

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

04-3063140

NATIVITY-BOSTON, INC.

Net Asset / Fund Balance at Beginning of Year		<u>17,956,178</u>
Revenue		
Contributions	<u>2,044,505</u>	
Program service revenue		
Investment income	<u>308,695</u>	
Capital gain / loss	<u>100,596</u>	
Fundraising / Gaming:		
Gross revenue	<u>85,447</u>	
Direct expenses	<u>151,493</u>	
Net income	<u>-66,046</u>	
Other income	<u>73,100</u>	
Total revenue		<u>2,460,850</u>
Expenses		
Program services	<u>1,874,741</u>	
Management and general		
Fundraising	<u>234,099</u>	
Total expenses		<u>2,108,840</u>
Excess / (deficit)		<u>352,010</u>
Changes		<u>-163,663</u>
Net Asset / Fund Balance at End of Year		<u>18,144,525</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,448,680</u>
Less:	
Unrealized gains	<u>-163,663</u>
Donated services	
Recoveries	
Other	<u>151,493</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,460,850</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,260,333</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>151,493</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>2,108,840</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>17,990,028</u>	<u>18,170,134</u>	
Liabilities	<u>33,850</u>	<u>25,609</u>	
Net assets	<u>17,956,178</u>	<u>18,144,525</u>	<u>188,347</u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/18
Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIVITY-BOSTON, INC.		D Employer identification number 04-3063140
	Doing business as		E Telephone number 857-728-0031
	Number and street (or P.O. box if mail is not delivered to street address) 39 LAMARTINE STREET	Room/suite	G Gross receipts\$ 3,705,779
	City or town, state or province, country, and ZIP or foreign postal code JAMAICA PLAIN MA 02130-1947		

F Name and address of principal officer: BRIAN MAHER 39 LAMARTINE ST. JAMAICA PLAIN MA 02130	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.NATIVITYBOSTON.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1992	M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MIDDLE SCHOOL RUN FOR BOYS FROM LOW INCOME FAMILIES RESIDING IN THE INNER CITY OF BOSTON		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,263,115	2,044,505
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,495	409,291
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,549	7,054
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,555,159	2,460,850
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,114,576	1,234,177
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,099		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	838,019	874,663
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,952,595	2,108,840	
19 Revenue less expenses. Subtract line 18 from line 12	602,564	352,010	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,990,028	18,170,134
	22 Net assets or fund balances. Subtract line 21 from line 20	33,850	25,609
		17,956,178	18,144,525

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BRIAN MAHER	Date
	Type or print name and title PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY FOLAN, CPA	Preparer's signature	Date 11/27/18	Check <input type="checkbox"/> if self-employed	PTIN P00053328
	Firm's name ▶ SULLIVAN AND FOLAN, LLC	Firm's EIN ▶ 04-3252952			
	Firm's address ▶ BRAINTREE, MA 02184-2413	Phone no. 781-849-6060			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ORGANIZATION RUNS A MIDDLE SCHOOL FOR DISADVANTAGED BOYS FROM FAMILIES RESIDING IN THE INNER CITY OF BOSTON, MASSACHUSETTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,874,741** including grants of\$) (Revenue \$)
THE ORGANIZATION OPERATES A MIDDLE SCHOOL FOR DISADVANTAGED BOYS FROM THE INNER CITY OF BOSTON

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **1,874,741**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	3		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3a			
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5a			
5b			
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6a			
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7a		X	
7b		X	
7c			X
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7e			X
7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
10a			
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
11a			
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
12a			
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
13a			
13b			
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
14a			X
14b			

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN MAHER	50.00									
PRESIDENT	0.00	X		X			74,839	0	3,402	
(2) ALDEN ABAD	0.00									
TRUSTEES	0.00	X					0	0	0	
(3) REV. MICHAEL BOUGHTON, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
(4) MARIBETH BROSTOWSKI	0.00									
TRUSTEES	0.00	X					0	0	0	
(5) MICHAEL W. CHOE	0.00									
TRUSTEES	0.00	X					0	0	0	
(6) REV. JIM CROGHAN, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
(7) PAUL DAOUST	0.00									
TRUSTEES	0.00	X					0	0	0	
(8) HUDSON EVEI	0.00									
TRUSTEES	0.00	X					0	0	0	
(9) LAWRENCE GIANINNO	0.00									
TRUSTEES	0.00	X					0	0	0	
(10) JOSEPH HARNEY	0.00									
TRUSTEES	0.00	X					0	0	0	
(11) SINESIA KAROL	0.00									
TRUSTEES	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALISON KING (HALEY)	0.00									
TRUSTEES	0.00	X					0	0	0	
(13) KEVIN W. LEARY	0.00									
TRUSTEES	0.00	X					0	0	0	
(14) MATT LEARY	0.00									
TRUSTEES	0.00	X					0	0	0	
(15) GARY MCGUIRK	0.00									
SECRETARY	0.00	X		X			0	0	0	
(16) STEVE MIGLIERO	0.00									
TRUSTEES	0.00	X					0	0	0	
(17) RICK MILLER	0.00									
TRUSTEES	0.00	X					0	0	0	
(18) CATHY O'NEIL	0.00									
TRUSTEES	0.00	X					0	0	0	
(19) REV. MARIO POWELL, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
1b Sub-total							74,839		3,402	
c Total from continuation sheets to Part VII, Section A							107,759		7,790	
d Total (add lines 1b and 1c)							182,598		11,192	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	341,788			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,702,717			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,044,505			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		308,695	308,695		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		1,194,032		
		(ii) Other				
	b Less: cost or other basis & sales exps.			1,093,436		
	c Gain or (loss)			100,596		
	d Net gain or (loss)			100,596		
	8a Gross income from fundraising events (not including \$ 341,788 of contributions reported on line 1c). See Part IV, line 18	a		85,447		
		b Less: direct expenses	b	151,493		
c Net income or (loss) from fundraising events			-66,046			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Busn. Code					
11a MISCELLANEOUS	711120	73,100	73,100			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		73,100				
12 Total revenue. See instructions.		2,460,850	482,391	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 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	1,153,164	944,804		208,360
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	81,013	66,087		14,926
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,581	12,581		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	9,295	9,295		
14 Information technology				
15 Royalties				
16 Occupancy	129,648	129,648		
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	186,835	186,835		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDING EXPENSE	124,343	124,343		
b MEDICAL INSURANCE	95,521	95,521		
c EXTRACURRICULAR ACTIVITIES	82,202	82,202		
d FINANCIAL AID	74,070	74,070		
e All other expenses	160,168	149,355		10,813
25 Total functional expenses. Add lines 1 through 24e	2,108,840	1,874,741	0	234,099
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	232,203	1	756,261
	2 Savings and temporary cash investments	111,170	2	112,098
	3 Pledges and grants receivable, net	1,019,270	3	629,718
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,546	9	116,499
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,379,373		
	b Less: accumulated depreciation	10b 2,496,499	5,014,456	10c 4,882,874
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	11,527,383	12	11,672,684
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,990,028	16	18,170,134	
Liabilities	17 Accounts payable and accrued expenses	20,575	17	14,434
	18 Grants payable		18	
	19 Deferred revenue	13,275	19	11,175
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	33,850	26	25,609
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,461,325	27	1,486,403
	28 Temporarily restricted net assets	6,773,312	28	6,856,451
	29 Permanently restricted net assets	9,721,541	29	9,801,671
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	17,956,178	33	18,144,525	
34 Total liabilities and net assets/fund balances	17,990,028	34	18,170,134	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,460,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,108,840
3	Revenue less expenses. Subtract line 2 from line 1	3	352,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,956,178
5	Net unrealized gains (losses) on investments	5	-163,663
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,144,525

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) WALTER PRINCE	0.00									
TRUSTEES	0.00	X					0	0	0	
(21) JOHN REDDING	0.00									
TRUSTEES	0.00	X					0	0	0	
(22) MARCI REED	0.00									
TRUSTEES	0.00	X					0	0	0	
(23) MARIE ST. FLEUR	0.00									
TRUSTEES	0.00	X					0	0	0	
(24) KERRY SWORDS	0.00									
TRUSTEES	0.00	X					0	0	0	
(25) DANIELSON TAVARES	0.00									
TRUSTEES	0.00	X					0	0	0	
(26) REV. JOHN UNNI	0.00									
TRUSTEES	0.00	X					0	0	0	
(27) JOANNE COLUCCIO	50.00									
ADVANCEMENT DIRECTOR	0.00					X	107,759	0	7,790	
1b Sub-total							107,759		7,790	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
2 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 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

NATIVITY-BOSTON, INC.

04-3063140

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID ADLER 180 E 79TH ST APT 7E NEW YORK NY 10075-0569	\$ 11,841	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FRIENDS BLAIR 150 N RIVERSIDE PLZ STE 3500 CHICAGO IL 60606-1594	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JIM AND DONNA BOLD 4 MOREY LN RANDOLPH NJ 07869-4629	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUSTIN AND MELINDA BONNER 45 PROVINCE ST APT 1506 BOSTON MA 02108-4139	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN AND COLLEEN BOSELLI 744 JERUSALEM RD COHASSET MA 02025-1032	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BOB AND KAREN BOUDREAU 5 WINGATE RD LEXINGTON MA 02421-4520	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARK AND MARIBETH BROSTOWSKI 15 BEAVER PLACE BOSTON MA 02108-3303	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CHRIS CARONA 99 OXFORD RD NEWTON CENTER MA 02459-2408	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BERNADETTE CHIN 8107 ASMARA DR AUSTIN TX 78750-7807	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KIMBERLY CURTIS 32 GRAMERCY PARK S APT 5B NEW YORK NY 10003-1709	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JOHN AND MARIA CURTIS 900 GREENDALE AVE UNIT 19 NEEDHAM MA 02492-4436	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JANE DALY 21 JEFFREY RD NEWPORT RI 02840-4330	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PAUL AND PAT DAOUST 416 COMMONWEALTH AVE APT 505 BOSTON MA 02215-2810	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MARK AND SHAWNA DAOUST 25 PALMER AVE SWAMPSCOTT MA 01907-2306	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PAUL AND PAT DAOUST 416 COMMONWEALTH AVE APT 505 BOSTON MA 02215-2810	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GEORGE AND MARY DONOVAN 215 ATLANTIC AVE SEABROOK NH 03874-4908	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	PATRICK AND ELIZABETH DUNN 294 BUCKMINSTER RD BROOKLINE MA 02445-5801	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOSHUA AND RIVA EASTERLY 27 MONROE PL APT 1A BROOKLYN NY 11201-2918	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SAVERIO FLEMMA 4116 W HILANDS CT MEQUON WI 53092-5192	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	DAN AND ROSEMARY FUSS 44 LONGFELLOW RD WELLESLEY MA 02481-5221	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NORMAN AND MADELEINE GAUT 25 MARRETT ST LEXINGTON MA 02421-7314	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	KEVIN GENDA BLUE TORCH CAPITAL NEW YORK NY 10022-3505	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LARRY AND SUSAN GIANINNO 63 COMMONWEALTH AVE APT 1 BOSTON MA 02116-2326	\$ 40,866	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JOHN AND CATHY GIBERTI PO BOX 97 MARSHFIELD HILLS MA 02051-0097	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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04-3063140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BRIAN HALLIGAN 221 COLUMBUS AVENUE, UNIT 800 BOSTON MA 02116-4896	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOE HARNEY 47 GLEN CT SOUTHBOROUGH MA 01772-1845	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	GARY AND MARY LOU HAROIAN 10 S MILL ST HOPKINTON MA 01748-2610	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	BARBARA AND AMOS HOSTETTER PILOT HOUSE ASSOCIATES, LLC BOSTON MA 02110	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CHRIS AND MEG KASTER 267 HILLSIDE ST MILTON MA 02186	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FRANK AND ELIZABETH KEOHANE 359 SUMMER ST WESTWOOD MA 02090-1057	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KEVIN AND MARY LEARY 1313 WASHINGTON ST APT 206 BOSTON MA 02118-2157	\$ 55,443	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MARY AND AL LEWIS 37 PENNSYLVANIA AVE NEWTON UPPER FALLS MA 02464-1342	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	BOB AND JOAN LIUZZI 146 LONG POINT DR AMELIA ISLAND FL 32034-6406	\$ 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	CHRIS AND BETH MADISON 72A WOLSELEY RD. POINT PIPER	\$ 174,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	CHRIS AND LAURA MANSFIELD PO BOX 86 DEDHAM MA 02027-0086	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	BOB AND DONNA MARESCA 44 BLUEBERRY LN HOPKINTON MA 01748-2528	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

