CLIENT'S COPY

BARBACANE, THORNTON & COMPANY LLP CERTIFIED PUBLIC ACCOUNTANTS 503 CARR ROAD SUITE 100 WILMINGTON, DE 19809

MAY 11, 2023

FIRST STATE MONTESSORI ACADEMY 1000 NORTH FRENCH STREET WILMINGTON, DE 19801-3331

FIRST STATE MONTESSORI ACADEMY:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

BARBACANE, THORNTON & COMPANY LLP

Form 8879-TE		IRS e-file Signature Auth for a Tax Exempt En	orization	OMB No. 1545-0047
	For calendar year 201	1, or fiscal year beginning JUL 1 , 2021, and 6	•	0004
		Do not send to the IRS. Keep for you		2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the lat		
Name of filer			EIN or S	SN
FIRST	STATE MON	TESSORI ACADEMY	27-3	3480706
Name and title of officer or pe	erson subject to tax	COURTNEY FOX		
Dert L True of I		HEAD OF SCHOOL		
		turn Information		
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line fo	e using this Form 8879-TE and enter the applic . For all other forms, enter whole dollars only. If r the return being filed with this form was blank D-). But, if you entered -0- on the return, then er	f you check the box on line 1a, 2 , then leave line 1b, 2b, 3b, 4b, 5	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗴	b Total revenue, if any (Form 990, Part VII		
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line	9)	2b
3a Form 1120-POL	check here 🕨 🗌	b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF che		b Tax based on investment income (Forn	n 990-PF, Part V, line 5)	4b
5a Form 8868 check		b Balance due (Form 8868, line 3c)		
6a Form 990-T check	k here 🕨 📃	b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check		b FMV of assets at end of tax year (Form	1 5227, Item D)	8b
9a Form 5330 check	here ►	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
		ture Authorization of Officer or Pers	-	
financial institution to debi later than 2 business days payment of taxes to receiv personal identification nun PIN: check one box only	it the entry to this a prior to the payme re confidential info nber (PIN) as my si	ated in the tax preparation software for payme iccount. To revoke a payment, I must contact t ent (settlement) date. I also authorize the financ mation necessary to answer inquiries and reso gnature for the electronic return and, if applicat	the U.S. Treasury Financial Agent tial institutions involved in the pro- lve issues related to the payment	at 1-888-353-4537 no cessing of the electronic . I have selected a ds withdrawal.
		ERO firm name		Enter five numbers, but do not enter all zeros
with a state age on the return's c	ncy(ies) regulating disclosure consent	21 electronically filed return. If I have indicated charities as part of the IRS Fed/State program, screen. ax with respect to the entity, I will enter my PIN	I also authorize the aforemention	he return is being filed and ERO to enter my PIN
return. If I have i	indicated within th	s return that a copy of the return is being filed of my PIN on the return's disclosure consent scre	with a state agency(ies) regulating een.	charities as part of the
Signature of officer or person subject Part III Certifica	tion and Auth	antication	Da	ate
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-	· ·	51064019810 Do not enter all zeros	
		IN, which is my signature on the 2021 electroni requirements of Pub. 4163, Modernized e-File		
ERO's signature 🕨			Date ▶05/11/23	3
	Do Not S	ERO Must Retain This Form - See I ubmit This Form to the IRS Unless I		
LHA For Privacy act and		ction Act Notice, see instructions.		Form 8879-TE (2021)
102521 01-11-22				

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

	File	a conarat	o applicati	ion for or	ach return.
-		a sevarar	e applicati		

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identification n	umber (TIN)
print	FIRST STATE MONTESSORI ACAI	EMY			27-3480	706
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, s		tions.			
return. Se instructio		oreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	ls For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) COURTNEY FOX	07				
 If th If th box 1 1 t t 2 1 	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit	Group Exe and atta MAX anization's , an heck rease	Imption Number (GEN) . I Ich a list with the names and TINs of Y 15, 2023 Y 15, 2023 Intervention , to file Initial return , to file	f this is fo all membe	r the whole grou ers the extension npt organization 	n is for.
	any nonrefundable credits. See instructions.	, enter the	teritative tax, less	3a	\$	0.
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	/ refundable credits and			
	estimated tax payments made. Include any prior year overp			3b	\$	0.
C E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
<u> </u>	using EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE	for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868	B (Rev. 1-2022)

