EXTENDED TO JUNE 15, 2018

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.

Open to Public Inspection

Eorm 990 (2016)

Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning AUG 1, 2016 and ending JUL 31. 2017 C Name of organization D Employer identification number Check if Address change MACLAY SCHOOL FOUNDATION INC Name change 59-1778711 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3737 N MERIDIAN ROAD 850-893-2138 termin-ated 701,196. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amendec TALLAHASSEE, FL 32312 H(a) Is this a group return Yes X No F Name and address of principal officer. TERESE COMBS for subordinates? pendina SAME AS C ABOVE Yes No H(b) Are all subordinates included? 4947(a)(1) or 4527 I Tax-exempt status X 501(c)(3) \_\_\_\_ 501(c) ( ) ◀ (insert no.) If "No." attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ ☐ Other ► K Form of organization: X Corporation Trust Association L Year of formation: 1978 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE SUPPORT FOR ALFRED B Governance MACLAY, JR. DAY SCHOOL Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 19 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII-line 1h) 54,500. 118,560. Program service revenue (Part VIII-line 2g) 0. 0 ;\_\_; [6] 189,714 Investment income (Part VIII, column (A); hes 3, 4, and 7d)
Other revenue (Part VIII) column (A); hes 3, 6d, 8c, 9c, 10c, and 11e) 170,064. 10 0 0. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 244,214. 288,624. 35,499 159,029. Grants and similar amounts paid (Raif IX, column (A), lines 1-3) Benefits paid to or for members (Part IX; column (A), line 4) 0 0. ののかでに行う 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 16,984. 18,428. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 52,483. <u>177,457.</u> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 111,167. Revenue less expenses Subtract line 18 from line 12 191*.*731. **Beginning of Current Year End of Year** 3.987.760. 4,210,278. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 0. 987 22 Net assets or fund balances Subtract line 21 from line 20 .760. 210,278. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge Diese Signature of officer Sign TERESE COMBS, BUSINESS MANAGER Here Type or print name and title PTIN Date Check Print/Type preparer's name 12-12 BRENT SPARKMAN self-employed P00300756 Paid Firm's name CARR, RIGGS & INGRAM 72-1396621 Preparer Firm's EIN Firm's address 2633 CENTENNIAL BLVD., Use Only SUITE 200 TALLAHASSEE, FL 32308 Phone no. (850) 878-8777 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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

	rt III   Statement of Program Service Accomplishments	59-1//8/11 Page 2
Га	<del></del>	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO PROVIDE SUPPORT FOR ALFRED B MACLAY, JR. DAY SCHOOL	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	L les La No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	L les La No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	negetred by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported	s, the total expenses, and
4a	1-5 1-5	•
44	(Code) (Expenses \$ 177,457. Including grants of \$ 159,029.) (Revenue TO SUPPORT ALFRED B MACLAY, JR. DAY SCHOOL	\$ <i>1</i>
	10 SOFFORT ADDRED B MACDAT, OK. DAI SCHOOL	
		<del></del> _
	<del></del>	<del></del>
4b	(Code) (Expenses \$	\$)
4c	(Code) (Expenses \$) (Revenue	· \$ )
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>م</u>	Total program service expenses ► 177,457.	
	# 1   # U   1	Form <b>990</b> (2016)



Form 990 (2016) MACLAY SCHOOL FOUNDATION INC
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	<del> </del>
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			- 22
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		'	
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		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			į
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			4.5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "You " and if the organization answord "No" to line 12a, they completing School to D. Porte VI and VII is entired.	401	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Λ	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		<u> </u>
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
		Form	gan	(2016)