04-3063140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DAVE AND CYDNEY MARTEL 60 AMORY ST BROOKLINE MA 02446-3909	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	DAN MCELANEY 1079 BALD EAGLE DR # N804 MARCO ISLAND FL 34145-2020	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	GARY AND JANE MCGUIRK 5 BOWSER RD LEXINGTON MA 02420-2105	\$ 33,463	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	JOHN MCKEY 950 BEACH RD APT 390 VERO BEACH FL 32963-3369	\$ 5,278	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	JOAN MELVILLE 3 EARL RD BEDFORD MA 01730-1353	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	DAVE AND KIP MELVILLE 11 WINDSOR RD DOVER MA 02030-2362	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

04-3063140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	DAVE AND JOAN MELVILLE 3 EARL RD BEDFORD MA 01730-1353	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	STEVE AND KELLY MIGLIERO 12 TAPPAN WAY LYNNFIELD MA 01940-2546	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	RICK AND LEEANN MILLER 30 DALTON ST # 2601 BOSTON MA 02115-3171	\$ 115,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	JIM AND LISA MOONEY THE BAUPOST GROUP, LLC, 10 ST. JAMES BOSTON MA 02116	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	MIKE AND ELIF MORRISSEY 48 FAIRVIEW AVE WATERTOWN MA 02472-1241	\$ 7,416	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	GEORGE AND ANNE MULGREW 67 OLD NORTH RD CARLISLE MA 01741-1128	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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04-3063140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JIM MULROY 51 FOREST ST NEEDHAM MA 02492-1314	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	BOB AND JEAN MULROY 173 LEWIS RD BELMONT MA 02478-3831	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	PETER AND MEREDITH MURPHY 93 ABRAMS HILL RD DUXBURY MA 02332-3817	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	TOM AND LIZ NIEDERMEYER 850 NEWTON ST CHESTNUT HILL MA 02467-2643	\$ 32,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	JOHN REDDING 274 BEACON ST # 2R BOSTON MA 02116-1230	\$ 99,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	DAVID AND CAROL RYAN 24 BRIERBROOK ST MILTON MA 02186	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	JOHN NORTON 149 BOSTON ST DORCHESTER MA 02125-1146	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	KATHLEEN O'CONNOR AND LARRY MANCHESTER 41 BERKELEY ST WEST NEWTON MA 02465-2401	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	ARDEN AND PETER O'CONNOR 3 BATTERY WHARF # 3410 BOSTON MA 02109-1098	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	JIM AND JOYCE O'LEARY 5 DUNEDIN RD WELLESLEY MA 02481-5405	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	WALTER PRINCE 1 INTERNATIONAL PL STE 3700 BOSTON MA 02110-3214	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	PETE AND MARCI REED 42 PEMBROKE RD WELLESLEY MA 02482-7442	\$ 73,505	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	STEVE AND GERRY RICCI 10 DEVEREAUX ST ARLINGTON MA 02476-8114	\$ 106,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	EILEEN ROCHE 320 SEABREEZE DR MARCO ISLAND FL 34145-1827	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	JAY AND LAURIE ROCHE 201 BRIDLE TRAIL RD NEEDHAM MA 02492-1487	\$ 25,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	CLARA SARNO 20 SUMMER ST APT 510 WATERTOWN MA 02472-3489	\$ 5,033	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	MARK AND ANNE SHIELDS 4 W KIRKE ST CHEVY CHASE MD 20815-4246	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	CARMEL AND JOHN SHIELDS 409 HEATH ST CHESTNUT HILL MA 02467-2328	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	TOM AND ELIZABETH SORBO 8 HUNTERS RUN SUDBURY MA 01776-5301	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	DAVID STEINBERG 36 WALNUT RD WESTON MA 02493-1030	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	BRENDAN AND KERRY SWORDS 57 BEACON ST APT 2 BOSTON MA 02108-3527	\$ 134,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	JIM AND JENNA SYNBORSKI 328 W 3RD ST UNIT 2 BOSTON MA 02127-1411	\$ 46,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	MARY ANN TOCIO 1540 MARSH WREN LN NAPLES FL 34105-2792	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	DICK AND JEAN WALSH 56 CANDLEBERRY LANE HARVARD MA 01451	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	FR. RONALD WOZNIAK, SJ FORDHAM JESUIT COMMUNITY BRONX NY 10458	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	RICHARD AND CAROL ANN WRONSKI 28 NEWCOMB RD STONEHAM MA 02180-4200	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL ST FL 8 BOSTON MA 02110-1898	\$ 30,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	BOSTONGIVES INC. PO BOX 170351 BOSTON MA 02117-0351	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	COLGATE-PALMOLIVE COMPANY GLOBAL BUSINESS SERVICES, 300 PARK A NEW YORK NY 10022	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	CUMMINGS FOUNDATION 200 W CUMMINGS PARK WOBURN MA 01801-6333	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	DOWNEY FAMILY CHARITABLE FOUNDATION 155 FEDERAL ST STE 300 BOSTON MA 02110-1881	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI OH 45277-0001	\$ 278,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	FIDELITY INVESTMENTS 82 DEVONSHIRE ST BOSTON MA 02109-3614	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	HUNT STREET FUND PO BOX 920169 NEEDHAM MA 02492-0002	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	INSURANCE INDUSTRY CHARITABLE FOUNDA 132 E 43RD ST STE 713 NEW YORK NY 10017-4019	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	JESUIT COMMUNITY AT BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL MA 02467-3858	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	JOHNSON SCHOLARSHIP FOUNDATION 505 S FLAGLER DR STE 810 WEST PALM BEACH FL 33401-5947	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	JP MORGAN CHARITABLE C/O NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN PA 19046	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	LIBERTY MUTUAL FOUNDATION MS. KLARE SHAW, DIRECTOR OF PROGRAMS BOSTON MA 02116	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	MERCK FOUNDATION MATCHING GIFT PROGR	\$ 7,348	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	MICRO TECH STAFFING GROUP 1214 PARK ST #204 STOUGHTON MA 02072	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	RIEDY FAMILY FOUNDATION 5175 HARPERS FARM RD COLUMBIA MD 21044-5709	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	SAKS FIFTH AVENUE INCORPORATED PO BOX 20080 JACKSON MS 39289	\$ 14,775	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	SCHWAB CHARITABLE 211 MAIN ST SAN FRANCISCO CA 94105-1905	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	ST. IGNATIUS OF LOYOLA JESUIT COMMUN 53 E 83RD ST NEW YORK NY 10028-0853	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	THE BOWDOIN GROUP 200 5TH AVE STE 4010 WALTHAM MA 02451-8758	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	THE CATERED AFFAIR PO BOX 432 HINGHAM MA 02043-0432	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	THE CATHOLIC SCHOOLS FOUNDATION, INC 67 BATTERYMARCH ST STE 600 BOSTON MA 02110-3211	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	THE DIGIOVANNI FAMILY LTD PRTNSHIP P.O. BOX 380212 CAMBRIDGE MA 02238	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	THE RANDS FOUNDATION PO BOX 920329 NEEDHAM MA 02492-0004	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	THE RICH KESHIAN MEMORIAL FUND 93 FALMOUTH RD W ARLINGTON MA 02474-1007	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	THE RUANE FAMILY FOUNDATION 11941 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	THE TRUST OF EILEEN M. DINEEN 71 WASHINGTON STREET SALEM MA 01970	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	THE YAWKEY FOUNDATIONS MR. JAMES P. HEALEY DEDHAM MA 02026-6719	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	UBS FINANCIAL SERVICES, INC. 10 PARK ST STE 201 CONCORD NH 03301-6308	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	USA NORTHEAST PROVINCE OF JESUITS 39 E 83RD ST NEW YORK NY 10028-0810	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	VANGUARD CHARITABLE PO BOX 9509 WARWICK RI 02889-0509	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	VPNE PARKING SOLUTIONS 343 CONGRESS ST STE 3300 BOSTON MA 02210-1220	\$ 12,082	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	WINTERWYMAN 880 WINTER ST STE 200 WALTHAM MA 02451-1494	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

NATIVITY-BOSTON, INC.

04-3063140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,721,541	9,689,550	9,666,316	9,531,415	9,398,664
b Contributions	80,130	31,991	23,234	134,901	132,751
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,801,671	9,721,541	9,689,550	9,666,316	9,531,415

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		248,075		248,075
b Buildings		6,720,700	2,147,568	4,573,132
c Leasehold improvements				
d Equipment		410,598	348,931	61,667
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **4,882,874**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 INVESTMENTS	11,672,684	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,672,684	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,448,680
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-163,663	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	151,493	
	e Add lines 2a through 2d	2e	-12,170	
3	Subtract line 2e from line 1		3	2,460,850
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,460,850

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,260,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	151,493	
	e Add lines 2a through 2d	2e	151,493	
3	Subtract line 2e from line 1		3	2,108,840
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,108,840

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

UNCERTAIN TAX POSITIONS - THE SCHOOL HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION. THE TOPIC CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE SCHOOL'S INCOME TAX RETURNS. THE SCHOOL'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE SCHOOL BELIEVES ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2018.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING DIRECT EXPENSES \$ 151,493

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNRAISING DIRECT EXPENSES **\$ 151,493**

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE SCHOOL IS LOCATED IN AND SELECTS STUDENTS FROM THE BOSTON INNER CITY.	X	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?		X
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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	(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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.

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.....

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	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL DINNER</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	235,440	191,795		427,235
	2 Less: Contributions	188,352	153,436		341,788
	3 Gross income (line 1 minus line 2)	47,088	38,359		85,447
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,978	46,515		151,493
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				151,493
11 Net income summary. Subtract line 10 from line 3, column (d)				-66,046	

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:

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 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140**FORM 990 - ADDITIONAL INFORMATION****FORM 990, SCHEDULE D PART XI - TOTAL REVENUE PER AUDITED FINANCIAL
STATEMENTS****OPERATING REVENUE** \$ **1,997,819****NONOPERATING REVENUE** **287,592****TEMPORARILY RESTRICTED CONTRIBUTIONS** **83,139****PERMANENTLY RESTRICTED CONTRIBUTIONS** **80,130****SCHEDULE D PART XI, LINE 1** \$ **2,297,187****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**
THE ORGANIZATION REVIEWS THE FORM 990 WITH THE TAX PREPARERS.**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. ALL TRUSTEES**
ADMINISTRATORS, STAFF MEMBERS AND MEMBERS OF COMMITTEES ARE REQUIRED TO
READ THE CONFLICT OF INTEREST POLICY AND SIGN AN ANNUAL STATEMENT
CONFIRMING THEIR UNDERSTANDING OF THE POLICY.**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS**
AVAILABLE TO THE PUBLIC UPON REQUEST.**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION****FUNDRAISING DIRECT EXPENSES** \$ **151,493****FUNRAISING DIRECT EXPENSES** \$ **-151,493**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

NATIVITY-BOSTON, INC.

