key employees of the organization	. 15	-	1						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ent <u> </u>	200							
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	its								
	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ► OK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ction 50	1(c)(3):	s only						
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	of interes	t polic	y, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and Monte Cassino School, Inc., 2206 S. Lewis Ave., Tulsa, OK 74114 918-743-3364	d record	is: ▶							

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Page	

	^^~	1004	
Form	990	1201	4

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

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

1a Complete this table for all persons required to be listed. 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 employees."
- 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 no	r any relate	d orga	aniz	atio	n c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
	(C) _ ,							Ī		
(A)	(B) Position (do not check more than one							(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익호	겼	Q	중일품		Fo	from the	related organizations	other compensation
	related	e Maria	Ĕ	Officer	Key employee	D S S	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	증률	ğ	'	탏	ê g		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	3		yee	퓇				organizations
		8	Institutional trustee			Highest compensated employee			1	
			•			<u>ē</u>	_			
(4) City of Christian Fraince CCD								<u> </u>		I
(1) Sister Christine Ereiser, OSB	3.0	1								
Trustee (2) Sister Catherine Martinez, OSB	.1	 		\vdash	-					
(2) Sister Catherine Martinez, USB Trustee	3.0	1			1					
(3) Grant Stewart	.1	- '	-		\vdash	l	┢			-
Trustee	0.0	1						i		
(4) Sheppard F. (Mike) Miers III	.1	- '- -			-	ļ				
Trustee	0.0	1						1	:	
(5) Steve Austin	.1		<u> </u>				\vdash			
Trustee	0.0	1	•							
(6) Matt Vereecke	.1									
Ex-Officio Trustee	40.00	1		✓					101,836	
(7)										
<u></u>	1]								
(8)										
				$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	<u> </u>		<u> </u>			
<u>(9)</u>										
(10)		<u> </u>		\vdash	-		┢╌			
(10)	†									
(11)			·	_						
				<u> </u>	<u> </u>		<u> </u>			
(12)	ļ									
					ļ		ļ			
(13)	ļ									
40			_	_						
(14)	} -									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	rson	than o	h an Reportable Reportable compensation compens			table Estimated amount of ted other		
	-	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compensation from the organization and related organization	n t
(15)													
(16)													
(17)											-		
(18)													
(19)												<u> </u>	
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Sectio		•				>		101	,836		
d	Total (add lines 1b and 1c)						above	<u>►</u>	ho received me		,836 00.000 (of	
	reportable compensation from the organi												N-
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	loyee, or high	est comper	nsated	Yes	No.
4	For any individual listed on line 1a, is the organization and related organizations individual												*
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	✓ ✓
	n B. Independent Contractors			_							1.22		
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business address								(B) Description of se	ervices	C	(C) ompensation	
											_		
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	****	. 11.4Å	,

