Form **990-PF**
Department of the Treasury
Internal Revenue Service

# Return of Private Foundation

**or Section 4947(a)(1) Trust Treated as Private Foundation**

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**For calendar year 2023, or tax year beginning 01-01-2023 , and ending 12-31-2023**

Name of foundation
MARY CHRISTIE INSTITUTE INC

**A Employer identification number**
20-4944042

Number and street (or P.O. box number if mail is not delivered to street address)
80 HAYDEN AVENUE SUITE 100

Room/suite

**B** Telephone number (see instructions)
(781) 457-7714

City or town, state or province, country, and ZIP or foreign postal code
LEXINGTON, MA 02421

**C** If exemption application is pending, check here ▶ ☐

**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**D 1.** Foreign organizations, check here..... ▶ ☐
**2.** Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

**H** Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

**I** Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 119,883

**J** Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
*(Part I, column (d) must be on cash basis.)*

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

**Part I** **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

| | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 546,671 | | | |
| | 2 Check ▶☐ if the foundation is **not** required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| | b Less: Cost of goods sold | | | | |
| | c Gross profit or (loss) (attach schedule) | | | | |
| | 11 Other income (attach schedule) | 35,000 | 0 | | |
| | 12 **Total.** Add lines 1 through 11 | 581,671 | 0 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 423,400 | 0 | | 248,531 |
| | 14 Other employee salaries and wages | 152,038 | 0 | | 141,497 |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | 20,162 | 0 | | 0 |
| | b Accounting fees (attach schedule) | | | | |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 239,130 | 0 | | 211,564 |
| | 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 834,730 | 0 | | 601,592 |
| | 25 Contributions, gifts, grants paid | 0 | | | 0 |
| | 26 **Total expenses and disbursements.** Add lines 24 and 25 | 834,730 | 0 | | 601,592 |
| | 27 Subtract line 26 from line 12: | | | | |
| | a **Excess of revenue over expenses and disbursements** | -253,059 | | | |
| | b **Net investment income** (if negative, enter -0-) | | 0 | | |
| | c **Adjusted net income** (if negative, enter -0-) | | | | |

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | Beginning of year | End of year | |
|---|---|---|---|---|
| | | **(a)** Book Value | **(b)** Book Value | **(c)** Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | 250,117 | 119,883 | 119,883 |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | 90,000 | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis ▶ | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 15 Other assets (describe ▶ ) | 109,942 | 0 | 0 |
| | 16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I) | 450,059 | 119,883 | 119,883 |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ ) | 138,005 | 60,888 | |
| | 23 **Total liabilities**(add lines 17 through 22) | 138,005 | 60,888 | |
| Net Assets or Fund Balances | **Foundations that follow FASB ASC 958, check here** ▶ ☐ **and complete lines 24, 25, 29 and 30.** | | | |
| | 24 Net assets without donor restrictions | | | |
| | 25 Net assets with donor restrictions | | | |
| | **Foundations that do not follow FASB ASC 958, check here** ▶ ☑ **and complete lines 26 through 30.** | | | |
| | 26 Capital stock, trust principal, or current funds | 0 | 0 | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | 0 | 0 | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | 312,054 | 58,995 | |
| | 29 **Total net assets or fund balances** (see instructions) | 312,054 | 58,995 | |
| | 30 **Total liabilities and net assets/fund balances** (see instructions) | 450,059 | 119,883 | |

**Part III Analysis of Changes in Net Assets or Fund Balances**

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 312,054 |
| 2 | Enter amount from Part I, line 27a | 2 | -253,059 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 58,995 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 0 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 | 6 | 58,995 |

## Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| | (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h)) |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | 3 | |

## Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

| | | | |
|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)** | 1 | 0 |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | 0 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 0 |
| 6 | Credits/Payments: | | |
| a | 2023 estimated tax payments and 2022 overpayment credited to 2023 — 6a: 0 | | |
| b | Exempt foreign organizations—tax withheld at source — 6b: 0 | | |
| c | Tax paid with application for extension of time to file (Form 8868) — 6c: 0 | | |
| d | Backup withholding erroneously withheld — 6d: 0 | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 0 |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached. | 8 | 0 |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶ | 9 | 0 |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | 10 | |
| 11 | Enter the amount of line 10 to be: **Credited to 2024 estimated tax** ▶ **Refunded** ▶ | 11 | |