			EXTENDED TO MAY 15, 2			OMB No. 1545-0047
F aw	Q	90	Return of Organization Exempt F			0004
For		30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	-		^{s)}
Depa	artment	of the Treasury	Do not enter social security numbers on this form a Costo your inc gov/Form000 for instructions and	-		Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and ar year, or tax year beginning JUL 1, 2021 and o		JUN 30, 2022	Паресион
Β	Check if	C Name of	f organization	chang	D Employer identifie	cation number
	Addro					
	chan		T STATE MONTESSORI ACADEMY		27-34807	n.c.
	_] chan			Deens /auit		
	returr Final returr	1000	and street (or P.O. box if mail is not delivered to street address) NORTH FRENCH STREET	ROOM/SUI	E Telephone number	-1500
	termi ated Amer returr	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	9,183,891. turn
	Appli tion		nd address of principal officer: COURTNEY FOX		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Гах-е>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 📃 52		list. See instructions
J١	Webs	ite: 🕨 WWW .	FIRSTSTATEMONTESSORI.ORG		H(c) Group exemption	
K	orm o	f organization:	X Corporation Trust Association Other ►	L Yea	ar of formation: 2009 N	State of legal domicile: DE
Pa	art I	,				
	1	Briefly describ	be the organization's mission or most significant activities: $\ {f THE} \ {f h}$	MISSI	ON OF THE FIR	RST STATE
Governance		MONTESS	ORI ACADEMY IS TO CREATE SUCCESSFU	L, CC	NTRIBUTING,	LIFE-LONG
rna	2	Check this bo	$x ightarrow \begin{tabular}{ll} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ed of mo	re than 25% of its net ass	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	12
		Number of ind	lependent voting members of the governing body (Part VI, line 1b)			12
ss Se	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
vitie	6	Total number	of volunteers (estimate if necessary)		6	30
Activities &	7 a					0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		8,736,626.	9,149,261.
nue	9	Program servi	ce revenue (Part VIII, line 2g)		9,350.	33,993.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	L	33,613.	637.
Ш.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		8,779,589.	9,183,891.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
se	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		8,068,325.	7,465,632.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ăX	b		ing expenses (Part IX, column (D), line 25)	0.	0 510 001	
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,513,091.	3,059,253.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,581,416.	10,524,885.
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,801,827.	-1,340,994.
S OL				E	Beginning of Current Year	End of Year
sset	20	Total assets (F			28,716,404.	29,682,717.
Net Assets or	21		(Part X, line 26)		38,007,794.	40,315,101.
			fund balances. Subtract line 21 from line 20		-9,291,390.	-10,632,384.
	art II					
			I declare that I have examined this return, including accompanying schedules . Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is
<u>u u e</u>	,		. בכטמרמנוטון טו אופאמרפו נטנופו נוומון טוווכבו) וא שמשפע טון מון ווווטוווומנוטון טו אוו	ion prepari	ni nas any Kilowieuye.	
Sig	n	Signature	e of officer		Date	