Pan	VIII	Check if Schedule O		a respo	onse or note to	any line in this	s Part VIII					
		Oricon ii concadic o c	Jonains	<u></u>	Misc of flote ((A) Total revenue	(B) Related exem functi reven	d or pt on	(C) Unrela busine reven	ted ess	Reve Reve excluded under s 512-	from tax ections
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a			, ,	, ,			. 4	v 2011
ara our	ь	Membership dues .		1b				•			1, + 3, 1	
ts, (С	c Fundraising events 1c d Related organizations 1d				7.87						,
Giff Tar	d				60,832	3 <u>2</u>						
ış,	е	Government grants (contr		1e								
er S	f	All other contributions, gifts										
혈		and similar amounts not include		1f				,				
a de	g	Noncash contributions included										
	h	Total. Add lines 1a-1f	· · ·		<u> </u>	60,832						
Ę				<u> </u> -	Business Code	**************************************		11 to 1 t	<u> </u>	<u> </u>	· ·	
eve	2a	***************************************					ļ					
e Œ	ь			<u> </u>				_				
<u>Ş</u> .	C			<u> </u>								
Se	d		·									
Program Service Revenue	е			<u> </u>								
<u>o</u>	†	All other program service				-			<u> </u>	,		
	3	Total. Add lines 2a–2f Investment income (in	· · ·	elis releas	-				1			
	3	and other similar amou	_		•	454 700						454 500
	4	Income from investment of				151,782						151,782
	5	Royalties	JI LAX-EXEI	npt bon	u proceeus >							
	"	noyaliles	(i) Real		(II) Personal		1 *	· · ('%)	" - ';	, , ,	. ' %-(%)	93 <u></u>
	6a	Gross rents	(4)		(4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>\$75.</i>	38.		3,65	Ì	
	b	Less: rental expenses					,	3		1 2	ų,	ي. بعاريد،
	C	Rental income or (loss)			•		Sala.	W. Co			14 24 (2)	
	d	Net rental income or (lo	1991	-					136			<u>````. </u>
	7a	Gross amount from sales of	(i) Securiti	ies	(ii) Other	, , , , , , , , , , , , , , , , , , , 	, ,		. · · · · · · · · · · · · · · · · · · ·	× 2 °	is well to	1 63 . 56 . 1
	'-	assets other than inventory					"	',,	24, 1	"" i " "	44 . 1 . 15. "4	
	Ь	Less: cost or other basis				\$ 1.5 m	,		2,			7.5
		and sales expenses .						, \$2°, 1	age 5	,	المنظر المسائلة	, ž.,,,,
	c	Gain or (loss)					3 42%, 20 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3	30	** ** · **	***	A Your Control
	d	Net gain or (loss)			>			·		****		***************************************
		• • •							10 m	2.1%	250	in Finite
enue	8a	Gross income from fun	draising			**	1,3000		77	, in		
		events (not including \$					`	2	,			
Other Rev		of contributions reported	on line 1	c).						,, ¹ ' , 🐉 j.	Sec. 1	
ē		See Part IV, line 18 .		. a	:	· 5		*	,		2.29.	,***
돭	b	Less: direct expenses		. ь 🗆		tu tu tu		*			38	
•	С	Net income or (loss) fro	m fundra	using ev	rents . 🕨		*/*	· 'r				
	9a	Gross income from gam						> 		λ.		
		See Part IV, line 19 .		. a			, ,	*		j , s	, albeits.	
	ь	Less: direct expenses					3 12	• '*	1.15	. ,	¥ 300,	**********
	С	Net income or (loss) fro			ties ►		<u></u>					
	10a	Gross sales of inverturns and allowances	•	less · a		der Ger	Ç.		*4 3	*****	. 6	1,~
	ь	Less: cost of goods sol		_ `								,
	С	Net income or (loss) fro			tory ►							
		Miscellaneous Rev			Business Code	(%) (4.5)	-1,	•	ŧ	92° % }	,	4
	11a											
	b											
	С											
	d	All other revenue .		. [
	Ð	Total. Add lines 11a-11	1d	.	▶		Contraction of the second	क्री	· • 1	. 44	, "T	- Fr +
	12	Total revenue. See ins	tructions.		•	212 614						151 782

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns. /	All other organizatioi	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	296,903	296,903		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			. ^	
4 5	Benefits paid to or for members 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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b c	Legal				
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17			·	
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		0.00		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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 .				
23	Insurance	AAIA 3. 152-51, 514, 14. 14.	Discontinues and the second second	C. P. S. STOWN B. COMMUNICATION C.	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
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.)				
а	•			Testing and and all the second of the second	× 7 % 3 1h 3
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
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)	296,903	296,903		

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u></u> 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	142,681	2	138,449
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	5. (*).		3
		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 instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	- -
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	6,581,302	12	6,723,309
	13	Investments—program-related. See Part IV, line 11	0,00.,002	13	5/125/653
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,723,983		6,861,758
	17	Accounts payable and accrued expenses	0,720,000	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,		1 S.	12 TOTAL 2017
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26	Total liabilities. Add lines 17 through 25		26	Single Action Action
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	5,403,686	27	5,329,461
Ba	28	Temporarily restricted net assets		28	
ā	29	Permanently restricted net assets	1,320,297	29	1,532,297
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ž	33	Total net assets or fund balances	6,723,983	33	6,861,758
_	34	Total liabilities and net assets/fund balances	6,723,983	34	6,861,758
					Form QQD (2014