Identifying number

04-3063140

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	186,835

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	186,835
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

04-3063140

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
139	Construction in Progress	6/30/18	18,000			X	18,000	5	MQ200DB	0	0
			<u>18,000</u>				<u>18,000</u>			<u>0</u>	<u>0</u>
Prior MACRS:											
98	Valve - Hot Water System	9/21/09	5,719			X	2,859	5	HY 200DB	5,719	0
99	Gym Lights	10/09/09	6,042			X	3,021	5	HY 200DB	6,042	0
100	Wall Pads	7/29/09	2,794			X	1,397	5	HY 200DB	2,794	0
101	Gym Lights	10/09/09	2,644			X	1,322	5	HY 200DB	2,644	0
102	Heat Exchanger	11/24/09	6,250			X	3,125	5	HY 200DB	6,250	0
103	Gym Doors - Mesh Door Guard	1/08/10	1,000			X	500	5	HY 200DB	1,000	0
104	Roof Work	7/06/09	5,500			X	2,750	5	HY 200DB	5,500	0
105	Roof and Chimney Work	7/13/09	7,480			X	3,740	5	HY 200DB	7,480	0
106	Alarm System	11/24/09	1,769			X	884	5	HY 200DB	1,769	0
107	Alarm System	12/18/09	1,285			X	642	5	HY 200DB	1,285	0
108	Shelving	12/28/09	637			X	318	5	HY 200DB	637	0
109	Air Conditioner	8/13/09	4,014			X	2,007	5	HY 200DB	4,014	0
			<u>45,134</u>				<u>22,565</u>			<u>45,134</u>	<u>0</u>
Other Depreciation:											
1	Binoculars and Telescope	9/21/93	1,161				1,161	5	MO S/L	1,161	0
2	Stereoscope	3/31/94	1,477				1,477	5	MO S/L	1,477	0
3	Telescope	6/14/94	709				709	5	MO S/L	709	0
4	Vandergraff Generator	4/09/96	1,508				1,508	5	MO S/L	1,508	0
5	TV & VCR	10/19/90	1,016				1,016	5	MO S/L	1,016	0
6	Apple Computers	9/20/91	42,193				42,193	5	MO S/L	42,193	0
7	Videodisk Player	9/25/91	918				918	5	MO S/L	918	0
8	Computer Locks	10/22/91	552				552	5	MO S/L	552	0
9	OCD Science Videodisks	6/23/92	1,329				1,329	5	MO S/L	1,329	0
10	Apple Scanner	4/23/93	1,731				1,731	5	MO S/L	1,731	0
11	Apple Computers	8/31/93	3,000				3,000	5	MO S/L	3,000	0
12	Dev Office Computer	9/17/93	4,354				4,354	5	MO S/L	4,354	0
13	Boom Box	10/05/93	149				149	5	MO S/L	149	0
14	Teacher's Copier	10/22/93	2,000				2,000	5	MO S/L	2,000	0
15	Slide Projector	11/03/94	258				258	5	MO S/L	258	0
16	Library Stereo	1/05/94	195				195	5	MO S/L	195	0
17	Computer Upgrades	2/11/94	796				796	5	MO S/L	796	0
18	Library Power Macs	9/14/95	7,361				7,361	5	MO S/L	7,361	0
19	Library Power Macs 2	3/19/96	5,399				5,399	5	MO S/L	5,399	0
20	Apple Printer & Fax	9/14/95	1,613				1,613	5	MO S/L	1,613	0
21	Computer	2/10/97	2,149				2,149	5	MO S/L	2,149	0
22	Gateway Computers	7/31/98	18,617				18,617	5	MO S/L	18,617	0
23	Computer Equipment	8/13/98	2,310				2,310	5	MO S/L	2,310	0
24	Computer/Monitor	1/06/00	2,051				2,051	5	MO S/L	2,051	0
25	Computer	4/07/00	1,398				1,398	5	MO S/L	1,398	0
26	Computer	1/01/02	2,854				2,854	5	MO S/L	2,854	0
27	Refrigerator	1/19/90	529				529	10	MO S/L	529	0
28	Piano	10/03/91	500				500	10	MO S/L	500	0
29	Computer Tables	10/08/91	528				528	10	MO S/L	528	0
30	Cafeteria Tables	10/16/91	923				923	10	MO S/L	923	0
31	Burton Furniture	11/01/91	1,740				1,740	10	MO S/L	1,740	0
32	Computer Tables	12/15/92	485				485	10	MO S/L	485	0
33	Curtains	5/13/93	3,963				3,963	10	MO S/L	3,963	0
34	File Cabinet	9/09/93	64				64	10	MO S/L	64	0
35	Other	12/20/93	1,488				1,488	10	MO S/L	1,488	0
36	Whiteboard Computer Room	12/20/93	300				300	10	MO S/L	300	0
37	Curtains	4/01/94	2,840				2,840	10	MO S/L	2,840	0
38	Chairs	5/18/94	1,991				1,991	10	MO S/L	1,991	0
39	Urban Center Furniture	6/22/94	1,197				1,197	10	MO S/L	1,197	0
40	Student Desks	9/30/94	1,516				1,516	10	MO S/L	1,516	0
41	Shades	9/03/96	744				744	10	MO S/L	744	0
42	Student Desks	9/09/95	3,547				3,547	10	MO S/L	3,547	0
43	Desk	8/23/96	1,553				1,553	10	MO S/L	1,553	0
48	Wall Removal	4/30/91	4,020				4,020	10	MO S/L	4,020	0
49	Bookshelves	4/30/91	4,002				4,002	10	MO S/L	4,002	0
50	Tables	12/16/91	1,327				1,327	10	MO S/L	1,327	0

04-3063140

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
51	Books	1/09/92	6,869			6,869	10 MO S/L	6,869	0
52	Follett Library Software	6/23/92	2,629			2,629	10 MO S/L	2,629	0
53	Books	9/04/93	5,186			5,186	10 MO S/L	5,186	0
54	Books Set 3	6/23/94	5,739			5,739	10 MO S/L	5,739	0
55	Books #3996	6/15/94	395			395	10 MO S/L	395	0
56	Shelving Backstops	6/15/94	260			260	10 MO S/L	260	0
57	Books #5355	3/06/95	269			269	10 MO S/L	269	0
58	Chairs & Desks	5/06/96	8,879			8,879	10 MO S/L	8,879	0
59	Scanner	9/03/98	603			603	5 MO S/L	603	0
62	Building	7/01/02	5,566,203			5,566,203	50 MO S/L	1,665,222	111,324
63	Faculty Residence	5/15/03	410,121			410,121	50 MO S/L	114,829	8,202
64	Improvements Faculty Residence	12/31/03	15,273			15,273	20 MO S/L	10,312	764
65	Land School	7/01/02	132,500			132,500	0 -- Land	0	0
66	Land Faculty Residence	5/15/03	115,575			115,575	0 -- Land	0	0
67	Apple Computer	3/04/05	1,947			1,947	5 MO S/L	1,947	0
68	Improvements	10/06/05	25,790			25,790	39 MO S/L	7,768	661
69	Electrical work	12/13/05	2,225			2,225	39 MO S/L	660	57
70	Bathroom Remodel in Faculty Residence	6/08/07	23,652			23,652	39 MO S/L	6,112	606
71	Computer	10/18/05	2,500			2,500	5 MO S/L	2,500	0
72	Computer	3/08/06	1,373			1,373	5 MO S/L	1,373	0
73	Washer/Dryer	9/16/05	1,540			1,540	5 MO S/L	1,540	0
77	HP 4250 Printer	1/22/07	1,780			1,780	5 MO S/L	1,780	0
78	Laptop	5/10/07	1,719			1,719	5 MO S/L	1,719	0
80	Landscaping parking lot & around bldg	7/26/07	3,200			3,200	15 MO S/L	2,113	213
81	Painting & stair treads	10/16/07	10,885			10,885	39 MO S/L	2,721	279
82	Fire escape, front porch, roof	10/04/07	32,950			32,950	39 MO S/L	8,239	845
83	Alarm System	3/20/08	5,957			5,957	39 MO S/L	1,414	153
84	Appliances(Wsh/Dryers, Range)	11/12/07	2,509			2,509	5 MO S/L	2,509	0
85	3 Lenovo laptops	11/19/07	3,882			3,882	5 MO S/L	3,882	0
86	Desks, chairs, file cabinets for students & f	11/07/07	7,334			7,334	5 MO S/L	7,334	0
87	New telephone lines & line changes	9/12/07	2,147			2,147	5 MO S/L	2,147	0
88	Bose Acoustic Wave Music Sys II	12/24/07	1,133			1,133	5 MO S/L	1,133	0
89	Bathroom remodel & improvements	6/04/08	9,808			9,808	39 MO S/L	2,281	251
90	Donor Software	12/07/07	2,717			2,717	3 MO S/L	2,717	0
91	Improvements	12/31/08	29,024			29,024	39 MO S/L	6,324	745
92	Exterior Sign	10/22/08	2,570			2,570	5 MO S/L	2,570	0
93	Improvements	10/31/08	85,402			85,402	39 MO S/L	18,980	2,189
94	Computer, projector	10/31/08	1,612			1,612	5 MO S/L	1,612	0
95	Computers	2/05/09	11,001			11,001	5 MO S/L	11,001	0
96	Classroom furniture & Appliances	10/17/08	3,303			3,303	5 MO S/L	3,303	0
97	Panasonic display, speakers, cart	2/12/09	2,815			2,815	5 MO S/L	2,815	0
110	2010 Dodge Gr Caravan	8/31/10	19,458			19,458	5 MO S/L	19,458	0
111	Desks	6/30/11	6,378			6,378	5 MO S/L	6,378	0
112	J.W. Anderson & Co	10/06/10	877			877	5 MO S/L	877	0
113	J.W. Anderson & Co	11/29/10	2,706			2,706	5 MO S/L	2,706	0
114	Heat Exchanger	12/09/11	8,500			8,500	5 MO S/L	8,500	0
115	2012 Dodge Grand Caravan	3/20/12	17,131			17,131	5 MO S/L	17,131	0
	Sold/Scrapped: 8/30/17								
116	HP Notebook	5/29/13	1,539			1,539	5 MO S/L	1,258	281
117	Technology Upgrade	5/01/13	10,496			10,496	5 MO S/L	8,746	1,750
118	4th Grade Expansion	3/31/14	89,902			89,902	15 MO S/L	19,478	5,993
119	4th Grade Expansion	3/31/14	274,074			274,074	15 MO S/L	59,383	18,272
120	Classroom furniture & Appliances	3/31/14	55,598			55,598	5 MO S/L	36,131	11,119
121	2014 Dodge	8/11/14	20,624			20,624	5 MO S/L	12,031	4,124
122	HVAC	10/31/14	31,796			31,796	15 MO S/L	5,652	2,120
123	Computer	10/07/14	2,422			2,422	5 MO S/L	1,332	484
124	IPAD	4/13/15	2,390			2,390	5 MO S/L	1,076	478
125	Heart Start AED	5/28/15	1,202			1,202	5 MO S/L	501	240
126	Computers (Okers Tech)	12/12/15	2,333			2,333	5 MO S/L	739	466
127	Computers	1/31/16	4,957			4,957	5 MO S/L	1,404	992
128	Computers	5/31/16	5,585			5,585	5 MO S/L	1,210	1,117
129	Computers	6/22/16	9,921			9,921	5 MO S/L	1,984	1,984
130	2016 Dodge Caravan	7/21/16	19,184			19,184	5 MO S/L	3,517	3,837
131	Doors and Locks	8/31/16	3,471			3,471	5 MO S/L	578	695
132	Central Communications	9/15/16	6,976			6,976	5 MO S/L	1,163	1,395
133	American Window Firm	9/15/16	6,966			6,966	15 MO S/L	387	464
134	Living Room Furniture	1/31/18	3,322			3,322	5 MO S/L	0	277
135	Heat Exchanger	2/28/18	7,421			7,421	15 MO S/L	0	165
136	IKEA Furniture	8/05/17	747			747	5 MO S/L	0	137
137	Chairs/desk	2/28/18	1,379			1,379	5 MO S/L	0	92
138	2017 Dodge Caravan	8/30/17	24,384			24,384	5 MO S/L	0	4,064