## Part VI-A Statements Regarding Activities

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. | 1b | | No |
| | *If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.* | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0 | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0 | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.* | 2 | | No |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes* | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of $1,000 or more during the year? | 4a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.* | 5 | | No |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | Yes | |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.* | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* . | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the taxable year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII | 9 | | No |
| 10 | Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.* | 10 | Yes | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |

Website address ▶ MARYCHRISTIEFOUNDATION.ORG

14 The books are in care of ▶ CHRISTIE ASSOCIATES CARE OF JAN P Telephone no. ▶ (781) 457-7714

Located at ▶ 80 HAYDEN AVE LEXINGTON MA ZIP+4 ▶ 02421

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year **15**

| | | | Yes | No |
|---|---|---|---|---|
| 16 | At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶ | 16 | | No |

## Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
|---|---|---|---|---|
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | **(1)** Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | | No |
| | **(2)** Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | | No |
| | **(3)** Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | No |
| | **(4)** Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | No |
| | **(5)** Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | | No |
| | **(6)** Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(6) | | No |
| b | If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | |
| c | Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | |
| d | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? | 1d | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a | At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? | 2a | | No |
| | If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | |
| b | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.) | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | | No |
| b | If "Yes," did it have excess business holdings in 2023 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2023.)* | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? | 4b | | No |

## Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 5a | During the year did the foundation pay or incur any amount to: | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 5a(1) | | No |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | 5a(2) | | No |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | | No |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | 5a(4) | | No |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | 5a(5) | | No |
| b | If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | 5b | | |
| c | Organizations relying on a current notice regarding disaster assistance check ▶ ☐ | | | |
| d | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | 5d | | |
| | *If "Yes," attach the statement required by Regulations section 53.4945–5(d).* | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 6a | | No |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 6b | | No |
| | *If "Yes" to 6b, file Form 8870.* | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | | No |
| b | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? | 7b | | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? | 8 | | No |

## Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| ZOE RAGOUZEOS SEE FOOTNOTE<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | PRESIDENT<br>20.00 | 41,667 | 0 | 0 |
| MARY JANE ENGLAND<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | VICE CHAIRMAN<br>10.00 | 0 | 0 | 0 |
| MARJORIE A MALPIEDE SEE FOOTNOTE<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | CLERK<br>40.00 | 242,626 | 0 | 0 |
| TERESA FULMER<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | DIRECTOR<br>10.00 | 0 | 0 | 0 |
| LISA KELLY CROSWELL<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | DIRECTOR<br>10.00 | 0 | 0 | 0 |
| SARAH KETCHEN LIPSON<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | DIRECTOR<br>10.00 | 0 | 0 | 0 |
| DAVID HENDERSON<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | DIRECTOR<br>10.00 | 0 | 0 | 0 |
| ANDREW SHEPHARDSON<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | DIRECTOR<br>10.00 | 0 | 0 | 0 |
| NICK MOTU SEE FOOTNOTE<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | TREASURER<br>10.00 | 65,774 | 0 | 0 |
| GLORIA LARSON SEE FOOTNOTE<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | CHAIR<br>20.00 | 73,333 | 0 | 0 |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than $50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| DANA HUMPHREY SEE FOOTNOTE<br>80 HAYDEN AVE<br>LEXINGTON,MA 02421 | ASSOCIATE DIRECTOR<br>40.00 | 87,948 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Total** number of other employees paid over $50,000 ▶ 0

**Part VII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| **(a)** Name and address of each person paid more than $50,000 | **(b)** Type of service | **(c)** Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Total** number of others receiving over $50,000 for professional services. . . . . ▶