Sign	, .		
Here	COURTNEY FOX, HEAD OF SC	CHOOL	
	Type or print name and title		
	Print/Type preparer's name Pr	reparer's signature Date	Check PTIN
Paid	TIMOTHY SAWYER CPA TI	IMOTHY SAWYER CPA 05/11.	/23 self-employed P00256561
Preparer	Firm's name BARBACANE THORNTON	N & COMPANY LLP	Firm's EIN 🕨 51-0229493
Use Only	Firm's address 503 CARR ROAD, SUI	ITE 100	
	WILMINGTON, DE 198	809-2863	Phone no. 302 - 478 - 8940
May the IF	S discuss this return with the preparer shown above?	? See instructions	Yes No
132001 12-09	LHA For Paperwork Reduction Act Notice,	see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) FIRST STATE MONTESSORI ACADEMY	27-3480706 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF THE FIRST STATE MONTESSORI ACADE	MY IS TO CREATE
	SUCCESSFUL, CONTRIBUTING, LIFE-LONG LEARNERS IN	
	EDUCATIONAL PROGRAM FOR STUDENTS IN KINDERGARTE	N THROUGH 8TH GRADE.
2	Did the organization undertake any significant program services during the year which were no	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	rogram services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest pro	gram services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ 7,605,006. including grants of \$) (Revenue \$ 33,993.)
	FIRST STATE MONTESSORI ACADEMY (FSMA) OPENED IN	2014 IN DOWNTOWN
	WILMINGTON, DELAWARE. WE SERVE A DIVERSE COMMU	NITY OF 600 CHILDREN IN
	GRADES KINDERGARTEN THROUGH 8TH GRADE. OUR PR	OGRAM HAS SUCCESSFULLY
	INTEGRATED A FULLY AUTHENTIC MONTESSORI CURRICU	LUM WITH THE COMMON CORE
	STATE STANDARDS. AT THE END OF OUR ACADEMIC YE	AR, FSMA HAS MET ALL
	ACADEMIC, OPERATIONAL, AND FINANCIAL BENCHMARKS	SET FORTH BY THE STATE
	OF DELAWARE.	
4b	(Code:) (Expenses \$ including grants of \$	
чы	(code:) (expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A.1	Other program convince (Decevine on Calendaria O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Reve	nue \$)
4e	Total program service expenses ► 7,605,006.	000
		Form 990 (2021)
132002	2 12-09-21 2	
	.)	

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2021.05080 FIRST STATE MONTESSORI AC 31764.21

Form	990	(2021)

Part IV Checklist of Required Schedules

FIRST STATE MONTESSORI ACADEMY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 11	
12a	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
132003	3 12-09-21	Form	990	(2021)

132003 12-09-21

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Form	aan	(2021)
FUIII	990	(2021)

 Form 990 (2021)
 FIRST
 STATE
 MONTESSORI
 ACADEMY

 Part 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		169	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
	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	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			,

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.	2.0		
30		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
		7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
		140	-	x
14a		14a		
	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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2021)

FIRST STATE MONTESSORI ACADEMY

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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.

	tion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	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 O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			n			
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5		X
6	Did the organization have members or stockholders?				6		x
•	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1.5		
	The governing body?				8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				0.0		
•	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 Rev		Code)		•		
		<u>enue</u>	<u>coue./</u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				100		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delon	e ming the	Unit	11a	- 23	
					12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? $I_f = \gamma_f$				120	Δ	
C		· ·			12c	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	23	x
14 15					14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	ependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.0	Х	_
	The organization's CEO, Executive Director, or top management official				15a	X	
D	Other officers or key employees of the organization				15b		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				40 -		X
	taxable entity during the year?				16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				401		
200	exempt status with respect to such arrangements?				16b		
17 10	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright DE	4 000	T (agation)	501(0)(2)0	anha		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	a 990-	(section :	501(C)(3)S	oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.	-	, , , <u>-</u> .				
40	Own website Another's website X Upon request Other <i>(explain</i>				£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ITIICT O	i interest p	olicy, and	nnano	Jai	
~	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 bool	ks and	records	▶			
	COURTNEY FOX - (302)576-1500 1000 NORTH FRENCH STREET, WILMINGTON, DE 19801-333	1					
		T			Г-	000	(000
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Form 990 (2021)	FIRST STATE MONTESSORI ACADEMY	27-3480706 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees	, Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Emp	ployees
1a Complete this table f	or all persons required to be listed. Report compensation for the calend	dar year ending with or within the organization's tax year.
	nization's current officers, directors, trustees (whether individuals or or	ganizations), 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, 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.