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Form 990 (2016) MACLAY SCHOOL FOUNDATION INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Γ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		х
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	1		
	Schedule J	23		Х
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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		•
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
06	·	230		
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		Х
07		20		Λ
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	07		x
^^	of any of these persons? If "Yes," complete Schedule L, Part III	27_		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)	00-		₹
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>v</b>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.7	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Par	Ϋ́	Statements Regarding Other IRS Filings and Tax Compliance				
		Check if Schedule O contains a response or note to any line in this Part V				لل
		1 1	_ í		Yes	No
1a		the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
b		the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С		e organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ng [			
•		iling) winnings to prize winners?	}	1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	o		1	
		or the calendar year ending with or within the year covered by this return  2a		06		
b		ast one is reported on line 2a, did the organization file all required federal employment tax returns?	Ì	2b		_
За		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) e organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
		s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Ì	3b		
		time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	a Ì	-00		
		all account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	i	X
b		s," enter the name of the foreign country				
-		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	1).	ı		
5a		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 <u>a</u>		X
b	Did an	by taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?		5¢		
6a	Does t	the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	solicit			
	any co	ontributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes	s," did the organization include with every solicitation an express statement that such contributions or gifts				
	were n	not tax deductible?	-	6b		<del></del>
7	-	nizations that may receive deductible contributions under section 170(c).		!		
a		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	7a_		<u>X</u> _
þ		s," did the organization notify the donor of the value of the goods or services provided?		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7-		Х
		Form 8282? s," indicate the number of Forms 8282 filed during the year  7d		7c		
d e		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 <del>f</del>		X
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	auired?	7g		
•		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	,	7h		
		soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
		oring organization have excess business holdings at any time during the year?		8		
9	Spons	soring organizations maintaining donor advised funds.		i		1
а	Did the	e sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>		<b></b>
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	ļ	9b		<u> </u>
10		on 501(c)(7) organizations. Enter				
		on fees and capital contributions included on Part VIII, line 12				
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			!	
11		on 501(c)(12) organizations. Enter		ı		
_		income from members or shareholders 11a				Į
b		income from other sources (Do not net amounts due or paid to other sources against				
10-		nts due or received from them)  on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	}	12a		
13		on 501(c)(29) qualified nonprofit health insurance issuers.		ı		i
		organization licensed to issue qualified health plans in more than one state?	}	13a		
_		See the instructions for additional information the organization must report on Schedule O	ļ			
ь		the amount of reserves the organization is required to maintain by the states in which the		1		
-		ization is licensed to issue qualified health plans				
С	Enter t	the amount of reserves on hand				
14a	Did the	e organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u>14b</u>	لبيا	
				Form	990	(2016)

Form 990 (2016) MACLAY SCHOOL FOUNDATION INC 59-1778711 Part:VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 1a 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. 16 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Х X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \_\_\_ Own website Another's website X Upon request ∴ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: 20

Form 990 (2016)

TERESE COMBS - 850-893-2138

<u>3737 N MERIDIAN ROAD, TALLAHASSEE, </u>

32312

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	One	Reportable	Reportable	Estimated
	hours per	box,	unle:	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Jer all	uau	Hecic	Ji/lius	lee)	from	from related	other
	(list any hours for	Irecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 a	stee	<b>i</b>		ısate		(W-2/1099-MISC)	(***271099****180)	organization
	organizations	truste	al trus		yee	шре		(11 2) 1000 111100)		and related
	below	individual trustee or director	Institutional trustee	 	Key employee	est co loyee	<u> </u>			organizations
	line)	Npu	Insti	Officer	Key	Highest compensated employee	Former			
(1) SARAH BASCOM	2.00									
TRUSTEE		X						0.	0.	0.
(2) TOM BARRON	2.00									
TRUSTEE		X				<u> </u>		0.	0.	0.
(3) MONESIA BROWN	2.00									
TRUSTEE		X				L		0.	0.	0.
(4) KIKI DUNTON	2.00					l				
TRUSTEE		X						0.	0.	0.
(5) BETH LANGFORD	2.00									
TRUSTEE	<u> </u>	X				ļ		0.	0.	0.
(6) MURRAY MOORE	2.00								1	
TRUSTEE		X		L.				0.	0.	0.
(7) CHRIS DIAMANTIS	2.00									
TRUSTEE		X			_	<u> </u>	ļ	0.	0.	0.
(8) CHRIS DUDLEY	2.00									
TRUSTEE		X		_				0.	0.	0.
(9) MEREDITH HUNTER	2.00								_	_
TRUSTEE		X	<u> </u>					0.	0.	0.
(10) HANK HUTCHINSON	2.00							_	_	_
TRUSTEE	<u></u>	X		<u> </u>				0.	0.	0.
(11) EMORY MAYFIELD, JR	2.00					ł		_	_	
TREASURER		X		X			-	0.	0.	0.
(12) BOB MCCLURE	2.00							_	_	_
TRUSTEE	ļ <u>.</u>	X				ļ		0.	0.	0.
(13) KATRINA ROLLE	2.00							_	_ '	
TRUSTEE		X				<u> </u>	<u> </u>	0.	0.	0.
(14) KAREN UNGER	2.00									
CHAIRMAN		X		X		<u> </u>		0.	0.	0.
(15) HUGH VANLANDINGHAM	2.00	[							•	
TRUSTEE		X		_	<u> </u>	├	<u> </u>	0.	0.	0.
(16) ALFREDO PAREDES	2.00								_	
TRUSTEE	<del> </del>	X	ļ	<u> </u>	<u> </u>	<b>├</b> -		0.	0.	0.
			Щ.	L	Щ.			<u> </u>	<u></u>	<u> </u>

