

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

	Α	For the	2016 cal	lendar	year, or t	ax year be	jinning	Jul 1		, 2016, a	nd ending	Jun 30	)	,	2017
	₽-	Check if an		C Name	e of organiza	tion							DE		lentification number
	H	Address ch	, I	The M	others	Club of	Edward	Dougla	s White	Cathol	ıc Hiah	School	-	72-14	51681
	Н	Name cha	``` <b>°</b> ``					livered to stree		<u>ou ciro i</u>	Room/suite			elephone n	<del></del>
	H	Initial retur Final return/ti		Ω11 .	Jackso	n S+								(985)	446-0994
	H	Amended					ountry, and ZIP	or foreign post	al code						
		Application		Thibo	odaux					LA	70301			iroup Ex lumber	emption · · · · · ►
	G	Account	ting Metho	od [	Cash	Accrua	l Other (	specify) >				H Check	( <b>&gt;</b> [	X If the	organization is not
	1	Website	e: N/			LJ		-							chedule B
	J	Tax-exen	npt status (	(check o	nly one) —	X 501(c)(3)	501(c)	( ) <b>⊲</b> (i	nsert no )	4947(a)(1	or 527	(Form	990,	990-EZ,	or 990-PF)
	K	Form of	forganiza	ation	X Corp	oration	Trust	Associa	ation 🔲	Other					
	L								ss receipts a					<b>▶</b> \$	EO 020
	Da								ets or Fu						59,829.
	Fe														X
												•			59,581.
		2 P	rogram se	ervice r	evenue in	cluding gov	ernment fe	es and cont	racts					. 2	
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		1		-										4	248.
Ŵ	)	1							. <b>.</b>	- 1	5 a			<b>5</b> .	
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3	R						edule G if	reater than	\$15,000)		6 a				
Z	V	h G	ross inco	me kror	n frindrais	no level ski	nepunchilda	an S			of contrib	utions		7 / 1	
0	E N	fre	om fundra	aisinde	vents rep	orted on line	attach	Schedule (	3 if the sum						
<b>)</b>	E	of	f such gro	oss/ipēg	ime @nd <sub>1</sub> c	ogtributions	exce <b>ęds</b> \$	15,000)			6 b				
<u> </u>		c Le	ess direc	ct exper	ses from	gaming gi	Pfundfægh	g events.		[	6 c			\$ 1 m	
<u>2</u>		d N	let income	e or (los	s) from g	aming and t	undra sing	events (add	lines 6a ar	nd				55	
2017		61	b and sub	offectell	16 89 M	EN: Ti	<b>テ</b> ノ≛/							6 d	
•						-	-	ces		· · · ·  _	7 a			(4) (2) (2)	
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		<del></del>													59,829.
															49,752.
		11 B	enefits pa	aid to oi	for mem	bers				• • • • • ;			• • •		
	E													. 12	
	X P E								tors					. 13	
	N S													. 14	7,230.
	Ĕ	<b>15</b> P	rıntıng, pı	ublicatio	ons, posta	ge, and shi	pping							. 15	290.
	Ū														11,735.
															<u>69,007.</u>
		18 E	xcess or	(deficit)	for the ye	ear (Subtrac	t line 17 fro	m line 9).						. 18	<u>-9,178.</u>
	A S NS E E T	19 N	let assets	or fund	l balances	at beginnii	ng of year (	from line 27	, column (A	)) (must a	gree with e	nd-of-year			
	EE TE	fig	gure repo	rted on	prior yea	r's return).									71,088.
	'T S								edule O) .						
		<u>.                                    </u>							through 20				<u>•</u>	21	61,910.
	BA	A For P	aperwor	k Redu	ction Act	Notice, se	e the sepa	rate instru	ctions.						Form <b>990-EZ</b> (2016)

