Copy for Public Inspection EXTENDED TO JUNE 17, 2024 Return of Organization Exempt From Income Tax

990

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

AUG 1. 2022 and ending JUL 31, A For the 2022 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change MONTESSORI CHILDREN'S CENTER, INC. Name change 56-1336266 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 336-766-5550 6050 HOLDER ROAD termin-ated 2,869,526. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended CLEMMONS, NC 27012 H(a) Is this a group return Applica-F Name and address of principal officer: FRANK BRAINARD Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.WSMONTESSORI.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 1975 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: TO OPERATE A SCHOOL IN FORSYTH Activities & Governance COUNTY, NORTH CAROLINA USING THE MONTESSORI METHOD. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 63 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 116 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 434,430. 86,238. Contributions and grants (Part VIII, line 1h) Revenue 2,883,654 2,752,892. Program service revenue (Part VIII, line 2g) -3,993.3,272. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17.114. 27,124.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,331,205. 2,869,526. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,273,316. 2,378,749. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 850,945 979,169. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,124,261. 3,357,918. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -488,392.206,944. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 6,891,086. 6,530,826. Total assets (Part X, line 16) 5,168,793. 5,040,661 21 Total liabilities (Part X, line 26) <u>1,362,</u>033. 1,850,425. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign FRANK BRAINARD, INTERIM HEAD OF SCHOOL Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name if self-employed OLGA OGANESOV OLGA OGANESOV 03/05/24 P01279668 Paid BERNARD ROBINSON & COMPANY, LLP Firm's EIN 56-0571159 Preparer Firm's name Use Only Firm's address PO BOX 19608 Phone no. 336-294-4494 GREENSBORO, NC 27419-9608 X Yes May the IRS discuss this return with the preparer shown above? See instructions

MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page 2 Form 990 (2022) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MONTESSORI SCHOOL IS DEDICATED TO PROVIDING A SUPPORTIVE, CHALLENGING AND CULTURALLY DIVERSE EDUCATIONAL ENVIRONMENT. EACH CHILD HAS THE FREEDOM TO EXPLORE, COOPERATE, CREATE AND BECOME. OUR MONTESSORI-TRAINED GUIDES AND THE ENVIRONMENTS THEY CREATE, NURTURE Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 2,243,589 • including grants of \$ 2,780,016.) (Expenses \$) (Revenue \$ MONTESSORI EDUCATION PROGRAM INCLUDING BEFORE AND AFTER SCHOOL CARE AND SUMMER PROGRAMS. THE SCHOOL SERVES CHILDREN FROM 18 MONTHS THROUGH 15 YEARS OF AGE.) (Expenses \$ including grants of \$ (Code:) (Expenses \$) (Revenue \$ including grants of \$

4d	Other program services	(Describe on Schedule O.)

Total program service expenses

Form 990 (2022) MONTESSORI CHILDREN'S CENTER, INC.

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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)? Х If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ _{3,7}
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a	х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	555 Contound to contain a recipende of flote to any into in the rate v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		- 55	
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page 5 Form 990 (2022 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Х If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A7g N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/ADid the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter: N/A | 10a | Initiation fees and capital contributions included on Part VIII. line 12 11

•	The date is 1000 and capital contributions included of that this, into 12			4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
1	Section 501(c)(12) organizations. Enter:			ı
а	Gross income from members or shareholders N/A	11a		l
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			ı
	amounts due or received from them.)	11b		L

12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									

42	Did the organization receive any nayments for indoor tanning services during the tay year?			142		X	
С	Enter the amount of reserves on hand	13c					
	organization is licensed to issue qualified health plans						
b	b Enter the amount of reserves the organization is required to maintain by the states in which the						
	Note: See the instructions for additional information the organization must report on Schedule O.						