Form 990 (2016)

	(A) Name and title	(B) Average hours per week (list any	(do not check more than one box, unless person is both ar officer and a director/trustee)					n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		amount of other		of
		hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	perisa om the anizati d relate inizatie	e ion ed
_														
								_						
41.	Sub Askal							_	0.		0.			0.
С	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Section A						<b>&gt;</b>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	io r	eceived more than \$100	D,000 of reportab	le		Yes	0 No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ıstee	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3	162	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportabl 50,000? If "Yes,	" cor	mple	ete S	Sche	edule	J	for such individual			4		x
5 Sec	Did any person listed on line 1a receive o rendered to the organization? If "Yes," co tion B. Independent Contractors							elat	ed organization or indiv	ridual for services		5		X
1	Complete this table for your five highest of the organization. Report compensation for										pens	ation f	rom	
	(A) Name and busines	ss address	NC	NE	<u> </u>		<del>-</del>	_	(B) Description of	services	<u> </u>	(C ompe		n
			<del>-</del>		_			_			· · · · ·			
						AI-								
	Total number of independent contractors \$100,000 of compensation from the orga	•	ot Iir	nite	a to	tno (	se lis		above) who received r	more than		Form 9	990 (2	2016)

Form 990 (2016) MACLAY SCHOOL FOUNDATION INC
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
irar Our	b		1b					
₽,0	С		1c					
# 1	d	5111	1d					
imil mil	е	0	tions) 1e					
rigin Si	f	All other contributions, gifts, gran						
		sımılar amounts not ıncluded abo	ve 1f	118,560.				1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
ರ್ಷ ನಿ	<u>h</u>	Total. Add lines 1a-1f		▶	118,560.			<u> </u>
				Business Code				1
8	2 a							
اه چ	b							
Program Service Revenue	С							
e a	d							<u> </u>
S <sub>T</sub>	е							
٦	f	All other program service reve	enue	L				<u> </u>
	g	Total. Add lines 2a-2f						<del> </del>
}	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	<u>86,591.</u>			86,591.
	4	Income from investment of ta	x-exempt bond p	roceeds				<b>_</b>
ł	5	Royalties		<u> </u>				<del> </del>
i		_	(i) Real	(II) Personal				
1	6 a			ļ				İ
)	b			<del> </del>		ļ		
	C	Rental income or (loss)	L	L				
		Net rental income or (loss)		<b>_</b>				<del> </del>
	7 a	Gross amount from sales of	(i) Securities	(II) Other		]		
		assets other than inventory	496,045.					
	b	Less cost or other basis	410 570	1		i		
1		and sales expenses	412,572. 83,473.	<del>                                     </del>				
		Gain or (loss)	83,4/3.		83,473.			83,473.
		Net gain or (loss)		<b>&gt;</b>	03,4/3.		<del></del> -	03,413.
ne	ва	Gross income from fundraisin		-				
Ver		including \$		1				
Other Reven		contributions reported on line Part IV, line 18	•	1				
je		Less direct expenses	a b	<b> </b>				
ō		Net income or (loss) from fund				1		
ļ		Gross income from gaming ac	=				<del></del>	<del> </del>
	<i>5</i> <b>a</b>	Part IV, line 19	a	1				
1	h	Less direct expenses	b	F		ì		
		Net income or (loss) from gan				]		
]		Gross sales of inventory, less	-					<del> </del>
		and allowances	а	1		1		
	b	Less: cost of goods sold	b			ŀ		
{		Net income or (loss) from sale		<b>D</b>		[		
		Miscellaneous Revenu		Business Code				
Ì	11 a					1		
İ	b							
1	c							
	d	All other revenue						
ł		Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instructions.			288,624.	0.	0	. 170,064.
63200	9 11-1							Form <b>990</b> (2016)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	155,579.	155,579.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	3,450.	3,450.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				<del></del> _
0	section 401(k) and 403(b) employer contributions)				
^	Other employee benefits	——————————————————————————————————————			
9	·				<del></del>
10	Payroll taxes Fees for services (non-employees).				
11	, , , ,				
	Management				<del></del>
b	j	<del></del>			<del></del>
	Accounting				
	Lobbying Co. Part IV Los 47				
_	Professional fundraising services. See Part IV, line 17	10 420	10 420		
f	Investment management fees	18,428.	18,428.	<del></del>	
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	<u> </u>			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			<del></del>	
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			<del></del>	
23	Insurance			<del></del>	<del></del>
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 0.)				
a					<del></del>
b			_ <del>-</del>		<del></del>
C					<del></del>
d				<del></del>	
	All other expenses	455 455	100 400		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	177,457.	177,457.	0.	0.
26	Joint costs. Complete this line only if the organization	}			
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		ļ		1