_				_	40
	90 (2014)			Page	e 12
Par	Reconciliation of Net Assets Check if School In Constains a reconcess or note to any line in this Bort VI				
	Check if Schedule O contains a response or note to any line in this Part XI	11	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)			212	
2	Total expenses (must equal Part IX, column (A), line 25)	2		296	
3	Revenue less expenses. Subtract line 2 from line 1	3		(84,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,723	
5	Net unrealized gains (losses) on investments	5		70	,896
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		151	,168
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6,861	,75E
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a		<u>✓</u>
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a	,; ,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1. 1	' '	ú,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	o without no do ben		

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.

За

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

MON	TE CASSINO CHARITABLE TRUST					73-10		
Pa							ns.	
The	organization is not a private founda		•		•	•		
1	A church, convention of churc			ibed in s e	ection 17	'0(b)(1)(A)(i).		
2	A school described in section		-			41441		
3	A hospital or a cooperative ho						:::\	46
4	A medical research organization hospital's name, city, and stat		onjunction with a nosp	pital desc	nbed in s	section 170(b)(1)(A)	in). Enter	ine
5	An organization operated for		college or university	owned o	r operate	ad by a government	al unit de	scribed in
·	section 170(b)(1)(A)(iv). (Com		conces of university	Owned 0	Ороган	ca by a government	ar drift do	JOHDCO III
6	☐ A federal, state, or local gover	-	mental unit described	lın sectio	on 170(b))(1)(A)(v).		
7	An organization that normally						the gene	eral public
	described in section 170(b)(1)			•	•		ŭ	•
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	☐ An organization that normally		· · · · · · · · · · · · · · · · · · ·		from con	tributions, members	hip fees,	and gross
	receipts from activities related	d to its exempt	functions-subject to	certain	exceptio	ns, and (2) no more	than 331	/3% of its
	support from gross investme						x) from b	usinesses
	acquired by the organization a							
	An organization organized and	•	•	•				_
11	An organization organized and							
	one or more publicly supported the box in lines 11a through 11							
_				_				_
а	the supported organization(s							
	organization. You must con			ot a majo	and or an		0 01 110 0	apporting
b				nection w	rith its su	pported organization	ı(s), bv ha	vina
	control or management of th	•						_
	organization(s). You must co	omplete Part IV	, Sections A and C.					
C							y integrate	ed with,
	its supported organization(s)	(see instruction	s). You must comple	te Part IV	/, Sectio	ns A, D, and E.		
d								
	that is not functionally integr						an attenti	veness
	requirement (see instructions	•						
е							ı, rype iii	
	functionally integrated, or Ty	•	onany integrated supp	Joi ting of	gariizaiio	116.	_	
1			orted organization(s)					
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vı) Am	ount of
	(i) Name or supported organization	(11) = 114	(described on lines 1–9	listed in you	ır governing			port (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instruc	ctions)
			(See Instructions)	Yes	No	-		
/A\M	onte Cassino School, Inc.							
(A) IVI	onte Cassino School, Inc.	73-1000796	2	/		296,903		0
(B)								,
\ 								<u>.</u>
(C)							ı	
(D)				-	•		,	
				ļ				
(E)								
		Pyrinkauet co	opidic Part Wybeco	ns A ge	2 Danie			
Tota	1	Mariant world	opteto Fact IV (Section)	Min Fig	Merill !	296,903		0