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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X

	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line ed, es, or rest selection the direction day.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		l.,	
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
та	Enter the Hamber of Voting Members of the governing body at the order the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a above, who are independent			
b	Enter the manuscript retaining members included on the ray above, the are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		Х	
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3,7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WANDA CARPENTER - 336-766-5550			
	6050 HOLDER ROAD, CLEMMONS, NC 27012			

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organiza (A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more the				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is b officer and a director/tr					compensation	compensation	amount of	
	week	\vdash	Cer ai	iu a u	recit)/ ii us	1	from	from related	other	
	(list any	irecto						the	organizations	compensation from the	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization	
	organizations	ruste	l trus		99/	mpen		1099-NEC)	1099-1420)	and related	
	below	dualt	rtiona	_	oldm	st co	<u></u>	10001120)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				
(1) KRISTEN HOLDER	2.00										
PRESIDENT/INTERIM TREASURER		Х		Х				0.	0.	0.	
(2) NICOLE ROYER	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) DANIEL YOHANNES	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(4) JOHN CARSTENS	1.00									_	
TRUSTEE		Х						0.	0.	0.	
(5) MITCHELL CURRIN	1.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(6) PAIGE LESTER-NILES	1.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(7) FRANK BRAINARD	40.00							_	_	_	
INTERIM HEAD OF SCHOOL				Х				0.	0.	0.	
		1									
		-	-								
		-									
		1									
		1									
		1									
		1									
		1									
		1	1	l	l	1	1				

232007 12-13-22 Form **990** (2022)

Form 990 (2022) MONTESSORI CHILDREN'S CENTER, INC. 56-1336266

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(B) (C)						(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable Reportable			Es	timate	∍d
		hours per week	box	box, unless person is both officer and a director/truste			is bot	h an	compensation compensation				nount	of
		(list any	_					· · · ·	from the	from related organizations			other pensa	ation
		hours for	direct				pa		organization	(W-2/1099-MIS			om th	
		related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations below	nal tru:	onal t		oloyee	ee ee		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
-		,	=	느	0	<u>~</u>	工品	Œ						
-														
1b	Subtotal	<u>I</u>				<u> </u>		l	0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization												14	0
_	5										ı		Yes	No
3	Did the organization list any former officer,											2		х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		
7	and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-								npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	services	C)) ompe	;) nsatio	n
			-11	7111				_						
								_						
								\dashv		+				
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi						0		•					

Page 8

Form 990 (2022) MONTESSORI CHILDREN'S CENTER, INC.

| Part VIII | Statement of Revenue

56-1336266

Page 9

		•••	Check if Schedule O	contains	e a reeno	nea	or note to any li	ne in this Part VIII			
			Crieck II Scriedule O'C	Somans	<u> а тезро</u>	iise	or note to any iii	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Membership dues Fundraising events	ibutions grants, a above	1b 1c 1d 1d ss) 1e 1f 1f		86,238.	86,238.			
							Business Code				
e l	2	а	TUITION					2,727,542.	2,727,542.		
اه ڲٙ		b	ENROLLMENT FE	ES			611600	25,350.	25,350.		
Program Service Revenue		С									
ev ev		d									
og		е									
₫		f	All other program service	revenue	e						
		g	Total. Add lines 2a-2f					2,752,892.			
	3		Investment income (include	ding div	idends, iı	ntere	est, and	2 272			2 272
								3,272.			3,272.
	4		Income from investment of		•						
	5		Royalties	<u> </u>	(i) Real		(ii) Personal				
	6	_	Cross route		(i) Neai		(II) Personal	1			
	6		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	$\overline{}$) Securiti		(ii) Other				
	•	u	assets other than inventory	7a -	,		(.,,				
		h	Less: cost or other basis	<u> </u>							
ne		_	and sales expenses	7b							
er Revenue		С	Gain or (loss)	7c							
Re			Net gain or (loss)								
Jer			Gross income from fundraising								
₹			including \$		of						
			contributions reported on	line 1c)	. See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from		•	$\overline{}$					
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			<u></u>	 I				
	10	а	Gross sales of inventory, I			100					
		h	and allowances Less: cost of goods sold			10a					
			Net income or (loss) from								
\exists		_	THOSE INCOMES OF TIOSES HOTH	Jaics U	i ii iveritoi	у	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	INC	COME		611600	27,124.	27,124.		
nue		b				_		,	,		
		c				_					
Aisc P.F.			All other revenue								
_			Total. Add lines 11a-11d					27,124.			
	12		Total revenue. See instruction	ns				2,869,526.	2,780,016.	0.	3,272.