Part X Balance Shee

Par	<u>t X</u> _	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	45,859.	1	74,325.
	2	Savings and temporary cash investments		2	
	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. 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		ĺ	
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other		İ	
		basis, Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	<del> </del>	10c	
	11	Investments - publicly traded securities		11	<del></del>
	12	Investments - other securities See Part IV, line 11	3,941,901.	12	4,135,953
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11	2 22 562	15	4 010 070
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,987,760.	16	4,210,278
	17	Accounts payable and accrued expenses		17	
- 1	18	Grants payable	<del> </del>	18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons		00	
Liabilities		Complete Part II of Schedule L	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third	<del></del>	24	
	25	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	0.	26	0.
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and	<del></del>		<del></del>
s		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	2,828,820.	27	2,948,895
alar	28	Temporarily restricted net assets	804,595.	28	847,478
9 0	29	Permanently restricted net assets	354,345.		413,905
ָבָּ בַּ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
-		and complete lines 30 through 34.			
SI	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
er A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	3,987,760.	33	4,210,278.
	34	Total liabilities and net assets/fund balances	3,987,760.	34	4,210,278.

Form **990** (2016)

Fo <u>rm</u>	990 (2016) MACLAY SCHOOL FOUNDATION INC	59-	177	8711	Pa	ge <b>12</b>
Par	t,XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · ·	·		<u> </u>
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>57.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,98		
5	Net unrealized gains (losses) on investments	5		11	<u>1,3</u>	51.
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				<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1				
	column (B))	10		4,21	<u>0,2</u>	<u>.78.</u>
<u>Par</u>	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			LX.
					Yes	No
1	Accounting method used to prepare the Form 990.			- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1 1		
	separate basis, consolidated basis, or both			1		ļ
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	_X_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs	,			l
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			1 1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		1 [		Ì
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u> _	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	<b>)</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit			
	Act and OMB Circular A-133?			_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(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