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>7,333,370</u>			<u>7,333,370</u>		<u>2,281,661</u>	<u>186,835</u>
	Total ACRS and Other Depreciation		<u>7,333,370</u>			<u>7,333,370</u>		<u>2,281,661</u>	<u>186,835</u>
	Grand Totals		7,396,504			7,373,935		2,326,795	186,835
	Less: Dispositions and Transfers		17,131			17,131		17,131	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>7,379,373</u>			<u>7,356,804</u>		<u>2,309,664</u>	<u>186,835</u>

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MA Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
5-year GDS Property:								
139	Construction in Progress	6/30/18	18,000	18,000	0	0	0	0
			<u>18,000</u>	<u>18,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Prior MACRS:								
98	Valve - Hot Water System	9/21/09	5,719	5,719	5,719	0	0	0
99	Gym Lights	10/09/09	6,042	6,042	6,042	0	0	0
100	Wall Pads	7/29/09	2,794	2,794	2,794	0	0	0
101	Gym Lights	10/09/09	2,644	2,644	2,644	0	0	0
102	Heat Exchanger	11/24/09	6,250	6,250	6,250	0	0	0
103	Gym Doors - Mesh Door Guard	1/08/10	1,000	1,000	1,000	0	0	0
104	Roof Work	7/06/09	5,500	5,500	5,500	0	0	0
105	Roof and Chimney Work	7/13/09	7,480	7,480	7,480	0	0	0
106	Alarm System	11/24/09	1,769	1,769	1,769	0	0	0
107	Alarm System	12/18/09	1,285	1,285	1,285	0	0	0
108	Shelving	12/28/09	637	637	637	0	0	0
109	Air Conditioner	8/13/09	4,014	4,014	4,014	0	0	0
			<u>45,134</u>	<u>45,134</u>	<u>45,134</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
1	Binoculars and Telescope	9/21/93	1,161	1,161	1,161	0	0	0
2	Stereoscope	3/31/94	1,477	1,477	1,477	0	0	0
3	Telescope	6/14/94	709	709	709	0	0	0
4	Vandergraff Generator	4/09/96	1,508	1,508	1,508	0	0	0
5	TV & VCR	10/19/90	1,016	1,016	1,016	0	0	0
6	Apple Computers	9/20/91	42,193	42,193	42,193	0	0	0
7	Videodisk Player	9/25/91	918	918	918	0	0	0
8	Computer Locks	10/22/91	552	552	552	0	0	0
9	OCD Science Videodisks	6/23/92	1,329	1,329	1,329	0	0	0
10	Apple Scanner	4/23/93	1,731	1,731	1,731	0	0	0
11	Apple Computers	8/31/93	3,000	3,000	3,000	0	0	0
12	Dev Office Computer	9/17/93	4,354	4,354	4,354	0	0	0
13	Boom Box	10/05/93	149	149	149	0	0	0
14	Teacher's Copier	10/22/93	2,000	2,000	2,000	0	0	0
15	Slide Projector	11/03/94	258	258	258	0	0	0
16	Library Stereo	1/05/94	195	195	195	0	0	0
17	Computer Upgrades	2/11/94	796	796	796	0	0	0
18	Library Power Macs	9/14/95	7,361	7,361	7,361	0	0	0
19	Library Power Macs 2	3/19/96	5,399	5,399	5,399	0	0	0
20	Apple Printer & Fax	9/14/95	1,613	1,613	1,613	0	0	0
21	Computer	2/10/97	2,149	2,149	2,149	0	0	0
22	Gateway Computers	7/31/98	18,617	18,617	18,617	0	0	0
23	Computer Equipment	8/13/98	2,310	2,310	2,310	0	0	0
24	Computer/Monitor	1/06/00	2,051	2,051	2,051	0	0	0
25	Computer	4/07/00	1,398	1,398	1,398	0	0	0
26	Computer	1/01/02	2,854	2,854	2,854	0	0	0
27	Refrigerator	1/19/90	529	529	529	0	0	0
28	Piano	10/03/91	500	500	500	0	0	0
29	Computer Tables	10/08/91	528	528	528	0	0	0
30	Cafeteria Tables	10/16/91	923	923	923	0	0	0
31	Burton Furniture	11/01/91	1,740	1,740	1,740	0	0	0
32	Computer Tables	12/15/92	485	485	485	0	0	0
33	Curtains	5/13/93	3,963	3,963	3,963	0	0	0
34	File Cabinet	9/09/93	64	64	64	0	0	0
35	Other	12/20/93	1,488	1,488	1,488	0	0	0
36	Whiteboard Computer Room	12/20/93	300	300	300	0	0	0
37	Curtains	4/01/94	2,840	2,840	2,840	0	0	0
38	Chairs	5/18/94	1,991	1,991	1,991	0	0	0
39	Urban Center Furniture	6/22/94	1,197	1,197	1,197	0	0	0
40	Student Desks	9/30/94	1,516	1,516	1,516	0	0	0
41	Shades	9/03/96	744	744	744	0	0	0
42	Student Desks	9/09/95	3,547	3,547	3,547	0	0	0
43	Desk	8/23/96	1,553	1,553	1,553	0	0	0
48	Wall Removal	4/30/91	4,020	4,020	4,020	0	0	0
49	Bookshelves	4/30/91	4,002	4,002	4,002	0	0	0
50	Tables	12/16/91	1,327	1,327	1,327	0	0	0

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MA Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
51	Books	1/09/92	6,869	6,869	6,869	0	0	0
52	Follett Library Software	6/23/92	2,629	2,629	2,629	0	0	0
53	Books	9/04/93	5,186	5,186	5,186	0	0	0
54	Books Set 3	6/23/94	5,739	5,739	5,739	0	0	0
55	Books #3996	6/15/94	395	395	395	0	0	0
56	Shelving Backstops	6/15/94	260	260	260	0	0	0
57	Books #5355	3/06/95	269	269	269	0	0	0
58	Chairs & Desks	5/06/96	8,879	8,879	8,879	0	0	0
59	Scanner	9/03/98	603	603	603	0	0	0
62	Building	7/01/02	5,566,203	5,566,203	1,669,861	111,324	111,324	0
63	Faculty Residence	5/15/03	410,121	410,121	116,201	8,202	8,202	0
64	Improvements Faculty Residence	12/31/03	15,273	15,273	10,309	764	764	0
65	Land School	7/01/02	132,500	132,500	0	0	0	0
66	Land Faculty Residence	5/15/03	115,575	115,575	0	0	0	0
67	Apple Computer	3/04/05	1,947	1,947	1,947	0	0	0
68	Improvements	10/06/05	25,790	25,790	7,770	661	661	0
69	Electrical work	12/13/05	2,225	2,225	661	57	57	0
70	Bathroom Remodel in Faculty Residence	6/08/07	23,652	23,652	6,115	607	606	-1
71	Computer	10/18/05	2,500	2,500	2,500	0	0	0
72	Computer	3/08/06	1,373	1,373	1,373	0	0	0
73	Washer/Dryer	9/16/05	1,540	1,540	1,540	0	0	0
77	HP 4250 Printer	1/22/07	1,780	1,780	1,780	0	0	0
78	Laptop	5/10/07	1,719	1,719	1,719	0	0	0
80	Landscaping parking lot & around bldg	7/26/07	3,200	3,200	2,116	213	213	0
81	Painting & stair treads	10/16/07	10,885	10,885	2,698	279	279	0
82	Fire escape, front porch, roof	10/04/07	32,950	32,950	8,237	845	845	0
83	Alarm System	3/20/08	5,957	5,957	1,413	153	153	0
84	Appliances(Wsh/Dryers, Range)	11/12/07	2,509	2,509	2,509	0	0	0
85	3 Lenovo laptops	11/19/07	3,882	3,882	3,882	0	0	0
86	Desks, chairs, file cabinets for students & f	11/07/07	7,334	7,334	7,334	0	0	0
87	New telephone lines & line changes	9/12/07	2,147	2,147	2,147	0	0	0
88	Bose Acoustic Wave Music Sys II	12/24/07	1,133	1,133	1,133	0	0	0
89	Bathroom remodel & improvements	6/04/08	9,808	9,808	2,284	252	251	-1
90	Donor Software	12/07/07	2,717	2,717	2,717	0	0	0
91	Improvements	12/31/08	29,024	29,024	6,326	744	745	1
92	Exterior Sign	10/22/08	2,570	2,570	2,570	0	0	0
93	Improvements	10/31/08	85,402	85,402	18,978	2,190	2,189	-1
94	Computer, projector	10/31/08	1,612	1,612	1,612	0	0	0
95	Computers	2/05/09	11,001	11,001	11,001	0	0	0
96	Classroom furniture & Appliances	10/17/08	3,303	3,303	3,303	0	0	0
97	Panasonic display, speakers, cart	2/12/09	2,815	2,815	2,815	0	0	0
110	2010 Dodge Gr Caravan	8/31/10	19,458	19,458	19,458	0	0	0
111	Desks	6/30/11	6,378	6,378	6,378	0	0	0
112	J.W. Anderson & Co	10/06/10	877	877	877	0	0	0
113	J.W. Anderson & Co	11/29/10	2,706	2,706	2,706	0	0	0
114	Heat Exchanger	12/09/11	8,500	8,500	8,500	0	0	0
115	2012 Dodge Grand Caravan	3/20/12	17,131	17,131	17,131	0	0	0
	Sold/Scrapped: 8/30/17							
116	HP Notebook	5/29/13	1,539	1,539	1,257	282	281	-1
117	Technology Upgrade	5/01/13	10,496	10,496	8,747	1,749	1,750	1
118	4th Grade Expansion	3/31/14	89,902	89,902	19,479	5,993	5,993	0
119	4th Grade Expansion	3/31/14	274,074	274,074	59,383	18,271	18,272	1
120	Classroom furniture & Appliances	3/31/14	55,598	55,598	36,139	11,119	11,119	0
121	2014 Dodge	8/11/14	20,624	20,624	12,031	4,124	4,124	0
122	HVAC	10/31/14	31,796	31,796	5,653	2,119	2,120	1
123	Computer	10/07/14	2,422	2,422	1,332	485	484	-1
124	IPAD	4/13/15	2,390	2,390	1,076	478	478	0
125	Heart Start AED	5/28/15	1,202	1,202	501	240	240	0
126	Computers (Okers Tech)	12/12/15	2,333	2,333	739	466	466	0
127	Computers	1/31/16	4,957	4,957	1,404	992	992	0
128	Computers	5/31/16	5,585	5,585	1,210	1,117	1,117	0
129	Computers	6/22/16	9,921	9,921	1,984	1,984	1,984	0
130	2016 Dodge Caravan	7/21/16	19,184	19,184	3,517	3,837	3,837	0
131	Doors and Locks	8/31/16	3,471	3,471	578	695	695	0
132	Central Communications	9/15/16	6,976	6,976	1,163	1,395	1,395	0
133	American Window Firm	9/15/16	6,966	6,966	387	464	464	0
134	Living Room Furniture	1/31/18	3,322	3,322	0	277	277	0
135	Heat Exchanger	2/28/18	7,421	7,421	0	165	165	0
136	IKEA Furniture	8/05/17	747	747	0	137	137	0
137	Chairs/desk	2/28/18	1,379	1,379	0	92	92	0
138	2017 Dodge Caravan	8/30/17	24,384	24,384	0	4,064	4,064	0

MA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
	Total Other Depreciation		<u>7,333,370</u>	<u>7,333,370</u>	<u>2,287,665</u>	<u>186,836</u>	<u>186,835</u>	<u>-1</u>
	Total ACRS and Other Depreciation		<u>7,333,370</u>	<u>7,333,370</u>	<u>2,287,665</u>	<u>186,836</u>	<u>186,835</u>	<u>-1</u>
	Grand Totals		7,396,504	7,396,504	2,332,799	186,836	186,835	-1
	Less: Dispositions		17,131	17,131	17,131	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>7,379,373</u>	<u>7,379,373</u>	<u>2,315,668</u>	<u>186,836</u>	<u>186,835</u>	<u>-1</u>