Form 990 (2022) MONTESSORI CHILDREN'S CENTER, INC.

| Part IX | Statement of Functional Expenses

56-1336266 Page **10**

	Part IX Statement of Functional Expenses							
Secti	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 respon				<u></u>			
	not include amounts reported on lines 6b, 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)	2,007,349.	1,374,570.	632,779.				
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,001,3 4 3•	±,3/±,3/0•	034,119				
0	section 401(k) and 403(b) employer contributions							
9	Other employee benefits	223,298.	117,478.	105,820.				
10	Payroll taxes	148,102.	76,550.	71,552.				
11	Fees for services (nonemployees):			1 - 7 - 3 - 3				
а	Management							
b	Legal	3,713.		3,713.				
	Accounting	13,500.		13,500.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch 0.)	98,962.		98,962.				
12	Advertising and promotion	27,339.		27,339.				
13	Office expenses	23,974.	5,335.	18,639.				
14	Information technology	20,417.		20,417.				
15	Royalties	111 070	104 627	7 041				
16	Occupancy	111,878.	104,637.	7,241.				
17	Travel							
18	Payments of travel or entertainment expenses							
19	for any federal, state, or local public officials Conferences, conventions, and meetings	13,774.	13,774.					
20	Interest	97,469.	97,469.					
21	Payments to affiliates	,	_ , , _ , _ ,					
22	Depreciation, depletion, and amortization	230,931.	205,456.	25,475.				
23	Insurance	41,811.	3,007.	38,804.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
а	REPAIRS AND MAINTENANCE	97,639.	94,038.	3,601.				
b	CLASSROOM MATERIALS	47,633.	47,633.	,				
С	FIELD TRIP/CURRICULUM	39,788.	39,788.					
d	DUES AND SUBSCRIPTIONS	37,651.	37,651.					
е	All other expenses	72,690.	26,203.	40,820.	5,667.			
25	Total functional expenses. Add lines 1 through 24e	3,357,918.	2,243,589.	1,108,662.	5,667.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

MONTESSORI CHILDREN'S CENTER, INC. Form 990 (2022)
Part X | Balance Sheet

56-1336266 Page **11**

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	373,368.	1	186,328.	
	2	Savings and temporary cash investments		447,913.	2	185,321.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,745,861.	4	1,835,124.
	5	Loans and other receivables from any current or former offic				
		trustee, key employee, creator or founder, substantial contril	outor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section 4	958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		75,011.	9	42,440.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	6,685,291.			
	b	Less: accumulated depreciation 10b	2,474,259.	4,244,938.	10c	4,211,032.
	11	Investments - publicly traded securities			11	25,100.
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	3,995.	15	45,481.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		6,891,086.	16	6,530,826.
	17	Accounts payable and accrued expenses		128,586.	17	139,219.
	18	Grants payable			18	
	19	Deferred revenue		2,499,690.	19	2,703,511.
	20	Tax-exempt bond liabilities		2,360,101.	20	2,281,387.
	21	Escrow or custodial account liability. Complete Part IV of Sci	nedule D		21	
es	22	Loans and other payables to any current or former officer, di	rector,			
Liabilities		trustee, key employee, creator or founder, substantial contril	outor, or 35%			
jab		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third part	ties		23	
	24	Unsecured notes and loans payable to unrelated third partie	s		24	
	25	Other liabilities (including federal income tax, payables to rela	ated third			
		parties, and other liabilities not included on lines 17-24). Con	plete Part X	50.004		44 686
		of Schedule D		52,284.	-	44,676.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		5,040,661.	26	5,168,793.
ý		Organizations that follow FASB ASC 958, check here	X			
nce		and complete lines 27, 28, 32, and 33.		1 050 405		1 260 022
ala	27	Net assets without donor restrictions		1,850,425.	27	1,362,033.
e B	28	Net assets with donor restrictions			28	
ڃَ		Organizations that do not follow FASB ASC 958, check he	ere 📖			
P.		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fun			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or oth	••••••	1 050 405	31	1 262 022
ž	32	Total net assets or fund balances		1,850,425.	32	1,362,033.
	33	Total liabilities and net assets/fund balances		6,891,086.	33	6,530,826.