Open to Public Inspection

Nam	ie oi t	ne organization	111 GG1100T		37.73			• -	O 1770711	ibei
Pa	et 1	Reason for Public	JAY SCHOOL	FOUNDATION I	NC	10 00t ) S	oo inestri intione		<u>9-1778711</u>	
	organi	zation is not a private found							.0	
1	믐	A church, convention of ch					1)(A)(1).			
2	片	A school described in sect								
3	片	A hospital or a cooperative					•	/iii) Enter	tha haanitalla aama	
4		A medical research organiz	ation operated in col	njunction with a nospita	described	ı III sectio	on 17 <b>U(B)</b> (1)(A)	(m). Enter	the nospital's hame	),
_	$\overline{}$	city, and state			d av an ave	tool by a m				—-
5	لــــا	An organization operated f		liege or university owne	d or opera	ted by a g	overrimentaru	nit describ	ea m	
_		section 170(b)(1)(A)(iv). (			.,					
6	뭐	A federal, state, or local go	=				• •			
7	ш	An organization that norma	•	ntial part of its support	rom a gov	ernmentai	unit or from tr	ne generai	public described in	
_		section 170(b)(1)(A)(vi). (C								
8	H	A community trust describ	, ,							
9		An agricultural research or								
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or	
		university								
10		An organization that norma	•							
		activities related to its exer								
		income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	uirea by the org	ganization	aπer June 30, 1975	١.
		See section 509(a)(2). (Co		alı da da da fan mulalın az	efatu Can	<del>!</del> <i>F</i> (	00/-1/41			
11		An organization organized	•	•	-			rn, aut tha	nurnages of one of	
12	لها	An organization organized								1
		more publicly supported or lines 12a through 12d that							THECK THE DOX III	
_		Type I. A supporting org.		· · · · · ·					alvina	
а	L	the supported organizati								
		organization You must			a majority	or trie dire	Clors of traste	55 01 1110 3	apporting	
b	X	-			tion with it	ts sunnort	ed organizatio	n(e) hy ha	VIDO	
b		control or management of	•				_		-	
		organization(s). You mus			amo poroc	ono mar oc	orra or or mana	go 1110 00p	portod	
		Type III functionally into	•		in connec	tion with.	and functional	v integrate	ed with.	
·	_	its supported organization	•	· ·				ytog.a	,	
d		Type III non-functionall		•				ted organi	zation(s)	
Ī		that is not functionally in						-	* *	
		requirement (see instruct	-							
е		Check this box if the org		-				II. Type III		
		functionally integrated, o								
f	Ente	r the number of supported	••	, , , , , , , , , , , , , , , , , , , ,					1	
g		ide the following informatio	•	ed organization(s).			•••	•		
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of oth	er
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruct	ions)
AL	FRE	D B MACLAY JR								
DA:	Y_S	CHOOL	59-1217750	2	X		130	,579.		
	-									
									<del></del> _	
				·	1				<u> </u>	
					]	1	1			
_				_	}	1				
					<u> </u>		<u> </u>			
<b>Tota</b>	ſ					L	130	,579.		0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MACLAY SCHOOL FOUNDATION INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2014(d) 2015 (e) 2016 (f) Total (a) 2012 **(b)** 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. 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 organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

	(Complete only if you checked			Organization lanec	to quality dilucit	art ii ti ti e oigaii	ization lans to
Se	qualify under the tests listed bettion A. Public Support	elow, please comp	plete Part II )	<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/ (f) Total
	Gifts, grants, contributions, and membership fees received (Do not					,/	
	ınclude any "unusual grants.")					<u>′</u>	
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 bus-						
	iness under section 513				//		
4	Tax revenues levied for the organ-				/		
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		_				
6	Total, Add lines 1 through 5				7		
7 a	Amounts included on lines 1, 2, and				7		
	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				,		
,	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)			/	-		
	etion B. Total Support		l				<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) 2012	(b) 2010	/	(4) 2010	(e) 2010	(i) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			/			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			T /			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			/			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			(			
13	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organı	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage	<u></u>	<del></del>		
17	Investment income percentage for 20	116 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
t	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	<b>top here.</b> The org	anızatıon qualıfıes	as a publicly supp	orted organization	<b>▶</b> □
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	▶□

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

Section A	A. All Supporting Organizations
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)
•	and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

			Yes	No
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	j	] ]	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
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).	2	<u> </u>	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>	] ]	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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	3c		
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	4a		_X_
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	4b		
С	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	4c		
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	_	}	7.7
_	was accomplished (such as by amendment to the organizing document).	5a		X
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?	5b		<del></del> -
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			х
7	Part VI.	6		Λ
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).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_ <b>-</b> _		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	}	X
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	_ <u> </u>		
-	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 <b>Part VI</b> .	9a		X
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.	9b	} }	X
С	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.	9c		X
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.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the amount of had access to a constant and the same had been been as a second of the same and the same a	404	j ļ	

	dule A (Form 990 or 990-EZ) 2016 MACLAY SCHOOL FOUNDATIO			59-1778711 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov 20, 1970 (explain	ın Part VI ) <b>See instructions.</b> All
<u> </u>	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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	Ţ		}
	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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_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,	, ,		ļ
	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		
Sect	ion 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-functional	ly integra	ted Type III supporting o	organization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016 MACLAY SCHOOL FOUNDATION INC 59-1778711 Page 7 Part: V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016. 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 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 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7 а b Excess from 2013 c Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 MACLAY SCHOOL FOUNDATION INC 59-17/8/11 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12,
<u> </u>	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,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 3a, 6, 9a, 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)
	(eco mondono)
_	