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AMT Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
139	Construction in Progress	6/30/18	18,000			X	18,000	5	MQ200DB	0	0
			<u>18,000</u>				<u>18,000</u>			<u>0</u>	<u>0</u>
Other Depreciation:											
1	Binoculars and Telescope	9/21/93	0				0	0	HY	0	0
2	Stereoscope	3/31/94	0				0	0	HY	0	0
3	Telescope	6/14/94	0				0	0	HY	0	0
4	Vandergraff Generator	4/09/96	0				0	0	HY	0	0
5	TV & VCR	10/19/90	0				0	0	HY	0	0
6	Apple Computers	9/20/91	0				0	0	HY	0	0
7	Videodisk Player	9/25/91	0				0	0	HY	0	0
8	Computer Locks	10/22/91	0				0	0	HY	0	0
9	OCD Science Videodisks	6/23/92	0				0	0	HY	0	0
10	Apple Scanner	4/23/93	0				0	0	HY	0	0
11	Apple Computers	8/31/93	0				0	0	HY	0	0
12	Dev Office Computer	9/17/93	0				0	0	HY	0	0
13	Boom Box	10/05/93	0				0	0	HY	0	0
14	Teacher's Copier	10/22/93	0				0	0	HY	0	0
15	Slide Projector	11/03/94	0				0	0	HY	0	0
16	Library Stereo	1/05/94	0				0	0	HY	0	0
17	Computer Upgrades	2/11/94	0				0	0	HY	0	0
18	Library Power Macs	9/14/95	0				0	0	HY	0	0
19	Library Power Macs 2	3/19/96	0				0	0	HY	0	0
20	Apple Printer & Fax	9/14/95	0				0	0	HY	0	0
21	Computer	2/10/97	0				0	0	HY	0	0
22	Gateway Computers	7/31/98	0				0	0	HY	0	0
23	Computer Equipment	8/13/98	0				0	0	HY	0	0
24	Computer/Monitor	1/06/00	0				0	0	HY	0	0
25	Computer	4/07/00	0				0	0	HY	0	0
26	Computer	1/01/02	0				0	0	HY	0	0
27	Refrigerator	1/19/90	0				0	0	HY	0	0
28	Piano	10/03/91	0				0	0	HY	0	0
29	Computer Tables	10/08/91	0				0	0	HY	0	0
30	Cafeteria Tables	10/16/91	0				0	0	HY	0	0
31	Burton Furniture	11/01/91	0				0	0	HY	0	0
32	Computer Tables	12/15/92	0				0	0	HY	0	0
33	Curtains	5/13/93	0				0	0	HY	0	0
34	File Cabinet	9/09/93	0				0	0	HY	0	0
35	Other	12/20/93	0				0	0	HY	0	0
36	Whiteboard Computer Room	12/20/93	0				0	0	HY	0	0
37	Curtains	4/01/94	0				0	0	HY	0	0
38	Chairs	5/18/94	0				0	0	HY	0	0
39	Urban Center Furniture	6/22/94	0				0	0	HY	0	0
40	Student Desks	9/30/94	0				0	0	HY	0	0
41	Shades	9/03/96	0				0	0	HY	0	0
42	Student Desks	9/09/95	0				0	0	HY	0	0
43	Desk	8/23/96	0				0	0	HY	0	0
48	Wall Removal	4/30/91	0				0	0	HY	0	0
49	Bookshelves	4/30/91	0				0	0	HY	0	0
50	Tables	12/16/91	0				0	0	HY	0	0
51	Books	1/09/92	0				0	0	HY	0	0
52	Follett Library Software	6/23/92	0				0	0	HY	0	0
53	Books	9/04/93	0				0	0	HY	0	0
54	Books Set 3	6/23/94	0				0	0	HY	0	0
55	Books #3996	6/15/94	0				0	0	HY	0	0
56	Shelving Backstops	6/15/94	0				0	0	HY	0	0
57	Books #5355	3/06/95	0				0	0	HY	0	0
58	Chairs & Desks	5/06/96	0				0	0	HY	0	0
59	Scanner	9/03/98	0				0	0	HY	0	0
62	Building	7/01/02	0				0	0	HY	0	0
63	Faculty Residence	5/15/03	0				0	0	HY	0	0
64	Improvements Faculty Residence	12/31/03	0				0	0	HY	0	0
65	Land School	7/01/02	0				0	0	HY	0	0
66	Land Faculty Residence	5/15/03	0				0	0	HY	0	0
67	Apple Computer	3/04/05	0				0	0	HY	0	0
68	Improvements	10/06/05	0				0	0	HY	0	0
69	Electrical work	12/13/05	0				0	0	HY	0	0

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AMT Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
70	Bathroom Remodel in Faculty Residence	6/08/07	0				0	0	HY	0	0
71	Computer	10/18/05	0				0	0	HY	0	0
72	Computer	3/08/06	0				0	0	HY	0	0
73	Washer/Dryer	9/16/05	0				0	0	HY	0	0
77	HP 4250 Printer	1/22/07	0				0	0	HY	0	0
78	Laptop	5/10/07	0				0	0	HY	0	0
80	Landscaping parking lot & around bldg	7/26/07	0				0	0	HY	0	0
81	Painting & stair treads	10/16/07	0				0	0	HY	0	0
82	Fire escape, front porch, roof	10/04/07	0				0	0	HY	0	0
83	Alarm System	3/20/08	0				0	0	HY	0	0
84	Appliances(Wsh/Dryers, Range)	11/12/07	0				0	0	HY	0	0
85	3 Lenovo laptops	11/19/07	0				0	0	HY	0	0
86	Desks, chairs, file cabinets for students & f	11/07/07	0				0	0	HY	0	0
87	New telephone lines & line changes	9/12/07	0				0	0	HY	0	0
88	Bose Acoustic Wave Music Sys II	12/24/07	0				0	0	HY	0	0
89	Bathroom remodel & improvements	6/04/08	0				0	0	HY	0	0
90	Donor Software	12/07/07	0				0	0	HY	0	0
91	Improvements	12/31/08	0				0	0	HY	0	0
92	Exterior Sign	10/22/08	0				0	0	HY	0	0
93	Improvements	10/31/08	0				0	0	HY	0	0
94	Computer, projector	10/31/08	0				0	0	HY	0	0
95	Computers	2/05/09	0				0	0	HY	0	0
96	Classroom furniture & Appliances	10/17/08	0				0	0	HY	0	0
97	Panasonic display, speakers, cart	2/12/09	0				0	0	HY	0	0
98	Valve - Hot Water System	9/21/09	0				0	0	HY	0	0
99	Gym Lights	10/09/09	0				0	0	HY	0	0
100	Wall Pads	7/29/09	0				0	0	HY	0	0
101	Gym Lights	10/09/09	0				0	0	HY	0	0
102	Heat Exchanger	11/24/09	0				0	0	HY	0	0
103	Gym Doors - Mesh Door Guard	1/08/10	0				0	0	HY	0	0
104	Roof Work	7/06/09	0				0	0	HY	0	0
105	Roof and Chimney Work	7/13/09	0				0	0	HY	0	0
106	Alarm System	11/24/09	0				0	0	HY	0	0
107	Alarm System	12/18/09	0				0	0	HY	0	0
108	Shelving	12/28/09	0				0	0	HY	0	0
109	Air Conditioner	8/13/09	0				0	0	HY	0	0
110	2010 Dodge Gr Caravan	8/31/10	0				0	0	HY	0	0
111	Desks	6/30/11	0				0	0	HY	0	0
112	J.W. Anderson & Co	10/06/10	0				0	0	HY	0	0
113	J.W. Anderson & Co	11/29/10	0				0	0	HY	0	0
114	Heat Exchanger	12/09/11	0				0	0	HY	0	0
115	2012 Dodge Grand Caravan	3/20/12	0				0	0	HY	0	0
	Sold/Scrapped: 8/30/17										
116	HP Notebook	5/29/13	0				0	0	HY	0	0
117	Technology Upgrade	5/01/13	0				0	0	HY	0	0
118	4th Grade Expansion	3/31/14	0				0	0	HY	0	0
119	4th Grade Expansion	3/31/14	0				0	0	HY	0	0
120	Classroom furniture & Appliances	3/31/14	0				0	0	HY	0	0
121	2014 Dodge	8/11/14	0				0	0	HY	0	0
122	HVAC	10/31/14	0				0	0	HY	0	0
123	Computer	10/07/14	0				0	0	HY	0	0
124	IPAD	4/13/15	0				0	0	HY	0	0
125	Heart Start AED	5/28/15	0				0	0	HY	0	0
126	Computers (Okers Tech)	12/12/15	0				0	0	HY	0	0
127	Computers	1/31/16	0				0	0	HY	0	0
128	Computers	5/31/16	0				0	0	HY	0	0
129	Computers	6/22/16	0				0	0	HY	0	0
130	2016 Dodge Caravan	7/21/16	0				0	0	HY	0	0
131	Doors and Locks	8/31/16	0				0	0	HY	0	0
132	Central Communications	9/15/16	0				0	0	HY	0	0
133	American Window Firm	9/15/16	0				0	0	HY	0	0
134	Living Room Furniture	1/31/18	0				0	0	HY	0	0
135	Heat Exchanger	2/28/18	0				0	0	HY	0	0
136	IKEA Furniture	8/05/17	0				0	0	HY	0	0
137	Chairs/desk	2/28/18	0				0	0	HY	0	0
138	2017 Dodge Caravan	8/30/17	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		18,000			18,000		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>18,000</u>			<u>18,000</u>		<u>0</u>	<u>0</u>

04-3063140

Bonus Depreciation Report

FYE: 6/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
98	Valve - Hot Water System	9/21/09	5,719	100	0	0	2,860	2,859
99	Gym Lights	10/09/09	6,042	100	0	0	3,021	3,021
100	Wall Pads	7/29/09	2,794	100	0	0	1,397	1,397
101	Gym Lights	10/09/09	2,644	100	0	0	1,322	1,322
102	Heat Exchanger	11/24/09	6,250	100	0	0	3,125	3,125
103	Gym Doors - Mesh Door Guard	1/08/10	1,000	100	0	0	500	500
104	Roof Work	7/06/09	5,500	100	0	0	2,750	2,750
105	Roof and Chimney Work	7/13/09	7,480	100	0	0	3,740	3,740
106	Alarm System	11/24/09	1,769	100	0	0	885	884
107	Alarm System	12/18/09	1,285	100	0	0	643	642
108	Shelving	12/28/09	637	100	0	0	319	318
109	Air Conditioner	8/13/09	4,014	100	0	0	2,007	2,007
139	Construction in Progress	6/30/18	18,000		0	0	0	18,000
	Form 990, Page 1		<u>63,134</u>		<u>0</u>	<u>0</u>	<u>22,569</u>	<u>40,565</u>
	Grand Total		<u>63,134</u>		<u>0</u>	<u>0</u>	<u>22,569</u>	<u>40,565</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	139	Construction in Progress	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
98	Valve - Hot Water System	9/21/09	5,719	0	0
99	Gym Lights	10/09/09	6,042	0	0
100	Wall Pads	7/29/09	2,794	0	0
101	Gym Lights	10/09/09	2,644	0	0
102	Heat Exchanger	11/24/09	6,250	0	0
103	Gym Doors - Mesh Door Guard	1/08/10	1,000	0	0
104	Roof Work	7/06/09	5,500	0	0
105	Roof and Chimney Work	7/13/09	7,480	0	0
106	Alarm System	11/24/09	1,769	0	0
107	Alarm System	12/18/09	1,285	0	0
108	Shelving	12/28/09	637	0	0
109	Air Conditioner	8/13/09	4,014	0	0
139	Construction in Progress	6/30/18	18,000	7,200	7,200
			<u>63,134</u>	<u>7,200</u>	<u>7,200</u>