Form	990-EZ (2016) The Mothers Club	of Edward Douglas W	<u>hite Catholic Hi</u>	gh School 72-	-14 <u>5</u>	1681 Page 2
Par	<b>t·II</b> Balance Sheets (see the instr	ructions for Part II)				
	Check if the organization used Sched	ule O to respond to any questi				
22	Cash, savings, and investments			A) Beginning of year		(B) End of year
22 23	Land and buildings			<u>57,796.</u>	$\neg$	48,996.
24	Other assets (describe in Schedule O)		L	13,292.	$\overline{}$	12,914.
25	Total assets			0.	. 24	0.
26	Total liabilities (describe in Schedule O).			71,088.	. 25	61,910.
27	Net assets or fund balances (line 27 of c			0.	. 26	0.
$\overline{}$				71,088	.   27	61,910. Expenses
Par	t III Statement of Program Service A Check if the organization used Sche					•
What	is the organization's primary exempt purpose? Su	property for EDM Coth	al a UC	· · · · · · · · ·		uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service acc	omplishments for each of its th	ree largest program ser	vices, as		nizations, optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	nanner, describe the services i	provided, the number of	persons	for ot	hers)
					—	
28	Payments to assist esucaa					
	advancement of high school		<u>ird_Douglas</u>			
	White Catholic High School	s amount includes foreign grai			28 a	40 750
20	(Grants \$ 0.) If the	s amount includes foreign grai	nts, check here	· · · · · · · · · · · · · · · · · · ·	20 a	49,752.
29					i	
	75				20.	
	(Grants \$ ) If the	s amount includes foreign gra	nts, check here		29 a	
30						
		s amount includes foreign gra			30 a	
31	Other program services (describe in Sched					
		s amount includes foreign gra			31 a	
	Total program service expenses (add lin				32	_49,752.
Pai	t·IV List of Officers, Directors,					
	Check if the organization used Sche	edule O to respond to any que:	stion in this Part IV			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Uselth henofite	yee	(e) Estimated amount of other compensation
Kın		week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defe	yee	(e) Estimated amount of
	berly Candies	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defe	yee	(e) Estimated amount of
Pre	nberly Candies	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
<u>Pre</u> J <u>l</u> ]	berly Candies	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Pre Jil 1st	nberly Candies sident 1 Stein V-Pres	week devoted to position 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Pre Jil 1st Kat	berly Candies sident 1 Stein	week devoted to position 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred	(e) Estimated amount of other compensation
Pre Jil 1st Kat 1st	nberly Candles esident l Stein V-Pres hy Sirols V-Pres	3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred O.	(e) Estimated amount of other compensation  0.
Pre J1] 1st Kat 1st Lor	berly Candles esident l Stein V-Pres by Sirols V-Pres i Trottl	3.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	yee rred O.	(e) Estimated amount of other compensation  0.
Pre Jil 1st Kat 1st Lor Tre	berly Candles esident l Stein V-Pres by Sirols V-Pres Ti Trottl	3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	O.	(e) Estimated amount of other compensation  0.
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Pre Jil 1st Kat 1st Lor Tre Kri	berly Candles esident l Stein V-Pres by Sirols V-Pres Ti Trottl	3.00 3.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe	0. 0.	(e) Estimated amount of other compensation  0.  0.
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	990-EZ(2016) The Mothers Club of Edward Douglas White Catholic High School 72-145168	31	Р	age 3
Par	t.V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			<u> </u>
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	350		<del> </del>
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.	37 b	37 7	
	Did the organization file Form 1120-POL for this year?	3/10	<i>\$</i> ^.	X
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
Ł	olf 'Yes,' complete Schedule L, Part II and enter the total	أيتنال		7.从提高。 21.为强。
39	Section 501(c)(7) organizations Enter		They'	家鄉
a	Initiation fees and capital contributions included on line 9		±=; -\$1.00	1
t	Gross receipts, included on line 9, for public use of club facilities		15.34	4
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	A 子(な) (4.4.5)
	section 4911 , section 4912 , section 4912 , section 4955 Did the organization engage in any section 4958 excess			1
L	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
c	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed Louisiana			·
40.	The concentration (a			
422	a The organization's books are in care of ▶ Ann T Boudreaux, CPA Telephone no ▶ (985)	<u>446</u>	-099	<u>4</u>
	Located at 901 Ridgefield Rd., Thibodaux LA ZIP+4 70301		Vac	No
t	o 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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country		4	
		1, 1,		13%
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	عاد د معاد د	1	1 ,
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ [	1
45	and enter the amount of tax-exempt interest received or accrued during the tax year		L	,
			Yes	_
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	V. 4	X
	Did the organization receive any payments for indoor tanning services during the year?	44 c	-	X
•	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		<u>`</u>
45 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
ŀ	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	46 h		Ţ
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b orm 99	0-EZ	<u>  X</u> (2016)
	· == 1,44 · + · · == · · · · · · · · · · · · · ·	_		. ,