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

(A)	(B)			(0	(C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) COURTNEY FOX	40.00				-					
HEAD OF SCHOOL		1				x		181,185.	Ο.	64,211.
(2) ELIZABETH MADEN	40.00									
DIRECTOR OF EDUCATION						Х		111,724.	0.	48,829.
(3) TRACY LONG NEUGEBAUER	1.00									
DIRECTOR OF SEPCIAL EDUCATION						Х		108,506.	0.	48,718.
(4) MEGHAN NEWBERRY	10.00									
CHAIR		Х		Х				0.	0.	0.
(5) BECKY PHILLIPS	1.00									
BOD MEMBER		Х						0.	0.	0.
(6) JANINE SALOMONE, ESQ.	1.00									_
BOD MEMBER		х						0.	0.	0.
(7) MICHAEL REILLY	1.00									
BOD MEMBER		Х						0.	0.	0.
(8) SARA STABB	1.00									
BOD MEMBER		Х						0.	0.	0.
(9) SARAH NAGLE	1.00									
BOD MEMBER	1	Х						0.	0.	0.
(10) LORREN HOLLAND	1.00									
BOD MEMBER	1	Х						0.	0.	0.
(11) KIM LOPEZ	1.00								•	•
BOD MEMBER	1 0 0	X						0.	0.	0.
(12) MATT PETRIN	1.00							•	0	0
TREASURER	1 00	X		X				0.	0.	0.
(13) AVERY STEWART	1.00									0
BOD MEMBER	1 00	Х						0.	0.	0.
(14) SHANNON TUMOLO	1.00							•	0	0
BOD MEMBER		Х						0.	0.	0.
		-								
		1								
		-								
		1								
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Form 990 (2021)

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Form 990 (2021)	FIRST ST	ATE MONT	'ES	<u>S0</u>	RI	A	<u>CA</u>	DE	EMY	27-34	801	706	Pa	age 8
Part VII Secti	on A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable			(F) timate	
		hours per week (list any	offi				s both r/trust		compensation from the	compensatior from related organizations	ated otl		ount o other oensat	
		hours for related	Individual trustee or director	stee			Isated			(W-2/1099-MIS) 1099-NEC)		fro	om the anizati	Э
		organizations below	dual truste	Institutional trustee	L	mployee	Highest compensated employee	er	1099-NEC)	1000 1120)		and	l relate nizatio	ed
		line)	Indivi	Institu	Officer	Key er	Highe	Form			\square			
											\dashv			
1b Subtotal									401,415.		0.	161	L,75	58.
c Total from	continuation sheets to Part V lines 1b and 1c)	I, Section A							0. 401,415.		0.	161	L,75	0.
2 Total numb	er of individuals (including but r							o re		000 of reportable			_ / / _	
compensati	on from the organization												Yes	3 No
0	anization list any former officer		,	,			'	0		,	ſ			X
	Yes," complete Schedule J for s ividual listed on line 1a, is the si											3		Λ
	organizations greater than \$15											4	X	
rendered to	son listed on line 1a receive or a the organization? <i>If "Yes." con</i>											5		Х
	pendent Contractors	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
•	ation. Report compensation for	•	•						the organization's tax y	•				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices (C) Compensation		1		
	er of independent contractors (i		ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				
φτυυ,υυυ Ο	f compensation from the organi					<u> </u>	,				_	Form S	990 (2	2021)