Form **990** (2022)

MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page **12** Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,869,526. Total revenue (must equal Part VIII, column (A), line 12) 3,357,918. Total expenses (must equal Part IX, column (A), line 25) 2 2 -488,392. 3 Revenue less expenses. Subtract line 2 from line 1 1,850,425. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,362,033. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII No X Accrual Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Х Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		MONT	ESSORI CHI	LDREN'S CENT	ER, I	NC.		56-1336266			
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	Gee instructions.				
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)					
1		A church, convention of ch									
2	X	*	•			٠, ٨	<i>X X Y</i>				
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	一	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:	anon operates in co					and modernal ornamo,			
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit desci	ribed in			
·		section 170(b)(1)(A)(iv). (C		mage or arm cromy armies	a o. opo.a						
6		A federal, state, or local go	• •	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	一	An organization that norma						al public described in			
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	ioni a gov	orriin orrica	arm or from the gones.	ar pashe accombca m			
8		A community trust describe		(1)(A)(vi). (Complete Part	t II)						
9	一	An agricultural research org				ed in coni	inction with a land-gran	nt college			
Ĭ		or university or a non-land-									
		university:					,,	.90 0.			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees.	and gross receipts from			
		activities related to its exen	•		-			- ·			
		income and unrelated busin		•							
		See section 509(a)(2). (Co		(· , ·							
11		An organization organized	. ,	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organization organized	·	•	•			ne purposes of one or			
		more publicly supported or									
		lines 12a through 12d that									
a		Type I. A supporting orga						by giving			
		the supported organization									
		organization. You must o	complete Part IV, Se	ections A and B.							
k	, \square	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by h	naving			
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the su	upported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	; 🗀	Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integra	ated with,			
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
c	ı 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported orga	nization(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an atter	ntiveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D	and Part	V.				
e	, L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type I	II			
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.					
1	Ente	er the number of supported o	organizations								
		vide the following information			(iv) la tha avec			·			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount of monetary				
		organization		above (see instructions))	Yes	No	support (see instructions	support (see instructions)			
_											
Tot	aı						<u> </u>	1			

Schedule A (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC.

56-1336266 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization'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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	st. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a public	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		

56-1336266 Page 3

Schedule A (Form 990) 2022 MONTESSORI CHILDREN'S CENTER, INC.

| 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

50	qualify under the tests listed b	elow, please com	plete Part II.)				
	• • • • • • • • • • • • • • • • • • • •	(a) 0010	(b) 0010	(6) 0000	(4) 0004	(a) 0000	(4) Tabel
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 00/0	1,0040	1 (),,,,,,,	(0 000 ((0
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	First 5 years. If the Form 990 is for th	ne organization's f	irst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	ala a de Maio de acordo a Marco de acordo	· ·		,			
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					1 .~ 1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Schedule A (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC.

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
dule	A (Forr	n 990	2022

Schedule A (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC.