Form 990-E	EZ (2016) T	ne Mothers Club of E	dward Douglas W	hite Catholic Hic	gh School 72-1451	681	Р	age 4
•							Yes	No
46 Did th	ne organizatio	n engage, directly or indirectly	, in political campaign a	ctivities on behalf of or in	opposition to	£12	100	3
candi	dates for pub	lic office? If 'Yes,' complete So	chedule C, Part I		· · · · · · · · · · · · · · · · · · ·	. 46		Х
Part VI		501(c)(3) organizations						
		n 501(c)(3) organization	s must answer que	stions 47-49b and 5	2, and complete the t	ables		
	for lines 5							
	Check if the	e organization used Schedule	O to respond to any que	estion in this Part VI	· · · · · · · · · · · · · · · · · · ·	· · · · ·	• • •	اللن
- B.III			. 504/		U 1		Yes	No
		n engage in lobbying activities cC, Part II				. 47		Х
48 Is the	organization	a school as described in secti	on 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		. 48		Х
	•	n make any transfers to an ex						X
	-	ated organization a section 52		<del>-</del>				
		e for the organization's five hig						
		ach received more than \$100,0				,		
<del></del>	· · · · · · · · · · · · · · · · · · ·				(d) Health benefits,			
	(a) Name and til	tle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
none_								
					-:-			
				∃ -				
f Total	number of oti	her employees paid over \$100	,000 •					
51 Comp	olete this table	e for the organization's five hig	hest compensated inde	pendent contractors who	each received more than	\$100,000	of	
comp	ensation from	the organization If there is n	one, enter 'None '					
	(a) Name and bus	siness address of each independent con	tractor	<b>(b)</b> Type	of service	(c) Com	pensatio	n
			····					
<u>none</u>		<del></del>	<del>-</del>					
				-				
			<del></del>					
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
			<b></b>					
			<u> </u>					
d Total	number of ot	her independent contractors e	ach receiving over \$100	,000				
52 Did th	ne organizatio	n complete Schedule A? Note	: All section 501(c)(3) o	rganizations must attach	а	(i)	ſ	$\neg$
comp	leted Schedu	le A	<u> </u>	<del> </del>		► X Yes	3	No
Under penaltie	s of penjury, I decl	are that I have examined this return, inc aration of preparer (other than officer) is	luding accompanying schedules	s and statements, and to the best	of my knowledge and belief, it is			
true, correct, ai	Ta complete Deci	aration of preparer (officer yright (finiter) is	based on all illiorniation of will	cit preparer rias arry knowledge	Tiphal)-			
	Signature of	tofficer TO 1171 DV	<del></del>	·	Date			
Sign	J. Signature o							
Here		Trotti			Treasurer			
	I	nt name and title			FET PTI	N		
	Print/Type prepa	arer's name	Preparer's signature	1000116/04/1	I IX I . I			
Paid		oudreaux	00 10,100	101201146/04/1	7 self-employed PC	0084133	6	
Preparer	Firm's name ▶	Ann T. Boudreau						
Use Only	Only Firm's address ► 901 Ridgefield Road Firm's EIN					72-1047		
	<u></u>	Thibodaux	<del></del>	LA 70301	Phone no (985			
May the IR	S discuss this	return with the preparer show	n above? See instructio	ns		► X Ye		No
						Form 99	0-EZ (	2016)

#### SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name o	Name of the organization Employer identification number								
The	Mothers Club of Edwa					72-145168			
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this pa	art.) See instruction	IS.		
The o	rganization is not a private foundati	on because it is (For	lines 1 through 12, check	conly on	e box )				
1	A church, convention of church	nes, or association of c	hurches described in se	ction 170	)(b)(1)(A	۸)(i).			
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-l	ΞZ))				
3	A hospital or a cooperative hos	spital service organizat	ion described in section	170(b)(	I)(A)(iii)				
4	A medical research organization	on operated in conjunc	tion with a hospital desci	ribed in <b>s</b>	ection 1	170(b)(1)(A)(iii) Enter tl	ne hospital's		
	name, city, and state								
5	An organization operated for the section 170(b)(1)(A)(iv). (Cor	ne benefit of a college mplete Part II)	or university owned or of	perated b	y a gove	ernmental unit described	d in		
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 agricultural research organi	ization described in se	ction 170(b)(1)(A)(ix) o	perated ii	n conjun	ction with a land-grant of	college		
•	or university or a non-land-grai								
	university								
10	An organization that normally r from activities related to its exe investment income and unrelated June 30, 1975. See section 50	empt functionssubjected business taxable in 09(a)(2). (Complete Pa	it to certain exceptions, a ncome (less section 511 art III )	and (2) no tax) from	more to busines	han 33-1/3% of its supp sses acquired by the org	ort from gross		
11	An organization organized and	operated exclusively	to test for public safety	See <b>sect</b>	ion 509(	(a)(4).			
12	An organization organized and or more publicly supported org	anizations described ii	n section 509(a)(1) or se	ection 50	)9(a)(2).	See section 509(a)(3).	urposes of one Check the box in		
а		ion operated, supervisegularly appoint or elec	ed or controlled by its s	upported	organiz	ation(s), typically by give	ng the supported ition <b>You must</b>		
b	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	ı organizatıon vested ii	trolled in connection with n the same persons that	its supp control o	orted or r manag	ganization(s), by having the supported organia	control or zation(s) <b>You</b>		
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in conr ete Part IV, Sections A,	ection w <b>D, and</b> E	ith, and	functionally integrated v	vith, its supported		
d	Type III non-functionally integrated The organistructions) You must comp	ganization generally m	ust satisfy a distribution	connecti requirem	on with i ent and	ts supported organization attentiveness require	on(s) that is not ement (see		
е	Check this box if the organizat	ion received a written ctionally integrated sur	determination from the li				nctionally		
f	Enter the number of supported or	ganizations							
g	Provide the following information		rganization(s)						
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No		•		
				162	140				
(A)				<u> </u>					
(B)									
1=/									
(C)							,		
(D)									
<u>(E)</u>				ļ					
Total	•								

