- 990-EZ

Short Form Return of Organization Exempt From Income Tax

2016

OMB No 1545-1150

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

Department of the Treasury Internal Revenue Service

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

B Check it gottlebable Address tablage		A F	or the	2016 calenda	r year, or tax year beginning , 2016, and ending	9		, 20	
Number and street (or P C. box, if mail a not delivered to street address) Room/suite E Telephone number		Вс	heck if ap	oplicable	C Name of organization	D Emp	loyer ld	lentification number	
Number and street (or P 0, box, if mails not delivered to street address) Recombaute E Telephone name Reptended runn Application predicts Power			ddress c	dress change MA CARES				5-5178360	
Post in the international content of the in		י ⊑	lame cha	ange					
Particle from the property of the property o		=		1	1302 PLEASANT RIDGE ROAD	1	(33	36) 478-1698	
Accounting Method:		一			City or town, state or province, country, and ZIP or foreign postal code	F Gro			
Accounting Method:		=						-	
Website: WWW.MACARES.ORG Tax-expendent status (check only one) - 2501(c)(3) 501(c)(1) 4 (insert not) 5 (insert not) 6 (insert no		_				H Check		if the organization is not	
Tax-exempt status (check only one)				-					
R. Form of organization:						•			
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-E2. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Less: cost of goods sold 7c Gross profit or goods only the schedule O or total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 104,521 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Wet assets or fund balances at beginni						otal assets			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part i) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifts, grants, and similar amounts received. 1 85,570 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments. 3 3 Membership dues and assessments. 4 Investment income 4 4 5a Gross amount from sale of assets other than inventory 5a							▶ •	:	
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses. 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 5 Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Less: direct expenses from gaming and fundraising events (and lines 6a and 6b and subtract line 6c). 7 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 104.521 10 Grants and similar amounts paid (list in Schedule 0). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Total expenses. Add lines 10 through 16. 17 Total expenses (describe in Schedule 0). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 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). 19 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). 19 154,891						he instru	ctions	s for Part I)	
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: circe texpenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory (Subtract line 7b from line 7a) 7 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Grants and similar amounts paid (list in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 7 Total expenses. Add lines 10 through 16 7 Grants and similar amounts paid (list in Schedule O) 7 Total expenses. Add lines 10 through 16 7 Grants and similar amounts paid (list in Schedule O) 7 Total expenses. Add lines 10 through 16 7 Grants and similar amounts paid (list in Schedule O) 8 Grants and similar amounts paid (list in Schedule O) 8 Grants a			41 (1						
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Sa Cross amount from sale of assets other than inventory 5 Caln or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Caming and fundraising events 6 Gaming and fundraising events 6 Gaming and fundraising events (not including \$ Singuity of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Caross sales of inventory, less returns and allowances. 7 Caross sales of inventory, less returns and allowances. 7 Caross sales of inventory (subtract line 7b from line 7a). 7 Caross sales of inventory (subtract line 7b from line 7a). 7 Caross sales of inventory (subtract line 7b from line 7a). 7 Caross sales of inventory (subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 104,521 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits on tractors. 13 Professional fees and other payments to independent on tractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 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). 19 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).			4				1 4		
We will be the components of t			!				-	85,570	
Investment income 4		- 1	ì				-		
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 104,521 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines (Subtract line 17 from line 9) 18 Excess or (defict) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net assets or fund balances at beginning of year (from line 28 total line 27, column (A)) (must agree with 19 Net assets or fund balances at end of year. Combine lines 18 through 20 18 18 18 18		- 1	_		•		 		
b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$67,924 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		- 1					4		
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							-{		
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$67,924 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b Souther revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (defloit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 154,695 20 Other changes in net assets or fund balances (explain in Schedule O). 20 184,991					<u> </u>			1	
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 67,924 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 5b Less: cost of goods sold. 6c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Hold revenue (describe in Schedule O). 9 Total revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess 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). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net sests or fund balances at end of year. Combine lines 18 through 20. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Instance of contributions 23 Contributions 24 Contributions 25 Contributions 26 Contributions 26 Description 27 Column (A)) (must agree with end-of-year figure reported on prior year's return). 28 Contributions 29 Contributions 20 Contributions 20 Contributions 20 Contributions 21 Contributions 21 Contributions 21 Contributions 22 Contributi		1	i -				5C		
\$15,000) b Gross income from fundraising events (not including \$ 67,924 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events diine 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits and printing, publications, postage, and shipping. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 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). 19 154,695 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 184,901		Revenue	6	_	-				
sum of such gross income and contributions exceeds \$15,000) . 6b 31,502 6c Less: direct expenses from garning and fundraising events . 6c 12,551 d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)			a						
sum of such gross income and contributions exceeds \$15,000) . 6b 31,502 6c Less: direct expenses from garning and fundraising events . 6c 12,551 d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)			1						
sum of such gross income and contributions exceeds \$15,000) . 6b 31,502 6c Less: direct expenses from garning and fundraising events . 6c 12,551 d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)			b			tions			
C Less: direct expenses from gaming and fundraising events 6c 12,551 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 18,951 7a Gross sales of inventory, less returns and allowances 7a 7b 7b 7b 7c 8 Other revenue (describe in Schedule O) 8									
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 104,521 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 19 154,695 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 184,901				sum of suc		31,502			
line 6c) 7a Gross sales of inventory, less returns and allowances			C						
Ta Gross sales of inventory, less returns and allowances			d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 19 154,695 10 Other changes in net assets or fund balances (explain in Schedule O) 20 184,901				line 6c) .			6d	18,951	
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7a	Gross sale	s of inventory, less returns and allowances				
8 Other revenue (describe in Schedule O)			b	Less: cost	of goods sold				
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 18 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 1 184,991		i	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 184,901	~		8	Other rever	nue (describe in Schedule O)		8		
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 184,901	5		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	104,521	
15 Printing, publications, postage, and shipping	2		10				10		
15 Printing, publications, postage, and shipping			11	Benefits pa	ud to or for members		11		
15 Printing, publications, postage, and shipping	~	S	12	Salaries, of	her compensation, and employee benefits	\	12		
15 Printing, publications, postage, and shipping	ΑF	use	13	Profession	al fees and other payments to independent contractors 933 . \r	5 <u>)</u>	13		
16 Other expenses (describe in Schedule O)	\geq	be		Occupancy		.\	14		
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)	\sim	Ē	,		ublications, postage, and shipping	\			
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)	T		ľ	0.1	nses (describe in Schedule O)	·		74.314	
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)	2			•	nses. Add lines 10 through 16				
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)	, Z				deficit) for the year (Subtract line 17 from line 9)			 	
20 Other changes in net assets or fund balances (explain in Schedule O)	13	ets	1			ree with			
21 Net assets or fund balances at end of year. Combine lines 16 through 20	क्ष	SSI	-				19	154 695	
21 Net assets or fund balances at end of year. Combine lines 16 through 20		it A	20	=				104,033	
000 #7		Ž					$\overline{}$	184 901	
		For				· · · ·		Form 990-EZ (2016)	