0

## Part VIII- Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|---|---|
| **1** LEARNING WELL MAGAZINE - THE MCI IN COLLABORATION WITH ASSOCIATION OF AMERICAN COLLEGES AND UNIVERSITIES D/B/A AMERICAN ASSOCIATION OF COLLEGES AND UNIVERSITIES ("AAC&U"), PRODUCED THE LEARNINGWELL MAGAZINE THAT FOCUSES THE AREAS OF HEALTH CARE, GENERALLY, AND IN CONNECTION WITH HIGHER EDUCATION, SPECIFICALLY; TO PROMOTE COLLABORATION AND ACHIEVE GREATER SYNERGY IN OVERCOMING STRUCTURAL BARRIERS TO SOLVING HEALTH CARE PROBLEMS IN HIGHER EDUCATION IN THE UNITED STATES AND GLOBALLY. | 264,873 |
| **2** THE QUADCAST - EXECUTIVE DIRECTOR MARJORIE MALPIEDE AND ASSOCIATE DIRECTOR DANA HUMPHREY HOSTED MCI'S PODCAST, THE QUADCAST, INTERVIEWING MORE THAN 20 LEADERS AND EXPERTS IN MENTAL HEALTH AND HIGHER EDUCATION. SOME FEATURED GUESTS WERE ARCHIE HOLMES, EXECUTIVE VICE CHANCELLOR OF THE UNIVERSITY OF TEXAS SYSTEM, AS WELL AS STUDENT RESEARCHERS PASSIONATE ABOUT THE MENTAL HEALTH OF GRADUATE STUDENTS, HIGH SCHOOLERS, AND STUDENTS OF COLOR. IN A SPECIAL SERIES, 17-YEAR-OLD CARSON DOMEY, A SEASONED YOUTH MENTAL HEALTH ADVOCATE, GUEST HOSTED, SPEAKING WITH GUESTS INCLUDING STATE REPRESENTATIVE JACK LEWIS AND HIS OWN HIGH SCHOOL HEADMASTER ON STUDENT MENTAL HEALTH NEEDS. | 41,013 |
| **3** PRESIDENTS' CONVENING - MCI HOSTED ITS 4TH ANNUAL CONVENING OF COLLEGE PRESIDENTS IN WASHINGTON D.C., THIS TIME IN PARTNERSHIP WITH BOTH GEORGETOWN UNIVERSITY AND HOWARD UNIVERSITY. FOR TWO DAYS, AROUND 20 COLLEGE PRESIDENTS, IN ADDITION TO DOZENS OF OTHER HIGHER EDUCATION ADMINISTRATORS AND EXPERTS, GATHERED TO EXPLORE THE LATEST INFORMATION AND INNOVATIONS IN STUDENT MENTAL HEALTH AND WELLBEING. FEATURE PRESENTATIONS FOCUSED ON THE IMPORTANCE OF UNDERSTANDING STUDENT PROFILES FOR TARGETED MENTAL HEALTH SUPPORT, PROMOTING CAMPUS CULTURES OF MENTAL HEALTH AND WELLBEING, AND PREPARING STUDENTS FOR THEIR FUTURES. | 157,332 |
| **4** MCFEED - THE MCFEED PROVIDES SUBSCRIBERS WITH A WEEKLY DOSE OF NEWS FROM THE MENTAL HEALTH AND HIGHER EDUCATION WORLDS, FOCUSING ON THEMES LIKE DIVERSITY, EQUITY AND INCLUSION, STUDENT SUCCESS, BASIC NEEDS, AND MORE. THIS YEAR, "STUDENT BUZZ" BECAME THE MCFEED'S NEWEST SUBTOPIC, COVERING RECENT ARTICLES ON MENTAL HEALTH FROM COLLEGE STUDENT NEWSPAPERS ACROSS THE COUNTRY. THE TOP OF THE FEED ALSO DEBUTS THE LATEST MCI CONTENT, FROM QUADCAST EPISODES TO QUARTERLY ARTICLES. | 56,517 |

## Part VIII- Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|---|
| **1** | |
| **2** | |
| All other program-related investments. See instructions. **3** | |
| **Total.** Add lines 1 through 3 . . . . . ▶ | 0 |