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec	tion E	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 yea(see instructions)			
а	Ш	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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а		obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	OI ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page 7

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

rai	t v Type in Non-Functionally integrated 309	(a)(3) Supporting Orga	anizations (continu	<u>ued) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
_					

Schedule A (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC. Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

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
2022
Open to Public

Open to Public Inspection

Name of the organization

MONTESSORI CHILDREN'S CENTER, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 56-1336266 \end{array}$

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	T II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treatments		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

MONTESSORI CHILDREN'S CENTER, INC. 56-1336266 Page 2 Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Dublic exhibition Loan or exchange program Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 Nο Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 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 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 **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 Term 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 No organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other (d) Book value (a) Cost or other (c) Accumulated depreciation basis (investment) basis (other) 436,221. 436,221. 1a Land 4,744,919. 1,375,861. 3,369,058. **b** Buildings c Leasehold improvements 628,355. 371,291. 257,064. d Equipment

875,796.

Schedule D (Form 990) 2022

148,689.

4,211,032.

727,107.

e Other

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

	Copy 10	1 1 ubite	inspection	
		HILDREN'S C	ENTER, INC.	56-1336266 Page 3
Part VII Investments - Othe				
			11b. See Form 990, Part X, li	
(a) Description of security or category (inc		(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part >	(, col. (B) line 12.)			
Part VIII Investments - Prog	ram Related.			
Complete if the organizati	on answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, li	ne 13.
(a) Description of invest	ment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part >	(col. (B) line 13.)			
Part IX Other Assets.	i, con (b) inio 101)			
	on answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990, Part X, li	ne 15.
<u> </u>		escription	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 99	0 Part Y col (R) line	15)		
Part X Other Liabilities.	o, r art x, cor. (b) line	10.)		
	on answered "Ves" o	n Form 990 Part IV line	11e or 11f. See Form 990, Pa	art Y line 25
(15	ion of liability	Tr. Sim 550, Fait IV, III le	110 01 111. 00 0 1 01111 000, F	(b) Book value
	on or nability			(b) Dook value
(1) Federal income taxes (2) CAPITAL LEASE O	RT.TCATTON			44,676.
(-)	PTIGNITON			44,070.
(3)				
(4)				
(5)				
(6)				

(7) (8) 44,676. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

MONTESSORI CHILDREN'S CENTER, INC. Schedule D (Form 990) 2022 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. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 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, LINE 2: IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A MORE-LIKELY-THAN-NOT THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED DURING THE YEARS ENDED JULY 31, 2023 AND 2022.

Schedule D (Form 990) 2022

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

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

2022

Open to Public Inspection

Name of the organization

MONTESSORI CHILDREN'S CENTER, INC.

Employer identification number 56-1336266

Pa	rt 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?	1	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?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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		77	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	SCHOOL'S ADMISSION MATERIALS AND IS PUBLICIZED YEAR-ROUND ON			
	THE SCHOOL'S WEBSITE.			
4	Does the organization maintain the following?		37	
а	7, 7,	4a	X	
b	• • • • • • • • • • • • • • • • • • • •	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		х	
	with student admissions, programs, and scholarships?	4c	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.	4d	Λ	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
J	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	
	, 1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2022

Schedule E	(Form 990) 2022	MONTESSORI	CHILDREN'S	CENTER,	INC.	56-1336266	Page 2
Part II	Supplemental Info	ormation. Provide the	explanations required	bv Part I. lines 3	. 4d. 5h. 6b. and 7.	as	
	applicable. Also provide	any other additional info	ormation. See instruction	ons.	, , , , , ,		
	approasion, not promat	any carror dualing harmon					
						<u>.</u>	