	e90-EZ (2016) It II Balance Sheets (see the instructions	for Dort III				Page 2
rai	Check if the organization used Schedule	•	ny question in this	Part II		П
	Official with organization asca contention	O to respond to di	iy questien in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			150,203	22	180,88
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[4,492	24	4,020
25	Total assets			154,695	25	184,901
26	,				26	
27	Net assets or fund balances (line 27 of column			154,695	27	184,901
rar	Statement of Program Service Accom	•		•	ł	Expenses
Vhai	Check if the organization used Schedule tis the organization's primary exempt purpose?	SUPPORT VETERAN			(Req	uired for section
	• • • • • • • • • • • • • • • • • • • •				,	c)(3) and 501(c)(4)
	ribe the organization's program service accomplineasured by expenses. In a clear and concise n				orga	nizations; optional for rs.)
oers:	ons benefited, and other relevant information for e	ach program title.	e services provided	i, the number of	•	•
	MA CARES PROVIDED VETERAN SUPPORT, RAISE		NATIONS FOR ABAI	NDONED &		T
	ABUSED ANIMALS, RAISED SUPPORT FOR CHILDR				ļ	j
	ILLNESS, NON-PROFIT DONATIONS, SENT VOLUNT				}	
		includes foreign gra			28a	74,314
29					1	•
					}	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>···▶∐</u>	29a	
30					}	1
					1	
	(Create \$) If this amount	rankidos fornias ara	nto chook hara		30a	
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		<u></u>	302	
J,	,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	74,314
	List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable compensation	(d) Health benefits,	1.	
	(a) Name and title	hours per week	(Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	<u> </u>
3RAI	NDI QUINN, PRESIDENT		ł			
		12)		
	GAINES, TREASURER		}		-	
GIGI			1 .		í	
GIGI		2	 	0	\perp	
	MATTHEWS				-	
/IKI I		2				
/IKI I	YOW	2				
VIKI	YOW					
VIKI		2				
AMY SUZ/	YOW ANNE HATHEWAY	2				
AMY SUZ/	YOW	2 2 2				
VIKI I AMY SUZ	YOW ANNE HATHEWAY	2				
VIKI I AMY SUZ	YOW ANNE HATHEWAY	2 2 2				
AMY SUZ/	YOW ANNE HATHEWAY	2 2 2				
AMY SUZ/	YOW ANNE HATHEWAY	2 2 2				
VIKI I AMY SUZ	YOW ANNE HATHEWAY	2 2 2				
AMY SUZ/	YOW ANNE HATHEWAY	2 2 2				
VIKI I AMY SUZ	YOW ANNE HATHEWAY	2 2 2				
VIKI I	YOW ANNE HATHEWAY	2 2 2				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
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	33		1
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)	34		1
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)?	35a		1
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	35b		7
С	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	35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	OOA		×
39	Section 501(c)(7) organizations. Enter:			ļ
а	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	40b		
С	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		
41	List the states with which a copy of this return is filed ▶ NORTH CAROLINA			
42a		336) 4		
L	Located at ► 1302 PLEASANT RIDGE RD, GREENSBORO NC ZIP + 4 ►	27409	9415	
D	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)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	72.0	سنا	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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: ▶	42c		✓
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		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
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	44b		/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√ ✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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)	45b	L	✓