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 134,191 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | 1d | 134,191 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 134,191 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 2,013 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 | 5 | 132,178 |
| 6 | **Minimum investment return.** Enter 5% (0.05) of line 5 | 6 | 6,609 |

**Part X** **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

| | | | |
|---|---|---|---|
| 1 | Minimum investment return from Part IX, line 6 | 1 | 6,609 |
| 2a | Tax on investment income for 2022 from Part V, line 5 — 2a: | | |
| b | Income tax for 2022. (This does not include the tax from Part V.) — 2b: | | |
| c | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 6,609 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 6,609 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0 |
| 7 | **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 6,609 |

**Part XI Qualifying Distributions** (see instructions)

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 601,592 |
| b | Program-related investments—total from Part VIII-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 601,592 |

**Part XII Undistributed Income** (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|---|---|---|---|---|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | 6,609 |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2022 only | | | 0 | |
| b Total for prior years: 20 ___, 20___, 20___ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2018 150,582 | | | | |
| b From 2019 572,159 | | | | |
| c From 2020 512,870 | | | | |
| d From 2021 605,242 | | | | |
| e From 2022 572,955 | | | | |
| f **Total** of lines 3a through e | 2,413,808 | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: ▶ $ 601,592 | | | | |
| a Applied to 2022, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d Applied to 2023 distributable amount | | | | 6,609 |
| e Remaining amount distributed out of corpus | 594,983 | | | |
| 5 Excess distributions carryover applied to 2023. *(If an amount appears in column (d), the same amount must be shown in column (a).)* | 0 | | | 0 |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 3,008,791 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0 | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions | | 0 | | |
| e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0 | | | |
| 8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) | 150,582 | | | |
| 9 **Excess distributions carryover to 2024.** Subtract lines 7 and 8 from line 6a | 2,858,209 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 572,159 | | | | |
| b Excess from 2020 512,870 | | | | |
| c Excess from 2021 605,242 | | | | |
| d Excess from 2022 572,955 | | | | |
| e Excess from 2023 594,983 | | | | |

## Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|---|---|---|---|---|---|
| | **(a)** 2023 | **(b)** 2022 | **(c)** 2021 | **(d)** 2020 | |
| **2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . . | | | | | |
| **b** 85% (0.85) of line 2a . . . . . | | | | | |
| **c** Qualifying distributions from Part XI, line 4 for each year listed . . . . . | | | | | |
| **d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . . | | | | | |
| **e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . | | | | | |
| **3** Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| **a** "Assets" alternative test—enter: | | | | | |
| **(1)** Value of all assets . . . . . | | | | | |
| **(2)** Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| **b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . . | | | | | |
| **c** "Support" alternative test—enter: | | | | | |
| **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . | | | | | |
| **(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . | | | | | |
| **(3)** Largest amount of support from an exempt organization | | | | | |
| **(4)** Gross investment income | | | | | |

## Part Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| **Total** . . . . . ▶ **3a** | | | | 0 |
| **b** *Approved for future payment* | | | | |
| **Total** . . . . . ▶ **3b** | | | | 0 |

## Part XV-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions.) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| **1** Program service revenue: | | | | | |
| **a** | | | | | |
| **b** | | | | | |
| **c** | | | | | |
| **d** | | | | | |
| **e** | | | | | |
| **f** | | | | | |
| **g** Fees and contracts from government agencies | | | | | |
| **2** Membership dues and assessments | | | | | |
| **3** Interest on savings and temporary cash investments | | | | | |
| **4** Dividends and interest from securities | | | | | |
| **5** Net rental income or (loss) from real estate: | | | | | |
| **a** Debt-financed property | | | | | |
| **b** Not debt-financed property | | | | | |
| **6** Net rental income or (loss) from personal property | | | | | |
| **7** Other investment income | | | | | |
| **8** Gain or (loss) from sales of assets other than inventory | | | | | |
| **9** Net income or (loss) from special events: | | | | | |
| **10** Gross profit or (loss) from sales of inventory | | | | | |
| **11** Other revenue: | | | | | |
| **a** SPONSORSHIP/BRANDING | | | | | 35,000 |
| **b** | | | | | |
| **c** | | | | | |
| **d** | | | | | |
| **e** | | | | | |
| **12** Subtotal. Add columns (b), (d), and (e) | | 0 | | 0 | 35,000 |
| **13** **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) | | | | **13** | 35,000 |

## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|---|---|
| 11 | CHRISTIE CAMPUS HEALTH, A RELATED ENTITY, SPONSORS 3 PROGRAM |
| 11 | ACTIVITIES PROVIDED BY MARY CHRISTIE INSTITUTE, INC AND RECEIVES |
| 11 | SIGNIFICANT BRANDING AND RECOGNITION FOR ITS SPONSORSHIP |

## Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Yes | No |
|---|---|---|---|
| **1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| **a** Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| **(1)** Cash | 1a(1) | | No |
| **(2)** Other assets | 1a(2) | | No |
| **b** Other transactions: | | | |
| **(1)** Sales of assets to a noncharitable exempt organization | 1b(1) | | No |
| **(2)** Purchases of assets from a noncharitable exempt organization | 1b(2) | | No |
| **(3)** Rental of facilities, equipment, or other assets | 1b(3) | | No |
| **(4)** Reimbursement arrangements | 1b(4) | | No |
| **(5)** Loans or loan guarantees | 1b(5) | | No |
| **(6)** Performance of services or membership or fundraising solicitations | 1b(6) | | No |
| **c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | No |

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

| **(a)** Line No. | **(b)** Amount involved | **(c)** Name of noncharitable exempt organization | **(d)** Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

**b** If "Yes," complete the following schedule.

| **(a)** Name of organization | **(b)** Type of organization | **(c)** Description of relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

2024-11-12

Signature of officer or trustee — Date — Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed ▶ ☐ | PTIN |
|---|---|---|---|---|
| MARK SCHOFER | | | | P00423537 |

Firm's name ▶ SCHOFER DILLBERG & COMPANY INC — Firm's EIN ▶ 46-4122151

Firm's address ▶ 190 N MAIN STREET THIRD FLOOR NATICK, MA 01760 — Phone no. (508) 545-8405

## Additional Data

Return to Form

**Software ID:**
**Software Version:**

**Form 990PF - Special Condition Description:**

| Special Condition Description |
| --- |

# Schedule B

**(Form 990)**
Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

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

OMB No. 1545-0047

**2023**

Name of the organization
MARY CHRISTIE INSTITUTE INC

**Employer identification number**
20-4944042

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)(  ) (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 other 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 33$^{1}/_{3}$% 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 990PF, 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
MARY CHRISTIE INSTITUTE INC

**Employer identification number**
20-4944042

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

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | FREDERICK CHICOS<br>80 HAYDEN AVE SUITE 100<br>LEXINGTON, MA 02421 | $ 70,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 2 | KENNETH CHICOS<br>107 MARSH STREET<br>BELMONT, MA 02493 | $ 86,671 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 3 | DLANA DAVIS SPENCER FOUNDATION<br>3 BETHESDA METRO CENTER STE 118<br>BETHESDA, MD 20814 | $ 100,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 4 | COALITION FOR TRANSFORMATIONAL EDUCATION<br>2115 WISCONSIN AVE NW<br>WASHINGTON, DC 20007 | $ 130,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 5 | LESLIE GUTHERIE<br>3 S COTTAGE ROAD<br>BELMONT, MA 02478 | $ 170,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization
MARY CHRISTIE INSTITUTE INC

