

Form **990-EZ**C&E  
996Department 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.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public  
Inspection

1805

**A For the 2017 calendar year, or tax year beginning**

June 1

, 2017, and ending

May 31

, 20 18

**B Check if applicable:**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**

DIVINE CHILD ALUMNI ASSOCIATION

**D Employer identification number**

38-2499054

Number and street (or P.O. box, if mail is not delivered to street address) **71** Room/suite

1055 N. Silvery Lane

E Telephone number  
313-216-0892

City or town, state or province, country, and ZIP or foreign postal code

Dearborn, Michigan 48128

04

**F Group Exemption  
Number**

► 21

**G Accounting Method:**  Cash  Accrual  Other (specify) ► **Modified accrual****I Website:** ►**J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( 4 )  (insert no.)  4947(a)(1) or  527**K Form of organization:**  Corporation  Trust  Association  Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ 87,848

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **21**

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	27,600
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	0
<b>3</b>	Membership dues and assessments	<b>3</b>	0
<b>4</b>	Investment income	<b>4</b>	10,559
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	19,935
<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	15,414
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	4,521
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$4,500 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	29,754
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	19,801
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	10,153
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less: cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
<b>8</b>	Other revenue (describe in Schedule O)		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	52,833
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	8,569
<b>11</b>	Benefits paid to or for members	<b>11</b>	0
<b>12</b>	Salaries, other compensation, and employee benefits <b>21</b>	<b>12</b>	0
<b>13</b>	Professional fees and other payments to independent contractors <b>21</b>	<b>13</b>	3,223
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	0
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	19,149
<b>16</b>	Other expenses (describe in Schedule O) <b>21</b>	<b>16</b>	5,817
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	36,758
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	16,075
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	180,266
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	95
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	196,436

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

**Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	180,268	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	180,268	25
26	<b>Total liabilities</b> (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	180,268	27
		180,268	180,436

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Publication and distribution of alumni newsletter to inform alumni, current students, faculty and friends of Divine Child High School about the school's activities, accomplishments and needs.

28a (Grants \$ 10,149) If this amount includes foreign grants, check here

29 Provide funds to Divine Child High School for the purpose of funding certain of its student scholarship programs; provide token gifts to the graduating senior class; funds to the track teams; and a donation to the school for its auction

29a (Grants \$ 8,569) If this amount includes foreign grants, check here

30 Sponsorship of alumni tent carried at Divine Child High School's homecoming, for the purpose of promoting goodwill among alumni, parishioners of Divine Child Parish, students, faculty and friends of the school who attended the homecoming game.

30a (Grants \$ 4,383) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

31a (Grants \$ 0) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) 32 32,101

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question 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) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Greg Cibor, President	.1	0	0	0
Karen Gessler, Vice President	.1	0	0	0
Michael Vecchioni, Treasurer	.4	0	0	0
Katie Zakar, Secretary	.2	0	0	0
Cheryl Nelson, Director	.1	0	0	0
Sara Metzger, Director	.1	0	0	0
Jennifer Topolski, Director	.1	0	0	0
Matthew Moore, Director	.1	0	0	0
Aubri McNamara, Director	25	0	0	0

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**Part 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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

36 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 . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess 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

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 . . . . .

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .

e 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 . . . . .

41 List the states with which a copy of this return is filed ►

Telephone no. ► 313-216-0892

42a The organization's books are in care of ► Aubri McNamara Located at ► 1055 N. Silver Lane, Dearborn, Michigan

ZIP + 4 ► 48128

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? 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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

c Did the organization receive any payments for indoor tanning services during the year? . . . . .

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

b 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) . . . . .

	Yes	No
33	✓	21
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	21
37a		
37b	✓	
38a	✓	21
38b		
39a		
39b		
40a		
40b	✓	
40c		
40d		
40e	✓	

	Yes	No
42b	✓	
42c	✓	

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . Yes  No  46 ✓ 71

**Part Vi      Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	 Signature of officer <b>Michael P. Vecchioni, Treasurer</b>	4/13/19 Date
Type or print name and title		

✓ Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

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Form 990-EZ (2017)

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2017

**Open to Public  
Inspection**

Name of the organization

**Employer identification number**

## DIVINE CHILD ALUMNI ASSOCIATION

38-2499054

55-2488894

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

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

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

		(a) Event #1 Annual golf outing (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	19,757			19,757
	2 Less: Contributions . . . . .	4,500			4,500
	3 Gross income (line 1 minus line 2) . . . . .	15,257			15,257
Direct Expenses	4 Cash prizes . . . . .	650			650
	5 Noncash prizes . . . . .	461			461
	6 Rent/facility costs . . . . .	11,304			11,304
	7 Food and beverages . . . . .	510			510
	8 Entertainment . . . . .	0			0
	9 Other direct expenses . . . . .	1,089			1,089
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				14,014
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				1,253

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ►				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

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

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility  13a  %

b An outside facility  13b  %

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

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

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

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**DIVINE CHILD ALUMNI ASSOCIATION**

Employer identification number

**38-2499054**

**FORM 990, PART I, LINE 10— Amounts paid to Divine Child High School to fund its scholarship programs (\$4,100); token gifts for graduating seniors (\$1,709); donation to the school for its annual auction (\$500); and gift to the track team (\$2,260).**

**FORM 990, PART I, LINE 16— These are amounts paid for food, sponsorships, licenses and miscellaneous expenses at various alumni and high school events, including the high school homecoming; goodwill meetings with alumni attending various colleges ("Traveling Falcons"); school open houses and reunion activities; and administrative overhead items such as office supplies.**

**FORM 990, PART I, LINE 20— Other changes in fund balance of \$95 is the change in market value of investments from the beginning of year**

**FORM 990, PART III, STATEMENT OF PROGRAM SERVICES— The promotion of the academic, economic and social growth of Divine Child High School and the performance of any other acts in connection with these purposes.**