Other Depreciation:

1	Binoculars and Telescope	9/21/93	1,161	0	0
2	Stereoscope	3/31/94	1,477	0	0
3	Telescope	6/14/94	709	0	0
4	Vandergraff Generator	4/09/96	1,508	0	0
5	TV & VCR	10/19/90	1,016	0	0
6	Apple Computers	9/20/91	42,193	0	0
7	Videodisk Player	9/25/91	918	0	0
8	Computer Locks	10/22/91	552	0	0
9	OCD Science Videodisks	6/23/92	1,329	0	0
10	Apple Scanner	4/23/93	1,731	0	0
11	Apple Computers	8/31/93	3,000	0	0
12	Dev Office Computer	9/17/93	4,354	0	0
13	Boom Box	10/05/93	149	0	0
14	Teacher's Copier	10/22/93	2,000	0	0
15	Slide Projector	11/03/94	258	0	0
16	Library Stereo	1/05/94	195	0	0
17	Computer Upgrades	2/11/94	796	0	0
18	Library Power Macs	9/14/95	7,361	0	0
19	Library Power Macs 2	3/19/96	5,399	0	0
20	Apple Printer & Fax	9/14/95	1,613	0	0
21	Computer	2/10/97	2,149	0	0
22	Gateway Computers	7/31/98	18,617	0	0
23	Computer Equipment	8/13/98	2,310	0	0
24	Computer/Monitor	1/06/00	2,051	0	0
25	Computer	4/07/00	1,398	0	0
26	Computer	1/01/02	2,854	0	0
27	Refrigerator	1/19/90	529	0	0
28	Piano	10/03/91	500	0	0
29	Computer Tables	10/08/91	528	0	0
30	Cafeteria Tables	10/16/91	923	0	0
31	Burton Furniture	11/01/91	1,740	0	0
32	Computer Tables	12/15/92	485	0	0
33	Curtains	5/13/93	3,963	0	0
34	File Cabinet	9/09/93	64	0	0
35	Other	12/20/93	1,488	0	0
36	Whiteboard Computer Room	12/20/93	300	0	0
37	Curtains	4/01/94	2,840	0	0
38	Chairs	5/18/94	1,991	0	0
39	Urban Center Furniture	6/22/94	1,197	0	0
40	Student Desks	9/30/94	1,516	0	0
41	Shades	9/03/96	744	0	0
42	Student Desks	9/09/95	3,547	0	0
43	Desk	8/23/96	1,553	0	0
48	Wall Removal	4/30/91	4,020	0	0
49	Bookshelves	4/30/91	4,002	0	0
50	Tables	12/16/91	1,327	0	0
51	Books	1/09/92	6,869	0	0
52	Follett Library Software	6/23/92	2,629	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
53	Books	9/04/93	5,186	0	0
54	Books Set 3	6/23/94	5,739	0	0
55	Books #3996	6/15/94	395	0	0
56	Shelving Backstops	6/15/94	260	0	0
57	Books #5355	3/06/95	269	0	0
58	Chairs & Desks	5/06/96	8,879	0	0
59	Scanner	9/03/98	603	0	0
62	Building	7/01/02	5,566,203	111,324	0
63	Faculty Residence	5/15/03	410,121	8,203	0
64	Improvements Faculty Residence	12/31/03	15,273	764	0
65	Land School	7/01/02	132,500	0	0
66	Land Faculty Residence	5/15/03	115,575	0	0
67	Apple Computer	3/04/05	1,947	0	0
68	Improvements	10/06/05	25,790	661	0
69	Electrical work	12/13/05	2,225	57	0
70	Bathroom Remodel in Faculty Residence	6/08/07	23,652	607	0
71	Computer	10/18/05	2,500	0	0
72	Computer	3/08/06	1,373	0	0
73	Washer/Dryer	9/16/05	1,540	0	0
77	HP 4250 Printer	1/22/07	1,780	0	0
78	Laptop	5/10/07	1,719	0	0
80	Landscaping parking lot & around bldg	7/26/07	3,200	213	0
81	Painting & stair treads	10/16/07	10,885	279	0
82	Fire escape, front porch, roof	10/04/07	32,950	844	0
83	Alarm System	3/20/08	5,957	153	0
84	Appliances(Wsh/Dryers, Range)	11/12/07	2,509	0	0
85	3 Lenovo laptops	11/19/07	3,882	0	0
86	Desks, chairs, file cabinets for students & f	11/07/07	7,334	0	0
87	New telephone lines & line changes	9/12/07	2,147	0	0
88	Bose Acoustic Wave Music Sys II	12/24/07	1,133	0	0
89	Bathroom remodel & improvements	6/04/08	9,808	252	0
90	Donor Software	12/07/07	2,717	0	0
91	Improvements	12/31/08	29,024	744	0
92	Exterior Sign	10/22/08	2,570	0	0
93	Improvements	10/31/08	85,402	2,190	0
94	Computer, projector	10/31/08	1,612	0	0
95	Computers	2/05/09	11,001	0	0
96	Classroom furniture & Appliances	10/17/08	3,303	0	0
97	Panasonic display, speakers, cart	2/12/09	2,815	0	0
110	2010 Dodge Gr Caravan	8/31/10	19,458	0	0
111	Desks	6/30/11	6,378	0	0
112	J.W. Anderson & Co	10/06/10	877	0	0
113	J.W. Anderson & Co	11/29/10	2,706	0	0
114	Heat Exchanger	12/09/11	8,500	0	0
116	HP Notebook	5/29/13	1,539	0	0
117	Technology Upgrade	5/01/13	10,496	0	0
118	4th Grade Expansion	3/31/14	89,902	5,994	0
119	4th Grade Expansion	3/31/14	274,074	18,271	0
120	Classroom furniture & Appliances	3/31/14	55,598	8,348	0
121	2014 Dodge	8/11/14	20,624	4,125	0
122	HVAC	10/31/14	31,796	2,120	0
123	Computer	10/07/14	2,422	485	0
124	IPAD	4/13/15	2,390	478	0
125	Heart Start AED	5/28/15	1,202	241	0
126	Computers (Okers Tech)	12/12/15	2,333	467	0
127	Computers	1/31/16	4,957	991	0
128	Computers	5/31/16	5,585	1,117	0
129	Computers	6/22/16	9,921	1,985	0
130	2016 Dodge Caravan	7/21/16	19,184	3,837	0
131	Doors and Locks	8/31/16	3,471	694	0
132	Central Communications	9/15/16	6,976	1,395	0
133	American Window Firm	9/15/16	6,966	465	0
134	Living Room Furniture	1/31/18	3,322	664	0
135	Heat Exchanger	2/28/18	7,421	495	0
136	IKEA Furniture	8/05/17	747	149	0
137	Chairs/desk	2/28/18	1,379	276	0
138	2017 Dodge Caravan	8/30/17	24,384	4,877	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>7,316,239</u>	<u>183,765</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>7,316,239</u>	<u>183,765</u>	<u>0</u>
	Grand Totals		<u>7,379,373</u>	<u>190,965</u>	<u>7,200</u>

Asset	Description	Date In Service	Cost	MA
Prior MACRS:				
98	Valve - Hot Water System	9/21/09	5,719	0
99	Gym Lights	10/09/09	6,042	0
100	Wall Pads	7/29/09	2,794	0
101	Gym Lights	10/09/09	2,644	0
102	Heat Exchanger	11/24/09	6,250	0
103	Gym Doors - Mesh Door Guard	1/08/10	1,000	0
104	Roof Work	7/06/09	5,500	0
105	Roof and Chimney Work	7/13/09	7,480	0
106	Alarm System	11/24/09	1,769	0
107	Alarm System	12/18/09	1,285	0
108	Shelving	12/28/09	637	0
109	Air Conditioner	8/13/09	4,014	0
139	Construction in Progress	6/30/18	18,000	7,200
			<u>63,134</u>	<u>7,200</u>

Other Depreciation:

1	Binoculars and Telescope	9/21/93	1,161	0
2	Stereoscope	3/31/94	1,477	0
3	Telescope	6/14/94	709	0
4	Vandergraff Generator	4/09/96	1,508	0
5	TV & VCR	10/19/90	1,016	0
6	Apple Computers	9/20/91	42,193	0
7	Videodisk Player	9/25/91	918	0
8	Computer Locks	10/22/91	552	0
9	OCD Science Videodisks	6/23/92	1,329	0
10	Apple Scanner	4/23/93	1,731	0
11	Apple Computers	8/31/93	3,000	0
12	Dev Office Computer	9/17/93	4,354	0
13	Boom Box	10/05/93	149	0
14	Teacher's Copier	10/22/93	2,000	0
15	Slide Projector	11/03/94	258	0
16	Library Stereo	1/05/94	195	0
17	Computer Upgrades	2/11/94	796	0
18	Library Power Macs	9/14/95	7,361	0
19	Library Power Macs 2	3/19/96	5,399	0
20	Apple Printer & Fax	9/14/95	1,613	0
21	Computer	2/10/97	2,149	0
22	Gateway Computers	7/31/98	18,617	0
23	Computer Equipment	8/13/98	2,310	0
24	Computer/Monitor	1/06/00	2,051	0
25	Computer	4/07/00	1,398	0
26	Computer	1/01/02	2,854	0
27	Refrigerator	1/19/90	529	0
28	Piano	10/03/91	500	0
29	Computer Tables	10/08/91	528	0
30	Cafeteria Tables	10/16/91	923	0
31	Burton Furniture	11/01/91	1,740	0
32	Computer Tables	12/15/92	485	0
33	Curtains	5/13/93	3,963	0
34	File Cabinet	9/09/93	64	0
35	Other	12/20/93	1,488	0
36	Whiteboard Computer Room	12/20/93	300	0
37	Curtains	4/01/94	2,840	0
38	Chairs	5/18/94	1,991	0
39	Urban Center Furniture	6/22/94	1,197	0
40	Student Desks	9/30/94	1,516	0
41	Shades	9/03/96	744	0
42	Student Desks	9/09/95	3,547	0
43	Desk	8/23/96	1,553	0
48	Wall Removal	4/30/91	4,020	0
49	Bookshelves	4/30/91	4,002	0
50	Tables	12/16/91	1,327	0
51	Books	1/09/92	6,869	0
52	Follett Library Software	6/23/92	2,629	0