**Employer identification number**
20-4944042

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |

Name of organization
MARY CHRISTIE INSTITUTE INC

**Employer identification number**
20-4944042

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Identifier | Return Reference | Explanation |
|---|---|---|
| PAYROLL DISCLOSURES | FORM 990-PF, PART VIII, ITEMS 1 & 2 | MARJORIE MALPIEDE IS EMPLOYED BY CHRISTIE CAMPUS HEALTH LLC (CCH)(82-3792054). CCH DONATES MS MALPIEDE'S SERIVCES TO THE FOUNDATION. ALL PAYROLL IS INCURRED AND PAID BY CCH. THE PAYROLL DISCLOSED ON THE FORM 990PF IS THE DONATED VALUE/AMOUNT PAID BY CCH.JOHN HOWE IS COMPENSATED AS AN INDEPENDENT CONTRACTOR BY CHRISTIE CAMPUS HEALTH LLC (CCH)(82-3792054). CCH DONATES MR HOWE'S SERIVCES TO THE FOUNDATION. ALL CONSULTING FEES ARE INCURRED AND PAID BY CCH. THE COMPENSATION DISCLOSED ON THE FORM 990PF IS THE DONATED VALUE/AMOUNT PAID BY CCH.DANA HUMPHREY IS EMPLOYED BY CHRISTIE CAMPUS HEALTH LLC (CCH)(82-3792054). CCH DONATES MS HUMPHREY'S SERIVCES TO THE FOUNDATION. ALL PAYROLL IS INCURRED AND PAID BY CCH. THE PAYROLL DISCLOSED ON THE FORM 990PF IS THE DONATED VALUE/AMOUNT PAID BY CCH. |

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| LEGAL | 20,162 | 0 | | 0 |

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|---|---|---|---|
| DUE FROM AFFILIATES | 109,942 | 0 | 0 |

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| OFFICE | 5,702 | 0 | | 0 |
| CHRISTIE QUARTERLY | 18,768 | 0 | | 18,768 |
| INSURANCE | 981 | 0 | | 0 |
| DUES & SUBSCRIPTIONS | 5,432 | 0 | | 0 |
| MCFEED | 2,190 | 0 | | 2,190 |
| TRAVEL | 47,639 | 0 | | 42,188 |
| PODCAST | 11,292 | 0 | | 11,292 |
| UMD PROGRAMMING AND SURVEY | 7,530 | 0 | | 7,530 |
| PEER SUPPORT WHITE PAPER CAMPAIGN | 750 | 0 | | 750 |
| DISTRIBUTION GROWTH | 19,823 | 0 | | 19,823 |
| PRESIDENTS' CONVENING | 32,356 | 0 | | 32,356 |
| CONSULTING | 4,700 | 0 | | 4,700 |
| WEBSITE DESIGN | 3,213 | 0 | | 3,213 |
| LEARNINGWELL MAGAZINE | 68,754 | 0 | | 68,754 |
| CTE PROJECT | 10,000 | 0 | | 0 |

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---|---|---|---|
| SPONSORSHIP/BRANDING | 35,000 | | 35,000 |

## TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Description | Beginning of Year - Book Value | End of Year - Book Value |
|---|---|---|
| DUE TO AFFILIATES | 138,005 | 60,888 |

# TY 2023 IRS 990 e-File Render

**Name:** MARY CHRISTIE INSTITUTE INC

**EIN:** 20-4944042

| Name | Address |
|---|---|
| FREDERICK CHICOS | 80 HAYDEN AVE SUITE 100<br>LEXINGTON,MA 02421 |
| KENNETH CHICOS | 107 MARSH STREET<br>BELMONT,MA 02493 |
| CHRISTIE CAMPUS HEALTH | 80 HAYDEN AVE SUITE 100<br>LEXINGTON,MA 02421 |
| JEFFREY AND DONNA ESKIND FAMILY FDN | 416 ELLENDALE AVE<br>NASHVILLE,TN 37205 |
| COALITION FOR TRANSFORMATIONAL EDUCATION | 2115 WISCONSIN AVE NW<br>WASHINGTON,DC 20007 |
| DLANA DAVIS SPENCER FOUNDATION | 3 BETHESDA METRO CENTER STE 118<br>BETHESDA,MD 20814 |
| LESLIE GUTHERIE | 3 S COTTAGE ROAD<br>BELMONT,MA 02478 |