232062 10-18-22 Schedule E (Form 990) 2022

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name	e of the organization MONTESSORI	CHILDREN'S	CENTER,	INC.							identif			nber
Part	I Bond Issues SE	EE PART VI	FOR COLUM	IN (F) CON	TINUAT	IONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Descri	ption of purpose	(g) Defeased (h) On beh			behalf	nalf (i) Pooled	
											of is	suer	finar	ncing
										No	Yes	No	Yes	No
								2005 BONI	os,					
_ A E	PUBLIC FINANCE AUTHORITY	27-3866124	NONE	04/03/17	2,783	,750.	ACQUIRE	E LAND, A		Х		X		X
В													<u> </u>	<u> </u>
<u></u>											₩	—	<u> </u>	<u> </u>
_														
D	III Duranada													
Part	II Proceeds							С						
1	Amount of bonds retired			38	A B 385,153.				C D					
2	Amount of bonds legally defeased			- 	•									
3	Total proceeds of issue			0.00	2,783,750.									
4	Gross proceeds in reserve funds				<u> </u>									
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrows				0,000.									
7	Issuance costs from proceeds				55,675.									
8	Credit enhancement from proceeds													
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			1,53	88,075.									
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion			2	2018									
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding		• •											
	if issued prior to 2018, a current refunding iss			X								\dashv		
15	Were the bonds issued as part of a refunding													
	issued prior to 2018, an advance refunding issue)?				X					_		_		
16	Has the final allocation of proceeds been mad				X							+		
17	Does the organization maintain adequate boo		• •	37										
	final allocation of proceeds?			X										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC.

56-1336266

Page 2

Part III Private Business Use				В				<u> </u>
Most has a very institute a way through a sand a very large and a very large at 1100		A I		B		<u>C</u>		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		A						
2 Are there any lease arrangements that may result in private business use of		X						
bond-financed property?		^		1				
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X		1				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		'		•				
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		,,		1				
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all				1				
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		l x						
Part IV Arbitrage								
Albudgo		_		В		C	Г	<u> </u>
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
· · · · · · · · · · · · · · · · · · ·	169	X	169	140	169	INU	169	INU
Penalty in Lieu of Arbitrage Rebate?				1				l
2 If "No" to line 1, did the following apply?		X						
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		Λ .						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	77			1				1
3 Is the bond issue a variable rate issue?	X							L

56-1336266 MONTESSORI CHILDREN'S CENTER, INC. Schedule K (Form 990) 2022 Page 3 Part IV Arbitrage (continued) Yes No No Yes 4a Has the organization or the governmental issuer entered into a qualified Yes No Yes No X hedge with respect to the bond issue? **b** Name of provider c Term of hedge d Was the hedge superintegrated? **e** Was the hedge terminated? X 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC **d** Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? X **6** Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the Х requirements of section 148? Part V Procedures To Undertake Corrective Action Has the organization established written procedures to ensure that violations Yes No Yes No Yes No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under Х applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. SCHEDULE K, PART I, BOND ISSUES: (A) ISSUER NAME: PUBLIC FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE: REFUND 2005 BONDS, ACQUIRE LAND, AND RENOVATE/CONSTRUCT ADDITIONAL BUILDING

232123 10-28-22 Schedule K (Form 990) 2022

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Nar	me of the organization N	MONTESSOR	I CHILDE	EN'	s c	ENTER, INC	•		-	ident 362		on nu	ımber
Pa							ection 501(c)(29) orga						
							o, or Form 990-EZ, Pa	art V,	ine 40	Db.	1	_	
1 (a) Name of disqualified person			Relationship bet person and o			lified (c) Description of trans	sactio	n		(d) Corrected		
			person and o	yarııza	211011	`					Y	es	No
											+		
		+				+					+	-+	
											+		
											+	_	
											+	\dashv	
2	Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	gualified persons du	ring the vear under						
		•	_	-					\$				
3	Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization			\$				
Pa	art II Loans to and	d/or From Int	erested Per	sons	•								
	•	-				, Part V, line 38a or F	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
	•	ount on Form 990								(h) An	proved		1-:11
	(a) Name of interested person	(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization principal amount		(e) Original principal amount		by boa			ard or	(i) V agree	/ritten ement?		
	micordoctod pordom	l or gameanon	0110411	H-	zation?	principal arricant	-				111111111111111111111111111111111111111		1
				То	From			Yes	No	Yes	No	Yes	No
													1
													1
Tot Pa		sistance Ber	efiting Inte	reste	d Pei	\$ rsons							
		organization ansv	•										
	(a) Name of interested	<u> </u>	b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose o	f
(2)		` `	interested pers	son an		assistance	assistand			•	, assist		
			the organiza	ation									
									\perp				
									_				
									\perp				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022

MONTESSORI CHILDREN'S CENTER, INC.