# **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MACIAY COUCOI POINTDANTON THO

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		or resources complete in the
	organization anovoical for on form of the artis, in	(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or definer devices, or for any earlier purpose of	Yes No
Par		ganization answered "Yes" on Form 990. P	
1	Purpose(s) of conservation easements held by the organizat	<del></del>	
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Treservation of a contin	ned Historie directore
2	Complete lines 2a through 2d if the organization held a quali	fied conseniation contribution in the form of	of a conservation easement on the last
~	day of the tax year	nes conscivation contribution in the form c	Held at the End of the Tax Year
	Total number of conservation easements		
a h	Total acreage restricted by conservation easements		2a   2b
b	Number of conservation easements on a certified historic str	aucture included in (e)	
ď	Number of conservation easements included in (c) acquired	` '	2c
u	listed in the National Register	arter 6/17/00, and not on a historic structu	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
3	year	neased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
٠	b	Training of Violations, and officiently const	creation casements dering the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservat	ion easements during the year
•	<b>▶</b> \$	July of Violations, and officing conscivati	or casomorie daming this year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1700	1)(4)(B)(i)
Ť	and section 170(h)(4)(B)(ii)?	re carret, and requirements or coordinate (	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense:	
Ŭ	include, if applicable, the text of the footnote to the organiza		
	conservation easements	manda diatambina trial dedonida i	no organization o according to
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet, works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	•	or or public corrido, provido, in raire, in,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historical
•	treasures, or other similar assets held for public exhibition, e	**	, , , , , , , , , , , , , , , , , , ,
	relating to these items	ducation, or research in rather arise or pub	no service, provide the Tellowing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b> ¢
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	ractures or other similar assets for financial	aan provide
~			gain, provide
_	the following amounts required to be reported under SFAS 1	to (Mac abo) relating to these items	•
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	<del></del>
LITA	FOI Fapel WORK NEGLECTION ACTIVOLICE, SEE THE INSTRUCTION	5 101 FUIII 55U.	Schedule D (Form 990) 2016

		SCHOOL FOU					78711	Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, Historical T	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant	use of its	collection it	ems
•	(check all that apply)							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	he organization's ex	empt purp	ose ın Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma						Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other assets no	t included		- r	
	on Form 990, Part X?					L_	」Yes ∟	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			r		
							<u>Amount</u>	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	L	<del></del>	
	Did the organization include an amount on Fe					L	」Yes	No
	If "Yes," explain the arrangement in Part XIII							
Pa	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four yea	irs back
1a	Beginning of year balance	733,420.	712,225	697,532.		561,516.	62	5.473.
b	Contributions	59,560.	1,000	. 100.	<b>_</b>	60,427.		
С	Net investment earnings, gains, and losses	41,441.	24,332	23,812,	<del> </del>	45,977.	5	3,183,
d	Grants or scholarships			<del> </del>	<u> </u>	64,950.	1	7.140.
е	Other expenditures for facilities							
	and programs	17,958,	4,137	9,219.	ļ	5,438.		
f	Administrative expenses			<del> </del>				
g	End of year balance	816,463.	733,420	712,225.		597,532,	66	1,516.
2	Provide the estimated percentage of the curi	rent year end baland	- <u>-</u>	a)) held as				
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 79.00	%						
С		1.00%						
_	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered for	the organi	zation		
	by						Ye	
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations	A					3a(ii) X	
	If "Yes" on line 3a(ii), are the related organiza	•		,			3b X	
4 Pai	t VI Land, Buildings, and Equipm		owment tungs.					
I ai	Complete if the organization answere		Dart IV line 11a	Son Form 000 Port \	/ line 10			
	<del></del>	(a) Cost or o				- T	(d) Pools vo	
	Description of property	basis (investr	.   '-'		Accumulate apreciation	<b>I</b>	(d) Book va	iue
<del></del> -	Land	2230 (11170311	Dasis	(5(5.)	-p. 001411011	<del></del>		
	Buildings		<del></del>	<del></del>				
	Leasehold improvements		<del></del>					
d	Equipment		<del>  </del>	<del></del>		<del>-   -</del>		
	Other					<del>-  -</del>		
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. column (B), line	10c)		<b>•</b>		0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.	OL FOUNDATION		59-1778711 Page
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) MUTUAL FUNDS	4,135,953.	END-OF-YEAR N	ADEET VALUE
(B)	4,133,333.	END-OF-IEAR P	TARKET VALUE
(C)		<del> </del>	
(D)		<del> </del>	
(E)		<del> </del>	
(F)	<del></del>	<del> </del>	
(G)	<del></del>	<del> </del>	
(H)	<del></del>		
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)	4,135,953.	<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o  (a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
<del></del>	(D) DOOK VAILUE	(C) IVIGITION OF VARIABION	Coot of one of jear market value
(1)		<del> </del>	
(2) (3)		<del> </del>	
(4)	<u> </u>		
(5)	<del></del>		
(6)			
(7)	<del></del>	<del></del>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<del></del>	
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11d See Form 990, Part X, lin	ne 15
(a) D	Pescription		(b) Book value
<u>(1)</u>	- <del></del>	<del></del>	
(2)			
(3)			
(4)			
(5)			
(6)			
(8)		·	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>.</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or			rt X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		<del></del>
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote to	o the organization's financial st	tatements that reports the