The Mothers Club of Edward Douglas White Catholic High School 72-1451681

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)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	59,661.	55,083.	61,524.	59,108.		235,376.
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	59,661.	55,083.	61,524.	59,108.		235,376.
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)			18 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
6	Public support. Subtract line 5 from line 4	£ 1	F Straige T				235,376.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	59,661.	55,083.	61,524.	59,108.		235,376.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221.	235.	228.	469.		1,153.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				200	a. On	
11	Total support. Add lines 7 through 10						236,529.
12	Gross receipts from related activities	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and st	top here					▶ 🗍
Sec	tion C. Computation of Pul	olic Support P	ercentage	<del> </del>			
14	Public support percentage for 2016	6 (line 6, column (f	) divided by line 11	, column (f))		14	99.51 %
	Public support percentage from 20					<del></del>	99.52 %
	33-1/3% support test—2016. If the and stop here. The organization q	ualifies as a public	cly supported organ	nization			► X
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did i jualifies as a public	not check a box or cly supported organ	i line 13 or 16a, an nization	nd line 15 is 33-1/3	% or more, check t	this box
	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and- nd-circumstances'	-circumstances' tes test. The organiza	it, check this box a tion qualifies as a	and <b>stop here.</b> Exp publicly supported	olain in Part VI how I organization	,> []
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-companization meets and 'facts-and-companization meets	eets the 'facts-and- circumstances' test	-circumstances' tes t The organization	it, check this box a qualifies as a pub	and <b>stop here.</b> Exp dicly supported org	olain in Part VI how janization	the
18	Private foundation. If the organization	ation did not check	a box on line 13,	10a, 16b, 17a, or 1			20 or 990-FZ) 2016

Part·III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	is listed below, pież	ase complete Part	II )			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2042	(a) 2014	(4) 2015	(a) 2016	(5) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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.						<del> </del>
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						
	Total. Add lines 1 through 5 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 line 6)						
Sec	tion B. Total Support	<del></del>	<del></del>				
	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			·			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and st	top here		hird, fourth, or fifth	n tax year as a sect	tion 501(c)(3) 	<b>. ▶</b> []
	tion C. Computation of Pul			1 (5)			
15	.,						- %
16	Public support percentage from 20				· · · · · · · · · · · · · · · · · · ·	16	·
Sec	tion D. Computation of Inv					<del></del>	
17	Investment income percentage for						
18	Investment income percentage from						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the	ns box and <b>stop he</b>	ere. The organizati	ion qualifies as a p	oublicly supported o	organization	• []
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, or Private foundation. If the organization is the organization in the organization in the organization in the organization is the organization in the organization in the organization in the organization in the organization is the organization in the organiz	theck this box and s	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	• 📙

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7º If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Pa	<u>rt.IV</u>	Supporting Organizations (continued)			
11	Has ti	ne organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	ر بر الم	Tages .	¥.7.
	•	ily member of a person described in (a) above?	11b	ļ —	<del> </del>
		s controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		_
		3. Type I Supporting Organizations		L	
				Yes	No
1	or ele Part V If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year	1		では、大きな
2	that o	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such at carried out the purposes of the supported organization(s) that operated, supervised, or controlled the rting organization	2		意では
Sec	tion (	C. Type II Supporting Organizations		,	
			[, <u>-</u> (' ,	Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees h of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s)	1		أخفت
Sec	tion [	). All Type III Supporting Organizations			
			7 888°	Yes	No
1	organ year,	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the zation's governing documents in effect on the date of notification, to the extent not previously provided?	7 - T		南海の東京
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at es during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played regard	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
,		ne organization satisfied the Activities Test Complete line 2 below			
	$\equiv$	ne organization is the parent of each of its supported organizations. Complete line 3 below			
•	: 🗍 T	ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ons)		
2	Activit	ies Test Answer (a) and (b) below.		Yes	No
•	suppo organ respon	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the riced organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported vizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities			
I	the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b	基层	10 A
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a	161	
	Did th suppo	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its rted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		3.4