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2013 Schedule A, Part II, line 14 15 % 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization \Box 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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			1	!		
_	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						
С	Add lines 7a and 7b		 				
8	Public support (Subtract line 7c from	1975			HOTELSKE IN		
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carned on						
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets (Explain in Part VI.) :						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	Ld. fourth	ı. or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	_			•		
Secti	on C. Computation of Public Suppor				· · · · · ·		
15	Public support percentage for 2014 (line 8	3, column (f) d	ıvıded by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch				<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (•		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
_	17 is not more than 331/3%, check this box		•	-		_	_
b	331/3% support tests—2013. If the organiz						
20	line 18 is not more than 331/3%, check this is	-	_	-		-	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)		V	Al-
44	Her the averagination asserted a wift or contribution from any of the following paragraps?	Г	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		-
b	A family member of a person described in (a) above?	11b		▼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	1
	on B. Type I Supporting Organizations	1		
	on or type i cappe and garagement and a second a second and a second a		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		-	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	W I 5 7
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	. *		, ,
	controlled the organization's activities. If the organization had more than one supported organization,			` ^
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported]]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	% .~		* *
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		ļ	3
0		2	<u> </u>	<u> </u>
Secti	on C. Type II Supporting Organizations		Vaa	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		\$5.2.	
	or management of the supporting organization was vested in the same persons that controlled or managed			(**)
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
00011	on birm Typo in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	12.00	1.55	131
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		١.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100 3	18/33	3
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	* * *		:]
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		οğ.	
	significant voice in the organization's investment policies and in directing the use of the organization's		* . in .	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	سنسا		1
		3	L	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		T 33	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined	ŵ.		
	that these activities constituted substantially all of its activities.	2a		, water timed
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, ,	\$, ,	188
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	'	ĺ	
	reasons for the organization's position that its supported organization(s) would have engaged in these	25		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	,» ,		٠
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			55
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function III Non-Functi	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	1		Welling Will
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		***************************************	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supporting	g organization (see

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total amnual distributions, Add lines 11 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide detalis in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a Compart of the part of th	Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
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8 Breakdown of line 7: a b c c d Excess from 2013	•	•		16	
b / C / C / C / C / C / C / C / C / C /					
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c d Excess from 2013			, , , , , , , , , , , , , , , , , , , ,		
d Excess from 2013		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
e Excess from 2014			(1) (1) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1	
	<u>е</u>	Excess from 2014	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠,	_ * * *

Part VI	Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	ction C: The Trust document authorizes the Board of Directors of Monte Cassino School, Inc. (73-1000796), supported
organizatio	n, to appoint the Board of Trustees of Monte Cassino Charitable Trust (73-1041056). The Trust document states that
the Preside	ent of the School, Treasurer of the School, President of the Board of Directors of the School, Chair of the Finance Committee of
the Board	of Directors of the School, and At Large appointment of the President of the School, shall serve as voting Trustees of the
Monte Case	sino Charitable Trust. The Trust document further appoints that the School Director or the Director of Finance and Operations
of the Scho	ol will serve as a non-voting trustee. These persons do not constitute a majority of the Board of Directors of Monte Cassino
School, Inc	. However, each hold key offices with respect to School governance.

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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.

, 10, 11a, 11b, 11c, 11d, 11e, 11t, ▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

MONTE CASSINO CHARITABLE TRUST 73-1041056 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 value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 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 ☐ No 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 ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pa	ae	2