	00-EZ (2016)					Page /
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"					√
Part	VI Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used So	ns must answer que			e tables for lir	ies
					Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	_	tax 47	1
48	Is the organization a school as described					17
49a	Did the organization make any transfers		· ·			1
b	If "Yes," was the related organization a s					 ✓
50	Complete this table for the organization's					
	employees) who each received more that			(d) Health benefits,	e, enter None.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amo	
IONE						
			ļ			
	, 	4		1		
			 			
		-		}		
		 	 			
			<u> </u>			
f	Total number of other employees paid or	ver \$100,000	▶			
51 ——	Complete this table for the organization \$100,000 of compensation from the org			contractors who each	received mor	e tha
	(a) Name and business address of each indeper	dent contractor	(b) Type of serv	(c) Compensation		
NONE						
- -						
			 			
	Total number of other independent conti	en atomo anno hanno di uno	100 000			
	I DIST DUMPNER OF OTHER INCIDENCIANT CONTI	actors each receiving	over \$100,000	-		

true, correct, and Hum Signature of officer Sign Here GIGI GAINES, TREASURER Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Check I if self-employed Paid **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

	ARES					 -	45-51	
Par		Reason for Public Char						ns.
		zation is not a private founda		•		•	•	
1		church, convention of church						
2 3		school described in section hospital or a cooperative hos		= -				
4		medical research organization						iii). Enter the
7		ospital's name, city, and state	•	mjanouom wiin a noop	J. 14. 4000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inji Entor tho
5	□ A	n organization operated for tection 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	□ A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	ПΑ	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part (i.)			
9	ΠA	n agricultural research organi r university or a non-land-grai	zation described	in section 170(b)(1)	(A)(ix) op			
		niversity:	0 0	,				
10	re Si	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 331/3% of its
11		n organization organized and	•	•	-			
12	0	n organization organized and f one or more publicly suppo heck the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		Type I. A supporting organ the supported organization supporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested ın	the same			
C	: [Type III functionally integ its supported organization(ally integrated with,
d	ı [Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	• [Check this box if the organ functionally integrated, or 1						e II, Type III
f	Ent	er the number of supported o	organizations .					
g	Pro	vide the following information	about the supp	orted organization(s).			, _, 	
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	}	
(A)								
(B)								
(C)								
(D)		,						
(E)								
Tota	1							

 Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2015 Schedule A, Part II, line 14 15 15 % 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 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 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.