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Form	1 99	0 (2	2021) FIRST STATE	MONTESSORI	I ACADEMY		27-3480	706 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any line		(2)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G		с	Fundraising events 1c					
Gift lar J			Related organizations 1d					
ns, (<u>9,090,669.</u>				
er S		f	All other contributions, gifts, grants, and					
Oth			similar amounts not included above 1f	58,592.				
tuo;		-	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		9,149,261.			
0 0				Business Code	5,145,2010			
ø	2	а	INSTRUCTIONAL SERVICES		33,993.	33,993.		
vice		b						
Ser		с		—				
gram Ser		d						
Program Service Revenue		е						
۲,		f	All other program service revenue					
			Total. Add lines 2a-2f		33,993.			
	3		Investment income (including dividends, in		C 2 T			627
			other similar amounts)		637.			637.
	4		Income from investment of tax-exempt bor					
	5		Royalties	(ii) Personal				
	6	а	Gross rents	(ii) i ciccitai				
	Ŭ	b	Less: rental expenses 6b					
		c	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	es (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses 7b					
evenue			Gain or (loss) 7c					
Ĕ	-		Net gain or (loss)	····· ►				
Other	8	а	Gross income from fundraising events (not including \$ of					
0			contributions reported on line 1c). See					
			• • •	8a				
		b	Less: direct expenses	8b				
		с	Net income or (loss) from fundraising event	ts 🕨				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
			Less: direct expenses	9b				
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns	10-				
		h		10a 10b				
			Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		Business Code				
snc	11	а						
ane		b						
scellaneo Revenue		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►	0 1 0 0 0 0 1			
	12		Total revenue. See instructions		9,183,891.	33,993.	0.	637.
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FIRST STATE MONTESSORI ACADEMY Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	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,	202 226	0.51 4.01	110 015	
	trustees, and key employees	383,836.	271,491.	112,345.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,963,975.	2,803,760.	1,160,215.	
7	Other salaries and wages	. د / ۲ , د ۵ , ۶ .	4,003,700.	,UU,	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	999,927.	707,259.	292,668.	
9	Other employee benefits	1,805,997.	1,277,400.	528,597.	
9 10	Payroll taxes	311,897.	220,608.	91,289.	
11	Fees for services (nonemployees):				
'' a	Management				
	Legal	8,609.	6,089.	2,520.	
	Accounting	21,300.	15,066.	6,234.	
	Lobbying				
	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.)	146,489.	103,613.	42,876.	
12	Advertising and promotion	580.	410.	170.	
13	Office expenses	259.	183.	76.	
14	Information technology	116,283.	82,248.	34,035.	
15	Royalties	119,945.	04 020	25 107	
16		119,945.	84,838.	35,107.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	549,385.	388,586.	160,799.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437,256.	309,276.	127,980.	
23	Insurance	53,933.	38,147.	15,786.	
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 0.)				
а	REPAIRS AND MAINTENANCE	678,408.	479,845.	198,563.	
b	TRANSPORTATION - BUSES	548,867.	548,867.		
с	INSTRCTIONAL SUPPLIES	285,561.	201,980.	83,581.	
d	PROFESSIONAL DEVELOPMEN	60,060.	42,481.	17,579.	
е	All other expenses	32,318.	22,859.	9,459.	
25	Total functional expenses. Add lines 1 through 24e	10,524,885.	7,605,006.	2,919,879.	0.
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)				Form 990 (2021

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Form **990** (2021)

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Form 990 (2021)	FIRST	STATE	MONTESSORI	ACADEMY
Part X	Balance Sheet				

I U						
		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		5,299,704.	1	5,355,477.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		34,626.	4	40,185.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 14,707,701.			
	b	Less: accumulated depreciation	10b 1,115,261.	14,011,014.	10c	13,592,440.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11		9,371,060.	15	10,694,615.
	16	Total assets. Add lines 1 through 15 (must equa		28,716,404.	16	29,682,717.
	17	Accounts payable and accrued expenses		1,236,115.	17	1,377,731.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abi		controlled entity or family member of any of these	e persons		22	
Ξ	23	Secured mortgages and notes payable to unrelat	ed third parties	14,503,687.	23	14,282,255.
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		22,267,992.	25	24,655,115.
	26	Total liabilities. Add lines 17 through 25		38,007,794.	26	40,315,101.
~		Organizations that follow FASB ASC 958, chec	k here 🕨 🛄			
Sec		and complete lines 27, 28, 32, and 33.				
Ilan	27				27	
Ba	28	Net assets with donor restrictions			28	
pun		Organizations that do not follow FASB ASC 95	8, check here ▶ X			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or equ	Г	0.	30	0.
ťΑ	31	Retained earnings, endowment, accumulated inc		-9,291,390.	31	-10,632,384.
Ne	32	Total net assets or fund balances		-9,291,390.	32	-10,632,384.
	33	Total liabilities and net assets/fund balances		28,716,404.	33	29,682,717.
						Form 990 (2021)