Par 3	Using the organization's acquisition,	accession, and ot				
	collection items (check all that apply):					
a	☐ Public exhibition			or exchange p		
b	Scholarly research	_	e ∐ Othe	r 		
C	Preservation for future generation					and accompany in Dawl
4	Provide a description of the organiza XIII.	uon s collections a	and explain now i	ney turther the	organization's exer	npt purpose in Pan
5	During the year, did the organization					
	assets to be sold to raise funds rathe		ined as part of th	e organization'	s collection?	☐ Yes ☐ No
	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes'			•	
1a	Is the organization an agent, trustee included on Form 990, Part X?					ot □ Yes □ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:		
		•	J		A	mount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amou					
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been pro	vided in Part XIII .	🔲
Par	t V Endowment Funds.					
	Complete if the organization	answered "Yes'				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	6,723,983	1,381,573	1,400,	322	•
b	Contributions	212,000	5,412,651			
C	Net investment earnings, gains, and					
	losses	222,678	53,767	9,2	207	
d	Grants or scholarships	296,903	120,000	23,	756	
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	0	4,008	4,:	200	
g	End of year balance	6,861,758	6,723,983	1,381,	573	
2	Provide the estimated percentage of t		d balance (line 1g	g, column (a)) h	eld as:	
а	Board designated or quasi-endowme	nt ▶ 77.6	7%			
b		2.33%				
C	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2	2c should equal 10				
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held and	administered for th	<u></u>
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(II), are the related organ	ızations listed as re	equired on Sched	ule R?		3b
4	Describe in Part XIII the intended uses	s of the organization	n's endowment f	unds.		`
Par	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes"	' to Form 990, F	Part IV, line 11	a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme	1	or other basis other)	(c) Accumulated depreciation	(d) Book value
	Land			700		
b	Buildings				The state of the s	
c	Leasehold improvements		-			
ď	Equipment	. –			-	
e	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, columi	(B), line 10c.)		

Part VII	Complete if the organization ans		m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	thod of valuation I-of-year market value
(1) Financial					· · · · · · · · · · · · · · · · · · ·
	neld equity interests				
(3) Other	· ·				
(A) Institu	rtional Multi-Strategy Equity Fund		3,904,463	Fair Market Value	
	rtional Mulit-Strategy Bond Fund			Fair Market Value	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶		6,723,309	5 10 4 14 45 4	
Part VIII	Investments—Program Related				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation
				Cost or end	I-of-year market value
(1)					
(2)					
(3)					
(4)				·	
(5)					
(6)		•			
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)			K 11 8, 1, 4.	en in analogia (militari
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(4	a) Description			(b) Book value
(1)					
(2)					
(3)	•				
(4)					
(5)					
(6)					
(7)		•			
(8)					
(9)			·		
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		. >	
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" to Fori	m 990, Part IV, line	11e or 11f, See	Form 990, Part X,
	line 25.				, ,
1.	(a) Description of liability	(b) Book value	Ger Y YAFSI.		
(1) Federal in					
(2)					
(3)					
(4)					
(5)	******				
(6)	*				
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, provi	de the text of the footo	ote to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under				
	s having for anothern tax positions under		S. TIOLO II GIO TOAT OF II		promoce in ruit Aiii

Par	Complete if the organization answered "Yes" to Form 99		er Return.
1	Total revenue, gains, and other support per audited financial statemer		141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ns	. 1
		a-	
a	Net unrealized gains (losses) on investments		_
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		⊣ . ∣
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I		
Part	XII Reconciliation of Expenses per Audited Financial Stat		per Return.
	Complete if the organization answered "Yes" to Form 990		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	1
b	Prior year adjustments	. 2b	7
С	Other losses	. 2c	- , %
đ	Other (Describe in Part XIII.)	. 2d	- 1
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3"
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	
b	Other (Describe in Part XIII.)		-
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,		
Part	XIII Supplemental Information.		
	e 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
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p		
	Line 4, Endowment Funds: The Monte Cassino Charitable Trust holds end	· · · · · ·	
1.011.14	Line 4, Lindwinent I and 3. The Monte Odd Sino Originable Trast folds end	Willell Idilds for Monte Cass	ino School, Inc. The
Schoo	is the sole beneficiary of income from endowment funds held by the Trust	The Trust agreement provid	log that wat logg than
301100	is the sole beneficiary of income from endowment funds field by the Hust	. The trust agreement provid	es trat, not less tran
	ly, the Trustees, at their sole discretion, may: (1) apply the income to offset	the executive definit (if each	annagia maad bu Aba
aririua	y, the trustees, at their sole discretion, may: (1) apply the income to offset	the operating deficit (if any) (experienced by the
Cabaa	(2) reinvest the evenes income in principal to increase the Trust Fund (2)		-laushin found for advidants
SCHOO	, (2) reinvest the excess income in principal to increase the Trust Fund, (3)	contribute income to the sch	plarship fund for students
	madha Cabaal (4) aantiibada da anaaial aasiada aa aasial isaasaa sa		
attendi	ng the School, (4) contribute to special projects or capital improvements for	or the School, or (5) a combina	ation of the above.
	•••••		