56-1336266 Page 2

	d "Yes" on Form 990, Part IV, line 28a, 2	•	(d) December :	(e) Sha	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organizatio revenues	
THEOREM GROUP LLC	ENTITY MORE THAN 35	67,500.	THE ORGANIZ	Yes	No X
Doub V Complemental Information					
Part V Supplemental Information. Provide additional information for res	ponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: THEOR	EM GROUP LLC				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	ION:		
ENTITY MORE THAN 35% OWNE				мгм	BFD
		NATIVAND AND	/ IIIS PAMILI	MIN	ענום
(C) AMOUNT OF TRANSACTION	·				
(D) DESCRIPTION OF TRANSA	CTION: THE ORGANIZAT	ION CONTRAC	TED WITH TH	EORE	M
GROUP LLC FOR THE SERVICE	S OF FRANK BRAINARD	AS INTERIM	HEAD OF SCH	OOL	
AND MARGARET BORREGO BRAI	NARD, HIS SPOUSE, AS	EXECUTIVE	DIRECTOR OF		
PROGRAM & CURRICULAR SUPP	ORT.				
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				

SCHEDULE O (Form 990) 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 Form 990-EZ.

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

2022 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MONTESSORI CHILDREN'S CENTER, INC.

Employer identification number 56-1336266

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR STUDENTS TO GROW TO THEIR FULLEST POTENTIAL ACADEMICALLY,

EMOTIONALLY AND SOCIALLY, THUS PREPARING THEM TO BE RESPONSIBLE

CITIZENS OF OUR GLOBAL COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION CONTRACTED WITH THEOREM GROUP LLC TO PROVIDE SERVICES OF INTERIM HEAD OF SCHOOL AND EXECUTIVE DIRECTOR OF PROGRAM & CURRICULAR SUPPORT. DURING THE YEAR ENDED JULY 31, 2023, FRANK BRAINARD SERVED AS INTERIM HEAD OF SCHOOL AND MARGARET BORREGO BRAINARD, HIS SPOUSE, AS EXECUTIVE DIRECTOR OF PROGRAM & CURRICULAR SUPPORT. THE ORGANIZATION PAID THEOREM GROUP LLC \$67,500 FOR SERVICES OF FRANK BRAINARD AND MARGARET BORREGO BRAINARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS SUBMITTED TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE HEAD OF SCHOOL'S COMPENSATION IS SET BY AN ANNUAL DELIBERATION OF THE FULL BOARD. INDUSTRY STANDARDS AND MARKET COMPARISONS INFLUENCE THE DETERMINATION OF THE RATE.

FORM 990, PART VI, SECTION C, LINE 19:

THE MONTESSORI SCHOOL HOLDS AN ANNUAL COMMUNITY MEETING THAT IS OPEN TO THE

PUBLIC AND ADVERTISED TO THE CURRENT MONTESSORI FAMILY LIST. AT THE MEETING

Schedule O (Form 990) 2022	Page 2
Name of the organization MONTESSORI CHILDREN'S CENTER, INC.	Employer identification number 56-1336266
THE MONTESSORI SCHOOL ANNOUNCES THE OPEN DOOR POLICY FOR	THE REVIEW OF THE
990, GOVERNING DOCUMENTS, AND ANNUAL FINANCIAL STATEMENTS	EACH OF THESE
DOCUMENTS CAN BE CHECKED OUT FROM THE BUSINESS MANAGER DU	JRING OFFICE HOURS
THROUGHOUT THE SCHOOL YEAR AND THE SUMMER.	