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

			, ,, ,		
(Complete only if you	u checked ti	ne box on line 10	of Part I or if the orga	nization failed to	qualify under Part II.
• • •			listed below, please co		

Socti	on A. Public Support	diddi the tes	ito notoa bolo	W, piedee ee	inploto i dit i	<u>''</u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2012	(0) 2013	(6) 2014	(u) 2013	(e) 2010	(i) Total
•	received. (Do not include any "unusual grants.")	4 407 00	21 440 00	2 254 00	6 757 04	17 646 91	E0 202 EE
2	Gross receipts from admissions, merchandise	1,187.00	21,448.00	3,254.00	6,757.84	17,646.81	50,293.65
	sold or services performed, or facilities	-		}	1	1	
	furnished in any activity that is related to the organization's tax-exempt purpose	44,707.44	94,603.41	130,826.94	76,944 94	99,425.29	446,508.02
3	Gross receipts from activities that are not an	44,707.44		130,020.34	70,344 34	33,423.23	440,308.02
_	unrelated trade or business under section 513	1				ļ	
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5	45,894.44	116,051.41	134,080.94	83,702.78	117,072.10	496,801.67
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			Ĺ		j	
	received from other than disqualified	}					
	persons that exceed the greater of \$5,000	ł -	}	1		1	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	!	}		}	Ì	
Casti	line 6.)	<u> </u>	l	L			496,801.67
	on B. Total Support	(=) 0010	(h) 2012	(-) 2014	(4) 0015	(0) 2016	(6) Total
Calen 9	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends,	45,894.44	116,051.41	134,080.94	83,702.78	117,072.10	496,801.67
iva	payments received on securities loans, rents,		ĺ		i		
	royalties and income from similar sources .]			!		
b	Unrelated business taxable income (less				· · · · · · · · · · · · · · · · · · ·		
-	section 511 taxes) from businesses	Ì	Ì		ľ		
	acquired after June 30, 1975		ſ			j	
С	Add lines 10a and 10b	1					
11	Net income from unrelated business						
-	activities not included in line 10b, whether		į		i	ľ	
	or not the business is regularly carried on	[[[
12	Other income. Do not include gain or						
	loss from the sale of capital assets	l	ì	ł	ì	'n	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	45,894.44	116,051.41		83,702.78	117,072.10	496,801.67
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he			· · · · ·			🕨 🗸
	on C. Computation of Public Suppor			0 luman (6)		145	
15	Public support percentage for 2016 (line 8	,	•			15	<u>%</u> %
16 Socti	Public support percentage from 2015 Schon D. Computation of Investment Inc.			· · · · ·	· · · · · · · · · · · · · · · · · · · 	1 10	70
17	Investment income percentage for 2016 (v line 13 colun	nn (fl)	17	%
18	Investment income percentage for 2016 (18	/ /%
19a	331/3% support tests—2016. If the organ	zation did not	check the box	on line 14. ar	nd line 15 is m	1 1	
134	17 is not more than 3318%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ► []
b	331/3% support tests – 2015. If the organiz						
J	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	-	_				
<u> </u>	The state of the s	<u></u>					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 Sch 	edule	A (Form 990 or 990-EZ) 2016		,	Page 5
Pa	art l'	Supporting Organizations (continued)			
			المنتقع	Yes	NO
11		Has the organization accepted a gift or contribution from any of the following persons?			
		A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440		
			11a		
		A 25% controlled about of a person described in (a) above?	11b		
50		A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	نـــا	
36	Cuc	ni b. Type i Supporting Organizations		Vas	No
•	•	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
'		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		controlled the organization's activities. If the organization had more than one supported organization,			
		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
:	2	Did the organization operate for the benefit of any supported organization other than the supported			
-		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
		supervised, or controlled the supporting organization.	2		
Se	ctic	on C. Type II Supporting Organizations			
				Yes	No
•		Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, ;	ļ
		or management of the supporting organization was vested in the same persons that controlled or managed			
		the supported organization(s).	1		
Se	ctic	on D. All Type III Supporting Organizations			
				Yes	No
		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			į.
		organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}		
		organization's governing documents in effect on the date of notification, to the extent not previously provided?			
			1		
•		Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	į		
		the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•		significant voice in the organization's investment policies and in directing the use of the organization's			
		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			4
		supported organizations played in this regard.	3		
Se	ectio	on E. Type III Functionally Integrated Supporting Organizations			
		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netri	ction	e)
			nstru	011011	3).
	a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
	b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (ooo in	otavot	ionel
	С	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see III		10115).
:	2	Activities Test. Answer (a) and (b) below.		Yes	No
	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Ì		
		those supported organizations and explain how these activities directly furthered their exempt purposes,			
		how the organization was responsive to those supported organizations, and how the organization determined			
		that these activities constituted substantially all of its activities.	2a	- نسون	
	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			i
		reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	01		
		-	2b		
;		Parent of Supported Organizations. Answer (a) and (b) below.			
		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		trustees of each of the supported organizations? Provide details in Part VI.	3a		
		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JUD	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·			
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5		1		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<u> </u>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see)		
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a		 		
b Average monthly cash balances	1b		<u> </u>		
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	L	<u></u>		
e 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, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supportin	g organization (see		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		. 	
9_	Distributable amount for 2016 from Section C, line 6			
_10	Line 8 amount divided by Line 9 amount	·		
Se	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
<u>_</u>	 		··· ·· · · · · · · · · · · · · · · · ·	
	From 2013			
d	From 2014	-		
	From 2015			
_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>;</u>	Carryover from 2011 not applied (see instructions)			
_÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С				
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		•	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			-
C	Excess from 2014			
	Excess from 2015		· · · · · · · · · · · · · · · · · · ·	
	Excess from 2016		 	<u> </u>