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, OMB No. 1545-0047 2014 (h) Purpose of grant or assistance Provide scholarships Employer identification number Capital projects □ Yes 73-1041056 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . • . ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. . . Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash 176,903 120,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)3 501(c)3 73-1000796 73-1000796 (b) EIN MONTE CASSINO CHARITABLE TRUST 2206 S. Lewis Ave., Tulsa, OK 74114 2206 S. Lewis Ave., Tulsa, OK 74114 1 (a) Name and address of organization (2) Monte Cassino School, Inc. (1) Monte Cassino School, Inc. Department of the Treasury Internal Revenue Service Name of the organization Partl Part II 8 ල ₹ 9 6 5 2 E

Schedule I (Form 990) (2014)

Cat. No. 50055P

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Part I, Line 2: Funds provided to the School are dispensed under the School's direction. The Trust does not monitor the School's decision making process. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ຜ က φ

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

V	Limployer identification number
MONTE CASSINO CHARITABLE TRUST	73-1041056
Form 990, Part VI, Section A, Line 8a: The governing body held no meetings during the	fiscal year.
Form 990, Part VI, Section A, Line 8b: The organization does not have committees.	
•	
Form 990, Part VI, Section B, Line 11b: The organization currently does not have a revi	ew process in place for the Form 990.
	•••••
Form 990, Part VI, Section C, Line 19: The Organization will make its Form 990 and other	r governing documents available for public
inspection upon request.	
Corm 000 Part VI Decembilisters of Not Accete Line 0. Design the Secolars and deliver	20 2045 the Dead of Discourse of March
Form 990, Part XI, Reconciliation of Net Assets, Line 9: During the fiscal year ended Jur	le 30, 2015, the Board of Directors of Monte
Cassino School, Inc. (73-1000796), supported organization, transferred restricted contri	butions of \$151,168 into the Trust to add to the
permanent endowment. This transfer was done in satisfaction of donor restrictions. The	e primary purpose of the Trust is to accumulate
capital as an Endowment Fund to provide for future funding of programs of Monte Cass	ing School Inc
ospensos and to product of landing or programs or moric outs	School, III.
•••••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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2014

OMB No. 1545-0047

Open to Public Inspection Employer identification number

> 헎 ▶ Information abou

(9) Section 512(b)(13) controlled entrly? (f)
Direct controlling
entity Yes No 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. 73-1041056 (f)
Direct controlling
entity (e) End-of-year assets ¥ Line 1 (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)3 (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) 충 (b) Primary activity (b) Primary activity Religious School (3) (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) Monte Cassino School, Inc. 73-1000796 MONTE CASSINO CHARITABLE TRUST 2206 S. Lewis Ave., Tulsa, OK 74114 Part Part II

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Schedule R (Form 990) 2014

Cat. No 50135Y

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

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(i) Section 512(b)(13) controlled (k) Percentage ownership Ŷ entity? 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 treated as a corporation or trust during the tax year. Yes 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. General or managing partner? å (h) Percentage ownership Yes (a)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of- [year assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
I Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV E E 8 3 € (9) ₹ Ð 9 E ල 9 9

Schedule R (Form 990) 2014

lule R (Form 990) 2014	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (Part V

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

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.

(a) (b) (c) (d) (e) (f) (g)	(a)	(0)	(p)	(e)	(J)		ε		9	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related	Are all partners	Share of	Share of end-of-vear	Disproportionate allocations?	amount in box 20		Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1065)	partner?	
			<u>~</u>	Yes No			Yes No		Yes No	
(1)	-									
(2)										
(E)										
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