	990 (2021) FIRST STATE MONTESSORI ACADEMY	<u>27</u> .	-3480	<u>0706</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	0,52	4,8	85.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,29	1,3	90.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-1	0,63	2,3	84.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	lit			1
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	
				_		/ · ·

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of	the organization							identification number			
D -		FIRS	T STATE MOI	NTESSORI ACAI	DEMY			2	7-3480706			
Pa	rτι	Reason for Public 0	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	orgar	ization is not a private found		e .		,						
1			A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	X	A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	oublic described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9	\square	An agricultural research org				ed in coniu	inction with a	land-orant	college			
		or university or a non-land-g				-		-	•			
		university:	, , ,			, ,	,	5				
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membershi	ip fees, and	d aross receipts from			
		activities related to its exem										
		income and unrelated busir							-			
		See section 509(a)(2). (Con				oco doqui	ica by the org	amzation				
11		An organization organized a	• •	vely to test for public sa	fetv See	section 50)9(a)(4)					
12	님	An organization organized a	-	•	•			my out the	nurnoses of one or			
12		more publicly supported or	-	-	-			•				
		lines 12a through 12d that										
-		Type I. A supporting orga	• •					-	aivina			
а				-	•	-						
		the supported organization			majonty o	i the alrea		es of the st	porting			
	_	organization. You must c						- (-)				
b		Type II. A supporting org	-				-		•			
		control or management o			ame perso	ns that co	ntroi or manaç	je the supp	Dortea			
	_	organization(s). You mus	•									
С		Type III functionally inte						ly integrate	ed with,			
_	_	its supported organization		-								
d		Type III non-functionally	• •					•	.,			
		that is not functionally int	0	e ,	•		•	an attentiv	/eness			
	_	requirement (see instructi		-								
е		Check this box if the orga					Type I, Type I	I, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]			
		er the number of supported c	•									
g		vide the following informatior (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other			
		organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)			
		organization		above (see instructions))	Yes	No						
Tota	l											

Schedule A	Form	aan	2021
Schedule A	FOUL	990	202

Part II

FIRST STATE MONTESSORI ACADEMY

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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)						
~	•••••••••••••••••••••••••••••••						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(a) 2017	(b) 0019	(a) 2010	(4) 2020	(a) 2021	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4 Gross income from interest,						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	• • • • • • • • • •	etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for th		,			· · · ·	
	organization, check this box and sto				2		
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did ne	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances test	: - 2020. If the org	ganization did not	check a box on lin			
	more, and if the organization meets th	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Tl	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>6a, 16b, 17a, or 17</u>	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

FIRST STATE MONTESSORI ACADEMY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus- iness 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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	-	-	<u>.</u>			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	L					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiz	zation,
check this box and stop here)
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and lir	ie 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2020. 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 1/39	%, and
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizati	on ►
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
132023 01-04-22			_		Schedu	le A (Form 990) 2021
		16	5			

2021.05080 FIRST STATE MONTESSORI AC 31764.21

1

Yes

No

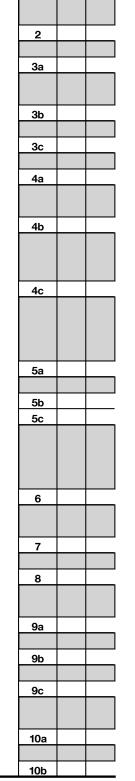
Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

132024 01-04-21



Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 FIRST STATE MONTESSORI ACADEMY

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, stors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported dization, 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		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	$ extsf{VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (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 tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No

			res	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear	(see instructions).