	The Mothers Club of Edward Douglas White Cathers V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization				51681 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on		_	<del></del>	
	instructions. All other Type III non-functionally integrated supporting organizations in	nust c	cor	nplete Sections A throug	h E
Sec	tion 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	Ì		
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	T		
Sec	tion 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)	, , ,	, X U 4 O		
а	Average monthly value of securities	1 a	а		
b	Average monthly cash balances	1 b	ь		
c	Fair market value of other non-exempt-use assets	10	C		
d	Total (add lines 1a, 1b, and 1c)	10	d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	100	, Tark		
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	$\perp$		
_7	Recoveries of prior-year distributions	7	$\perp$		
_8_	Minimum Asset Amount (add line 7 to line 6)	8	$\perp$		
Sec	tion C — Distributable Amount			1916年	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1.完日聖養主智可	
2	Enter 85% of line 1	2	Ī	"自己来事务是有	
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	<b>译图泰德 智定等</b>	
_4	Enter greater of line 2 or line 3	4		· · · · · · · · · · · · · · · · · · ·	
5_	Income tax imposed in prior year	5		空星 基際會議堂	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
7	Check here if the current year is the organization's first as a non-functionally integrate (see instructions)	ed Ty	pe	III supporting organization	on 
BAA			_	Schedule A (Fo	rm 990 or 990-EZ) 2016

Sche	edule A (Form 990 or 990-EZ) 2016 The Mothers Club of Edward Do	ouglas White Catholic U	ligh School 72-14	51681 Page 7		
	Type III Non-Functionally Integrated 509(a)(3) Si			JIOOI Fage I		
Sec	tion D - Distributions	<u> </u>	<u></u>	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purported organizations are supported organizations.	ses				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		ns,			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations				
4	Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval required)						
6						
_ 7	Total annual distributions. Add lines 1 through 6					
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions					
9						
10	Line 8 amount divided by Line 9 amount					
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
Sec	tion E — Distribution Allocations (see instructions)  Distributable amount for 2016 from Section C, line 6	Excess	Underdistributions	Distributable		
Sec 1 2		Excess	Underdistributions Pre-2016	Distributable		
1	Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c d	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  From 2013	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c d e	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  From 2013	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c d e f	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  From 2013	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c c d e f g	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  From 2013	Excess Distributions	Underdistributions Pre-2016	Distributable		
1 2 3 a b c d e f g h	Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  From 2013	Excess Distributions	Underdistributions Pre-2016	Distributable		

3 Excess distributions carryover, if any, to 2016	- 1	[17] [15] [15] [15] [15] [15] [15] [15] [15	<b>《数大學問題》</b> 《一次問題》
a	्र १८० स्ट	· 通知 · 一种	<b>有事</b> 心理是心理性
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	<b>新,其外,</b>
© From 2013	· · · · · · · · · · · · · · · · · · ·	· 全直的 / 1 字	<b>经验</b> 证金额
d From 2014		建外 27 国际。	
e From 2015	1		<b>美工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b>
f Total of lines 3a through e		· 第、激 檀	是一个是一个
g Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		量引起的一种
h Applied to 2016 distributable amount		於八進 "紫红蓝	
i Carryover from 2011 not applied (see instructions)		、塗りまた遺跡。	資性量的:產工工
j Remainder Subtract lines 3g, 3h, and 3i from 3f			<b>《是、權、力權、外》</b>
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			(2) 第二次 (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
b Applied to 2016 distributable amount		整度、	
c Remainder Subtract lines 4a and 4b from 4		型、雪、野、雪	
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			医心管 化配流
8 Breakdown of line 7		数 後 魔 魔	<b>经验证验证的</b>
a	三、海水水水道的	型"道"。	23次48次40000000000000000000000000000000000
b Excess from 2013	Same Same S	THE STATE OF	· 海外疆水龙部 / 植水
c Excess from 2014			<b>夏沙園林夏</b> (京)。
d Excess from 2015	から 大変		主经。國際是,置
e Excess from 2016			整備經濟
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Schedule A (Form 990 or 990-EZ) 2016

Part-VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

#### 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.

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.

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2016

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Department of the Treasury Internal Revenue Service Name of the organization

The Mothers Club of Edward Douglas White Catholic High School