632053 08-29-16

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

. 990.	
■ Attach to Form	

OMB No 1545-0047	2016	Open to Public .	Inspection

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

Name of the organization  MDCI.DV	MACITA SCHOOL ROTHDAM	ONT NOTHER					Employer identification number 59-1778711
Part I General Information on Grants and Assistance	and Assistance						17/0//1 //
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	istance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	ic Governments. C	complete if the orga	ınızatıon answered "\	'es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALFRED B MACLAY, JR. DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE. FL 32312	59-1217750	501(C)(3)	155,579.	0	A.M.A.		OPERATIONS
	_						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	ne line 1 table				
۱,	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE FOUNDATION IS MANAGED BY THE SCHOOL SO THEY ARE ABLE TO MONITOR THE USE Part IV | 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" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: OF FUNDS 632102 11-01-16

Page 2

59-1778711

MACLAY SCHOOL FOUNDATION INC

Schedule I (Form 990) (2016)

Part III

### SCHEDUL'E M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Open To Public Inspection

Schedule M (Form 990) (2016)

Nam	וו נוט פ	MACLAY SCHO	OI. FOIN	ת ארדרות דו	rC	59-17		
Pai	πT	Types of Property	JOH I COL	IDITITION III			<u> 1011</u>	<u>-</u>
	L		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribution		nts
1		Works of art	<del></del>	<del> </del>	<del> </del>			
2		Historical treasures	<u> </u>	<del> </del>	<del> </del>			
3		Fractional interests	<del> </del>	<del> </del>	<del></del>			
4		s and publications						
5		ning and household goods			<del></del>			
6		and other vehicles	<u> </u>		<del></del>			
7		s and planes	\ <u> </u>	<del> </del>				
8		ectual property	X	2	59,734.			
9		rrities - Publicly traded		<del>  4</del>	39,134.	<del></del>		
10 11		rrities - Closely held stock rrities - Partnership, LLC, or	<u> </u>	<del> </del>	<del></del>			
• • •		Interests						
12		rrities - Miscellaneous	<del> </del>	<del>                                     </del>	<del> </del>			
13		fied conservation contribution -			<del> </del>			
13		oric structures		1				
14		fied conservation contribution · Other				<del></del>		
15		estate - Residential			<del>                                     </del>			
16		estate - Commercial						
17		estate - Other	<del></del>			<del></del>		
18		ctibles	<u> </u>					
19		inventory						
20		s and medical supplies		-				
21	Taxid	• •			<del> </del>	<del></del>		
22		rical artifacts						
23		ntific specimens						
24		eological artifacts						
25	Other	_	)					
26	Other	_						
27	Other		)					
28	Other							
29	Numb	ber of Forms 8283 received by the orga	anization durin	g the tax year for c	contributions			
		hich the organization completed Form			4 1			
						_	Yes	No
30a	Durin	ig the year, did the organization receive	by contribution	on any property rep	ported in Part I, lines 1 through	28, that it	Ì	
	must	hold for at least three years from the o	late of the initia	al contribution, and	d which isn't required to be use	ed for	ŀ	
	exem	pt purposes for the entire holding peri	od?			3	0a	<u> </u>
b		es," describe the arrangement in Part II				Ĭ		
31		the organization have a gift acceptant				ons?	31	X
32a		the organization hire or use third parti	es or related or	rganizations to soli	cit, process, or sell noncash			
		ibutions?				<u>  3</u>	2a	X
b		es," describe in Part II.						
33		organization didn't report an amount i	n column (c) fo	r a type of propert	y for which column (a) is checl	æd,	ĺ	
	desci	ribe in Part II				ī	1	1