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; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

(vi) Amount paid to

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

(v) Amount paid to

MA CARES Part I

45-5178360 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants c Phone solicitations g

Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
	1	Yes	No			
I]		
2			_			
3						
1	 					1
5						
6						
7						
В						
9		 				
0						
tal			<u> </u>			
tal	anızation is regi	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt fi
		· · · · · · · · · · · · · · · · · · ·				

Total				
3	List all states in which the organization is registered or licensed to registration or licensing.	solicit contributio	ns or has been notifie	ed it is exempt from

Cat. No. 50083H

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Revenue			STORE (event type)	MISCELLANEOUS (event type)	(total number)	(add col (a) through col. (c))
	1	Gross receipts	67,923.52	31,501 77		99,425.29
	2	Less: Contributions	67,923.52			67,923.52
	3	Gross income (line 1 minus line 2)	0	31,501 77		31,501.77
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .		12,551 26		12,551 26
	10 11	Direct expense summary. Ad Net income summary. Subtra				12,551 26 18,950 51
Pa	rt III		e organization answer	ed "Yes" on Form 99		
Revenue		11d1 \$10,000 011 0111 0	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Rev	1	Gross revenue				
Ses	2	Cash prizes				
Exper	3	Noncash prizes				
Oirect Expenses	4	Rent/facility costs			 	
	5	Other direct expenses .			0/	The second to th
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		s in each of these states		🗌 Yes 🗌 No
10	 na W	ere any of the organization's g	jaming licenses revoked		ated during the tax yea	

chedu	le G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
14	An outside facility
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	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)

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.

2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number

MA CARES	45-5178360
FORM 990-EZ-LINE 16 - OTHER EXPENSES: DIRECT EXPENSES-FAITH CARES \$36,537.32, DIRECT EXPENSES	(PENSES-FAMILY CHARITY \$10,880.91,
DIRECT EXPENSES-RED DOG FARM \$21,110.00, CREDIT CARD FEES \$624.81, BANK FEES \$109.33,	
DUES, SUBSCRIPTIONS \$50.00, SUPPLIES \$1,911.31, PROF FEES-LEGAL \$165.00, TRAVEL \$2,925.74,	TOTAL \$74,314 42
FORM 990-EZ-LINE 24 - OTHER ASSETS: ACCOUNTS RECEIVABLE \$4,019.56	
	·

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
·	
•	
······································	