Asset	Description	Date In Service	Cost	MA
53	Books	9/04/93	5,186	0
54	Books Set 3	6/23/94	5,739	0
55	Books #3996	6/15/94	395	0
56	Shelving Backstops	6/15/94	260	0
57	Books #5355	3/06/95	269	0
58	Chairs & Desks	5/06/96	8,879	0
59	Scanner	9/03/98	603	0
62	Building	7/01/02	5,566,203	111,324
63	Faculty Residence	5/15/03	410,121	8,203
64	Improvements Faculty Residence	12/31/03	15,273	764
65	Land School	7/01/02	132,500	0
66	Land Faculty Residence	5/15/03	115,575	0
67	Apple Computer	3/04/05	1,947	0
68	Improvements	10/06/05	25,790	662
69	Electrical work	12/13/05	2,225	57
70	Bathroom Remodel in Faculty Residence	6/08/07	23,652	606
71	Computer	10/18/05	2,500	0
72	Computer	3/08/06	1,373	0
73	Washer/Dryer	9/16/05	1,540	0
77	HP 4250 Printer	1/22/07	1,780	0
78	Laptop	5/10/07	1,719	0
80	Landscaping parking lot & around bldg	7/26/07	3,200	213
81	Painting & stair treads	10/16/07	10,885	279
82	Fire escape, front porch, roof	10/04/07	32,950	845
83	Alarm System	3/20/08	5,957	152
84	Appliances(Wsh/Dryers, Range)	11/12/07	2,509	0
85	3 Lenovo laptops	11/19/07	3,882	0
86	Desks, chairs, file cabinets for students & f	11/07/07	7,334	0
87	New telephone lines & line changes	9/12/07	2,147	0
88	Bose Acoustic Wave Music Sys II	12/24/07	1,133	0
89	Bathroom remodel & improvements	6/04/08	9,808	251
90	Donor Software	12/07/07	2,717	0
91	Improvements	12/31/08	29,024	744
92	Exterior Sign	10/22/08	2,570	0
93	Improvements	10/31/08	85,402	2,190
94	Computer, projector	10/31/08	1,612	0
95	Computers	2/05/09	11,001	0
96	Classroom furniture & Appliances	10/17/08	3,303	0
97	Panasonic display, speakers, cart	2/12/09	2,815	0
110	2010 Dodge Gr Caravan	8/31/10	19,458	0
111	Desks	6/30/11	6,378	0
112	J.W. Anderson & Co	10/06/10	877	0
113	J.W. Anderson & Co	11/29/10	2,706	0
114	Heat Exchanger	12/09/11	8,500	0
116	HP Notebook	5/29/13	1,539	0
117	Technology Upgrade	5/01/13	10,496	0
118	4th Grade Expansion	3/31/14	89,902	5,994
119	4th Grade Expansion	3/31/14	274,074	18,272
120	Classroom furniture & Appliances	3/31/14	55,598	8,340
121	2014 Dodge	8/11/14	20,624	4,125
122	HVAC	10/31/14	31,796	2,120
123	Computer	10/07/14	2,422	484
124	IPAD	4/13/15	2,390	478
125	Heart Start AED	5/28/15	1,202	241
126	Computers (Okers Tech)	12/12/15	2,333	467
127	Computers	1/31/16	4,957	991
128	Computers	5/31/16	5,585	1,117
129	Computers	6/22/16	9,921	1,985
130	2016 Dodge Caravan	7/21/16	19,184	3,837
131	Doors and Locks	8/31/16	3,471	694
132	Central Communications	9/15/16	6,976	1,395
133	American Window Firm	9/15/16	6,966	465
134	Living Room Furniture	1/31/18	3,322	664
135	Heat Exchanger	2/28/18	7,421	495
136	IKEA Furniture	8/05/17	747	149
137	Chairs/desk	2/28/18	1,379	276
138	2017 Dodge Caravan	8/30/17	24,384	4,877

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MA</u>
	Total Other Depreciation		<u>7,316,239</u>	<u>183,756</u>
	Total ACRS and Other Depreciation		<u>7,316,239</u>	<u>183,756</u>
	Grand Totals		<u>7,379,373</u>	<u>190,956</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		

Name

Taxpayer Identification Number

NATIVITY-BOSTON, INC.**04-3063140**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	2,263,115	2,044,505	-218,610
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	268,486	308,695	40,209
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,991	100,596	102,587
	8. Net income or (loss) from fundraising events	-40,087	-66,046	-25,959
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	65,636	73,100	7,464
	12. Total revenue. Add lines 1 through 11	2,555,159	2,460,850	-94,309
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,114,576	1,234,177	119,601
	17. Professional fundraising fees			
	18. Other professional fees	10,000	12,581	2,581
	19. Occupancy, rent, utilities, and maintenance	120,324	129,648	9,324
	20. Depreciation and Depletion		186,835	186,835
	21. Other expenses	707,695	545,599	-162,096
	22. Total expenses. Add lines 13 through 21	1,952,595	2,108,840	156,245
	23. Excess or (Deficit). Subtract line 22 from line 12	602,564	352,010	-250,554
Other Information	24. Total exempt revenue	2,555,159	2,460,850	-94,309
	25. Total unrelated revenue			
	26. Total excludable revenue	332,131	482,391	150,260
	27. Total assets	17,990,028	18,170,134	180,106
	28. Total liabilities	33,850	25,609	-8,241
	29. Retained earnings	17,956,178	18,144,525	188,347
	30. Number of voting members of governing body	25	26	
31. Number of independent voting members of governing body	0	0		
32. Number of employees	31	39		
33. Number of volunteers	200	200		

Form **990****Tax Return History****2017**

Name

NATIVITY-BOSTON, INC.

Employer Identification Number

04-3063140

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants				2,263,115	2,044,505	
Membership dues						
Program service revenue						
Capital gain or loss				-1,991	100,596	
Investment income				268,486	308,695	
Fundraising revenue (income/loss)				-40,087	-66,046	
Gaming revenue (income/loss)						
Other revenue				65,636	73,100	
Total revenue				2,555,159	2,460,850	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				1,114,576	1,234,177	
Professional fees				10,000	12,581	
Occupancy costs				120,324	129,648	
Depreciation and depletion					186,835	
Other expenses				707,695	545,599	
Total expenses				1,952,595	2,108,840	
Excess or (Deficit)				602,564	352,010	
Total exempt revenue				2,555,159	2,460,850	
Total unrelated revenue						
Total excludable revenue				332,131	482,391	
Total Assets				17,990,028	18,170,134	
Total Liabilities				33,850	25,609	
Net Fund Balances				17,956,178	18,144,525	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 308,695					
TOTAL	<u>\$ 308,695</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER DEVELOPMENT	\$ 37,748	\$ 37,748	\$	\$
MISCELLANEOUS	29,775	29,775		
EDUCATIONAL PROGRAMS & SU	26,208	26,208		
STAFF HOUSING & FOOD	22,706	22,706		
VEHICLE EXPENSE	17,184	17,184		
OTHER FUNDRAISING EXPENSE	10,813			10,813
ORGANIZATIONAL FEES	6,565	6,565		
OTHER SCHOOL EXPENSE	6,479	6,479		
PAYROLL FEES	2,690	2,690		
TOTAL	<u>\$ 160,168</u>	<u>\$ 149,355</u>	<u>\$ 0</u>	<u>\$ 10,813</u>

Form M-990T Return SummaryFor calendar year 2017, or taxable period beginning **07/01/17** , and ending **06/30/18****04-3063140****NATIVITY-BOSTON, INC.****Income**

Federal unrelated business income
Deductions / adjustments
Income subject to apportionment
Income apportionment percentage **1.000000**
Apportioned income
Income not subject to apportionment
Certified Massachusetts solar or wind power deduction _____
Taxable income _____

Tax Computation

Excise tax before credits
Total credits
Voluntary contribution - endangered wildlife _____
Total excise tax _____

Payments / Refundable Credits / Penalties

Payments / refundable credits
M-2220 penalty
Late filing interest
Failure to file penalty
Failure to pay penalty _____
Total payments / penalties _____

Overpayment credited to next year's estimated tax _____**Refund** _____**Tax due** _____**Next Year's Estimates**

1st quarter
2nd quarter
3rd quarter
4th quarter _____
Total

Miscellaneous Information

Amended return
Return / extended due date **09/17/18**

Form PC / Short Form PC - Annual ReportFiling fee **500**

Amended return
Return / extended due date **11/15/18**

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/2017 to 06/30/2018

Attorney General's Account #: 026797

Federal ID #: 04-3063140

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 05/21/1992

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 07/16/1992

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached
(if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization Data

Name: NATIVITY-BOSTON, INC.

Mailing Address: 39 LAMARTINE STREET

City: JAMAICA PLAIN State: MA Zip: 02130-1947

Phone Number: 857-728-0031 Fax Number: _____

Email: _____ Website: WWW.NATIVITYBOSTON.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>13</u>	Organization Purpose Code 1	<u>3</u>
Type of Organization (Table 2)	<u>2</u>	Organization Purpose Code 2	

Please check box if final return prior to dissolution

Office Use Only: Payment Received

NATIVITY-BOSTON, INC.**04-3063140**

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form.
See instructions and definition section for guidance.

1. On what date was the organization created? 05/21/1992

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	2,044,505
B.	Gross support and revenue	2,360,254
C.	Program services and similar amounts paid out	1,874,741
D.	Fundraising expenses	234,099
E.	Management and general expenses	
F.	Payments to affiliates	
G.	Total expenses	2,108,840
H.	Net assets or fund balances at the end of the year	18,144,525

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JOANNE COLUCCIO ADVANCEMENT DIRECTOR	50.00	107,759	7,790	
2.	RICH WISGIRDA VICE PRINCIPAL	50.00	71,905	6,446	
3.	BRIAN MAHER PRESIDENT	50.00	74,839	3,402	
4.	NORA FRIAS ADMINSTRATOR	50.00	63,841	6,311	
5.	DAN ROY PRINCIPAL	50.00	57,501	459	

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet) Yes No

NATIVITY-BOSTON, INC.**04-3063140**

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	SULLIVAN AND FOLAN LLC	12,581	TAX, ACCOUNTING
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
CENTURY BANK	400 MYSTIC AVENUE MEDFORD MA 02155	671-582-0920

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: **SCOTT ODAMS**

Street Address: **39 LAMARTINE ST.**City: **JAMAICA PLAIN** State: **MA** Zip Code: **02130**Phone Number: **857-728-0031**

NATIVITY-BOSTON, INC.**04-3063140**

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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization

an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [*The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.*]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **NONE**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **SEE STATEMENT 1**

18. Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

NATIVITY-BOSTON, INC.**04-3063140**

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20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation. Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation. Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

NATIVITY-BOSTON, INC.**04-3063140**

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: **BRIAN MAHER** _____

Title: **PRESIDENT** _____

Name of Preparer: **SULLIVAN AND FOLAN, LLC** _____

Address **325 WOOD RD STE 105**
BRAINTREE, MA 02184-2413

City _____ State _____ Zip Code _____

Phone Number **781-849-6060**

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (*specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

**Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: **BRIAN MAHER** **PRESIDENT**

Address **39 LAMARTINE STREET**

City **JAMAICA PLAIN** State **MA** Zip Code **02130**

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: **BRIAN MAHER** **PRESIDENT**

Address **39 LAMARTINE STREET**

City **JAMAICA PLAIN** State **MA** Zip Code **02130**

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

NATIVITY-BOSTON, INC.

04-3063140

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Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (*specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: **BRIAN MAHER** **PRESIDENT**

Address **39 LAMARTINE STREET**

City **JAMAICA PLAIN** State **MA** Zip Code **02130**

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: **BRIAN MAHER** **PRESIDENT**

Address **39 LAMARTINE STREET**

City **JAMAICA PLAIN** State **MA** Zip Code **02130**

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

NATIVITY-BOSTON, INC.