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

Schedule M	(Form 990) (2016) MACLAY SCHOOL FOUNDATION INC	<u> 59-1778711</u>	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 3 is reporting in Part I, column (b), the number of contributions, the number of items received	2b, and 33, and whether the organization	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received	I, or a combination of both. Also comp	plete
•	this part for any additional information		
	<del></del>		· · · · ·
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		·	
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632142 08-23-	16	Schedule M (Form 99	90) (2016

### 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.lrs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MACLAY SCHOOL FOUNDATION INC 59-17/8/11
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S GOVERNING BOARD REVIEWS FORM 990 AND ATTACHMENTS BEFORE
IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS RELATIONSHIP ARE INTERNALLY REVIEWED TO DETERMINE IF A
CONFLICT OF INTEREST EXIST, AT WHICH TIME IF A CONFLICT IS DETERMINED TO
EXIST THE ORGANIZATION DEALS THE MATTER AS THE FACTS AND CIRCUMSTANCES
REQUIRE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII. LINE 2C
THERE HAVE BEEN NO CHANGES.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. MACLAY SCHOOL FOUNDATION INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

OMB No 1545-0047

Open to Public Inspection 2016

Employer identification number 59 - 1778711

Direct controlling 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 End-of-year assets e Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ٩ × controlled entity? Yes Direct controlling status (if section 501(c)(3)) Public charity LINE 2 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) LORIDA Primary activity ACADEMIC ALFRED B MACLAY JR DAY SCHOOL - 59-1217750 Name, address, and EIN of related organization 32312 3737 N MERIDIAN RD TALLAHASSEE, FL

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

Schedule R (Form 990) 2016

59-1778711 Page 2

Schedule R (Form 990) 2016 MACLAY SCHOOL FOUNDATION INC

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

(a)	(Q)	(3)	9		(e)	£		(5)	3	9	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under excluded from tax under factions 512-511)	Share of total income		of /ear		Cod amou	BI Genera Sox manag Jule partne	Perc
		(Kainoo							S		ON September 1	0
	o divortione Totalia		C entra La	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100   100			1		
Part IV integrated organizations faxable as a corporation or frust. Corrupted in the organization answered res on rorm 390, Part IV, line 34 because it had one or more related organization or frust). Corrupted in the organization of related organization or frust) country)  Part IV, line 34 because it had one or more related organization answered res on rorm and one or more related organization of related organization answered residual country)  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	poration or trust durin	g the tax y	tax year.  (b)  Primary activity	(c) (c) (cate or foreign country)	(d)  Direct controlling entity	olling Typ	(C corp, S corp, or trust)	(f) Share of total	triv, inne 3.	(g) Share of end-of-year assets	(h) Percentage	(i) Section Section 512(b)(13) controlled entity?
			i			,						
						·						
632162 09-06-16				35						Sche	dule R (Fc	Schedule R (Form 990) 2016

# Schedule R (Form 990) 2016 MACLAY SCHOOL FOUNDATION INC

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Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	3 C C C C C C C C C C C C C C C C C C C	total contract botal		Yes No
a Receipt of (i) interest, (ii) annurities, (iii) royalties, or (iv) rent from a controlled entity		ממופט טופשיייבמוטווא וואנפט	בו מוס	Ta X
<b>b</b> Giff, grant, or capital contribution to related organization(s)				×
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
b. Purchase of assets from related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			٦ ×
	ınızatıon(s)			T X
	ion(s)			-+
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				Y V
p Reimbursement paid to related organization(s) for expenses				dt X
q Reimbursement paid by related organization(s) for expenses				Tq X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) ALFRED B MACLAY JR DAY SCHOOL	ଝ	130,579.FMV	FMV	
(2)				
(6)				
(4)				
(6)				
(6)				
632163 09-06-16	36		Schedule F	Schedule R (Form 990) 2016

Pathe 4

Schedule R (Form 990) 2016

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)	(0)		6	€	(6)	ε	8	8	3
Name, address, and EIN of entity	Primary activity	흥	Predominant income (related, unrelated, excluded from tax under	Are all partners sec 501(c)(3) orgs?	Share of total	of /ear	Dispropor- tonate allocations?	Dispropor Code V-UBI General or Percentage World amount in box 20 manager ownership allocations? of Schedille K-1 partners ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes		ıncome	assets	Yes No	(Form 1065)	Yes No	
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