04-3063140

1022

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: **BRIAN MAHER** _____

Title: **PRESIDENT** _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Massachusetts Statements**Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
BRIAN MAHER	PRESIDENT	39 LAMARTINE ST.	JAMAICA PLAIN	MA	02130
ALDEN ABAD	TRUSTEES	7 HARWOOD STREET	BOSTON	MA	02124
REV. MICHAEL BOUGHTON, SJ	TRUSTEES	188 FOSTER STREET	BRIGHTON	MA	02135
MARIBETH BROSTOWSKI	TRUSTEES	15 BEAVER PLACE	BOSTON	MA	02108
MICHAEL W. CHOE	TRUSTEES	200 CLARENDON STREET	BOSTON	MA	02116
REV. JIM CROGHAN, SJ	TRUSTEES	150 MORRISSEY BOULEVARD	DORCHESTER	MA	02125
PAUL DAOUST	TRUSTEES	416 COMMONWEALTH AVE	BOSTON	MA	02215
HUDSON EVEI	TRUSTEES	34 CHESTNUT AVENUE	JAMAICA PLAIN	MA	02130
LAWRENCE GIANINNO	TRUSTEES	63 COMMONWEALTH AVENUE	BOSTON	MA	02116
JOSEPH HARNEY	TRUSTEES	47 GLEN COURT	SOUTHBOROUGH	MA	01772
SINESIA KAROL	TRUSTEES	18 LONGMEADOW DRIVE	WESTWOOD	MA	02090
ALISON KING (HALEY)	TRUSTEES	3 REVERE STREET	JAMAICA PLAIN	MA	02130
KEVIN W. LEARY	TRUSTEES	1313 WASHINGTON STREET	BOSTON	MA	02118
MATT LEARY	TRUSTEES	27 WATER STREET	WAKEFIELD	MA	01880
GARY MCGUIRK	SECRETARY	5 BOWSER ROAD	LEXINGTON	MA	02420
STEVE MIGLIERO	TRUSTEES	TWO INTERNATIONAL PLACE	BOSTON	MA	02110
RICK MILLER	TRUSTEES	200 CLARENDON STREET	BOSTON	MA	02116

Massachusetts Statements**Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives (continued)**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
CATHY O'NEIL	TRUSTEES	44 IRVING AVENUE	HYANNIS PORT	MA	02647
REV. MARIO POWELL, SJ	TRUSTEES	30 WEST 16TH STREET	NEW YORK	NY	10011
WALTER PRINCE	TRUSTEES	ONE INTERNATIONAL PLACE	BOSTON	MA	02110
JOHN REDDING	TRUSTEES	274 BEACON STREET	BOSTON	MA	02116
MARCI REED	TRUSTEES	42 PEMBROKE RD	WELLESLEY	MA	02482
MARIE ST. FLEUR	TRUSTEES	45 HARTFORD STREET	DORCHESTER	MA	02125
KERRY SWORDS	TRUSTEES	57 BEACON STREET	BOSTON	MA	02108
DANIELSON TAVARES	TRUSTEES	4 COTTAGE COURT	DORCHESTER	MA	02125
REV. JOHN UNNI	TRUSTEES	18 BELVIDERE STREET	BOSTON	MA	02116

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/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIVITY-BOSTON, INC.		D Employer identification number 04-3063140
	Doing business as		E Telephone number 857-728-0031
	Number and street (or P.O. box if mail is not delivered to street address) 39 LAMARTINE STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code JAMAICA PLAIN MA 02130-1947		G Gross receipts\$ 3,705,779

F Name and address of principal officer: BRIAN MAHER 39 LAMARTINE ST. JAMAICA PLAIN MA 02130	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
---	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.NATIVITYBOSTON.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1992	M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MIDDLE SCHOOL RUN FOR BOYS FROM LOW INCOME FAMILIES RESIDING IN THE INNER CITY OF BOSTON		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,263,115	2,044,505
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,495	409,291
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,549	7,054
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,555,159	2,460,850
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,114,576	1,234,177
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,099		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	838,019	874,663
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,952,595	2,108,840	
19 Revenue less expenses. Subtract line 18 from line 12	602,564	352,010	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,990,028	18,170,134
	22 Net assets or fund balances. Subtract line 21 from line 20	33,850	25,609
		17,956,178	18,144,525

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	BRIAN MAHER Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name JEFFREY FOLAN, CPA	Preparer's signature	Date 11/27/18	Check <input type="checkbox"/> if self-employed	PTIN P00053328
	Firm's name ▶ SULLIVAN AND FOLAN, LLC	Firm's EIN ▶ 04-3252952			
	Firm's address ▶ 325 WOOD RD STE 105 BRAINTREE, MA 02184-2413	Phone no. 781-849-6060			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ORGANIZATION RUNS A MIDDLE SCHOOL FOR DISADVANTAGED BOYS FROM FAMILIES RESIDING IN THE INNER CITY OF BOSTON, MASSACHUSETTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,874,741** including grants of\$) (Revenue \$)
THE ORGANIZATION OPERATES A MIDDLE SCHOOL FOR DISADVANTAGED BOYS FROM THE INNER CITY OF BOSTON

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **▶ 1,874,741**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	3		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3a			
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5a			
5b			
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6a			
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7a		X	
7b		X	
7c			X
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7e			X
7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
10a			
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
11a			
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
12a			
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
13a			
13b			
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
14a			X
14b			

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN MAHER	50.00									
PRESIDENT	0.00	X		X			74,839	0	3,402	
(2) ALDEN ABAD	0.00									
TRUSTEES	0.00	X					0	0	0	
(3) REV. MICHAEL BOUGHTON, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
(4) MARIBETH BROSTOWSKI	0.00									
TRUSTEES	0.00	X					0	0	0	
(5) MICHAEL W. CHOE	0.00									
TRUSTEES	0.00	X					0	0	0	
(6) REV. JIM CROGHAN, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
(7) PAUL DAOUST	0.00									
TRUSTEES	0.00	X					0	0	0	
(8) HUDSON EVEI	0.00									
TRUSTEES	0.00	X					0	0	0	
(9) LAWRENCE GIANINNO	0.00									
TRUSTEES	0.00	X					0	0	0	
(10) JOSEPH HARNEY	0.00									
TRUSTEES	0.00	X					0	0	0	
(11) SINESIA KAROL	0.00									
TRUSTEES	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALISON KING (HALEY)	0.00									
TRUSTEES	0.00	X					0	0	0	
(13) KEVIN W. LEARY	0.00									
TRUSTEES	0.00	X					0	0	0	
(14) MATT LEARY	0.00									
TRUSTEES	0.00	X					0	0	0	
(15) GARY MCGUIRK	0.00									
SECRETARY	0.00	X		X			0	0	0	
(16) STEVE MIGLIERO	0.00									
TRUSTEES	0.00	X					0	0	0	
(17) RICK MILLER	0.00									
TRUSTEES	0.00	X					0	0	0	
(18) CATHY O'NEIL	0.00									
TRUSTEES	0.00	X					0	0	0	
(19) REV. MARIO POWELL, SJ	0.00									
TRUSTEES	0.00	X					0	0	0	
1b Sub-total							74,839		3,402	
c Total from continuation sheets to Part VII, Section A							107,759		7,790	
d Total (add lines 1b and 1c)							182,598		11,192	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	341,788			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,702,717			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,044,505			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		308,695	308,695		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		1,194,032		
		(ii) Other				
	b Less: cost or other basis & sales exps.		1,093,436			
	c Gain or (loss)		100,596			
	d Net gain or (loss)		100,596	100,596		
	8a Gross income from fundraising events (not including \$ 341,788 of contributions reported on line 1c). See Part IV, line 18	a		85,447		
		b Less: direct expenses	b	151,493		
c Net income or (loss) from fundraising events			-66,046			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Busn. Code					
11a MISCELLANEOUS	711120	73,100	73,100			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		73,100				
12 Total revenue. See instructions.		2,460,850	482,391	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 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	1,153,164	944,804		208,360
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	81,013	66,087		14,926
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,581	12,581		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	9,295	9,295		
14 Information technology				
15 Royalties				
16 Occupancy	129,648	129,648		
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	186,835	186,835		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDING EXPENSE	124,343	124,343		
b MEDICAL INSURANCE	95,521	95,521		
c EXTRACURRICULAR ACTIVITIES	82,202	82,202		
d FINANCIAL AID	74,070	74,070		
e All other expenses	160,168	149,355		10,813
25 Total functional expenses. Add lines 1 through 24e	2,108,840	1,874,741	0	234,099
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	232,203	1	756,261
	2 Savings and temporary cash investments	111,170	2	112,098
	3 Pledges and grants receivable, net	1,019,270	3	629,718
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,546	9	116,499
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,379,373		
	b Less: accumulated depreciation	10b 2,496,499	5,014,456	10c 4,882,874
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	11,527,383	12	11,672,684
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		17,990,028	16	18,170,134
Liabilities	17 Accounts payable and accrued expenses	20,575	17	14,434
	18 Grants payable		18	
	19 Deferred revenue	13,275	19	11,175
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		33,850	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,461,325	27	1,486,403
	28 Temporarily restricted net assets	6,773,312	28	6,856,451
	29 Permanently restricted net assets	9,721,541	29	9,801,671
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	17,956,178	33	18,144,525	
34 Total liabilities and net assets/fund balances	17,990,028	34	18,170,134	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,460,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,108,840
3	Revenue less expenses. Subtract line 2 from line 1	3	352,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,956,178
5	Net unrealized gains (losses) on investments	5	-163,663
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,144,525

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) WALTER PRINCE	0.00									
TRUSTEES	0.00	X					0	0	0	
(21) JOHN REDDING	0.00									
TRUSTEES	0.00	X					0	0	0	
(22) MARCI REED	0.00									
TRUSTEES	0.00	X					0	0	0	
(23) MARIE ST. FLEUR	0.00									
TRUSTEES	0.00	X					0	0	0	
(24) KERRY SWORDS	0.00									
TRUSTEES	0.00	X					0	0	0	
(25) DANIELSON TAVARES	0.00									
TRUSTEES	0.00	X					0	0	0	
(26) REV. JOHN UNNI	0.00									
TRUSTEES	0.00	X					0	0	0	
(27) JOANNE COLUCCIO	50.00									
ADVANCEMENT DIRECTOR	0.00					X	107,759	0	7,790	
1b Sub-total							107,759		7,790	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization NATIVITY-BOSTON, INC.	Employer identification number 04-3063140
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
2 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 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

NATIVITY-BOSTON, INC.

04-3063140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,721,541	9,689,550	9,666,316	9,531,415	9,398,664
b Contributions	80,130	31,991	23,234	134,901	132,751
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,801,671	9,721,541	9,689,550	9,666,316	9,531,415

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		248,075		248,075
b Buildings		6,720,700	2,147,568	4,573,132
c Leasehold improvements				
d Equipment		410,598	348,931	61,667
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **4,882,874**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 INVESTMENTS	11,672,684	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,672,684	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,448,680
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-163,663
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	151,493
e	Add lines 2a through 2d	2e	-12,170
3	Subtract line 2e from line 1	3	2,460,850
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,460,850

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,260,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	151,493
e	Add lines 2a through 2d	2e	151,493
3	Subtract line 2e from line 1	3	2,108,840
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,108,840

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

UNCERTAIN TAX POSITIONS - THE SCHOOL HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION. THE TOPIC CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE SCHOOL'S INCOME TAX RETURNS. THE SCHOOL'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE SCHOOL BELIEVES ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2018.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING DIRECT EXPENSES \$ 151,493

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNRAISING DIRECT EXPENSES **\$ 151,493**

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE SCHOOL IS LOCATED IN AND SELECTS STUDENTS FROM THE BOSTON INNER CITY.	X	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?		X
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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	(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL DINNER</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	235,440	191,795		427,235
	2 Less: Contributions	188,352	153,436		341,788
	3 Gross income (line 1 minus line 2)	47,088	38,359		85,447
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,978	46,515		151,493
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				151,493
11 Net income summary. Subtract line 10 from line 3, column (d)				-66,046	

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: _____

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 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

NATIVITY-BOSTON, INC.

Employer identification number

04-3063140**FORM 990 - ADDITIONAL INFORMATION****FORM 990, SCHEDULE D PART XI - TOTAL REVENUE PER AUDITED FINANCIAL
STATEMENTS****OPERATING REVENUE** \$ **1,997,819****NONOPERATING REVENUE** **287,592****TEMPORARILY RESTRICTED CONTRIBUTIONS** **83,139****PERMANENTLY RESTRICTED CONTRIBUTIONS** **80,130****SCHEDULE D PART XI, LINE 1** \$ **2,297,187****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**
THE ORGANIZATION REVIEWS THE FORM 990 WITH THE TAX PREPARERS.**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. ALL TRUSTEES**
ADMINISTRATORS, STAFF MEMBERS AND MEMBERS OF COMMITTEES ARE REQUIRED TO
READ THE CONFLICT OF INTEREST POLICY AND SIGN AN ANNUAL STATEMENT
CONFIRMING THEIR UNDERSTANDING OF THE POLICY.**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS**
AVAILABLE TO THE PUBLIC UPON REQUEST.**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION****FUNDRAISING DIRECT EXPENSES** \$ **151,493****FUNRAISING DIRECT EXPENSES** \$ **-151,493**