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is	the parent of each	n of its supported	organizations.	Complete line 3 below.
---	--	---------------------	--------------------	--------------------	----------------	------------------------

c [The organization	supported a governme	ntal entity. Describe i	n Part VI how you su	upported a governmen	tal entity (see instruction <u>s).</u>
------------	------------------	----------------------	-------------------------	----------------------	----------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

18040511 758924 31764.20

18

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e 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		

FIRST STATE MONTESSORI ACADEMY

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

FIRST	STATE	MONTESSORI	ACADEMY	
ionally Inte	earated 5	09(a)(3) Supporti	ng Organizatior	າຣ

Schedule A (Form 990) 2021 FIRST STATE MONTESSORI ACADEMY 27-3480706 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) (continued)						
-	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer			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 organizations		4		
4	Amounts paid to acquire exempt-use assets			5		
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8		o organization is responsive				
0	Distributions to attentive supported organizations to which th	le organization is responsive		8		
9	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			9		
			1			
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(") Underdistributions Pre-2021	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A		STATE MON			27-3480706 F	Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4	rovide the explana b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section B	tions required b , 9c, 11a, 11b, E, lines 1c, 2a, 2	by Part II, line 10; l and 11c; Part IV, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C art V, line 1; Part V, Section B, line 1e; Part 1	;
132028 01-04-2			21		Schedule A (Form 990	0) 2021

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.



Department of the Treasury Internal Revenue Service

Name of the organization

FIRST STATE MONTESSORI ACADEMY

Employer identification number 27 - 3480706

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin					
		(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 v	-				
	are the organization's property, subject to the organization's				No	
6	Did the organization inform all grantees, donors, and donor a			•		
	for charitable purposes and not for the benefit of the donor o			·		
Dor	impermissible private benefit?			Yes	No	
Par			Part IV,	, line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea			orically important land area		
	Protection of natural habitat	Preservation of	f a certif	ified historic structure		
-	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	ried conservation contribution in the form	of a con	Held at the End of the Tax	Voor	
					TEAT	
-				2a		
b				2b		
c	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiz	ization during the tax		
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
-	violations, and enforcement of the conservation easements it				No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatior	on easements during the year		
-						
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing conserva	tion eas	sements during the year		
0	▶ \$ Does each conservation easement reported on line 2(d) abov	a action the requirements of acation 170	'h\(4\(D\);			
8					No	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				NO	
9	balance sheet, and include, if applicable, the text of the footr	•				
	organization's accounting for conservation easements.		ents tha	at describes the		
Par		Art, Historical Treasures, or Ot	ther Si	Similar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar			·		
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of		
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
2	If the organization received or held works of art, historical treater					
	the following amounts required to be reported under FASB A		5 ., P			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
				► \$		
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990)	2021	
	10-28-21					

	4	4						
~	1		~	-	~	~	~	

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Partial Other Similar Assets continued. 2 Using the organization's accession, and other records, check any of the following that make significant use of its contributed. 3 Using the organization's accession, and other records, check any of the following that make significant use of its control tune generation's control transport of art, historical trassures, or other similar assets to be add to may find the organization's control transport of the transport of the organization and the transport of the organization and the organization's control transport of the transport of the organization and the organization's control transport of the organization and transport of the transport of the organization and the organization's control transport of transport of the organization's control transport of the organization		Schedule D (Form 990) 2021 FIRST STATE MONTESSORI ACADEMY 27-3480706 Page 2									
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	collections of Ar	t, Historical	Treasures, o	r Other	Similar A	sset	s (contir	nued)	
a Public schiztion d □ an or exchange program b Schizkry research e □ Otter	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
b Scholarly research e Other c Previse a description of hubure generations Provide a description of hubure generations is collections and explain how they further the organization is acempt purpose in Part XIII. 5 During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be solid to raise funds raiting than to be maintained as part of the organization answered "Yes" on Form 990, Part XI. FartU Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount d Distributions during the year 1d e Distributions during the year 1d f Distributions during th											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Yes No Part IV Exercise and Custodial Arrangements. Compute if the organization answered "Yes" on Form 990, Part K, line 9.	а	Public exhibition	d								
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 allot or receive donations of at, historical treasures, or other similar assets to be sud to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: Amount to to d Additions during the year to defining balance definit or scholarships defining defining balance	b	Scholarly research	е	• Other_							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds attract than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, Ine 9, or reported an anount on Form 980, Part X, Ine 21. Is the organization angement in Part XIII and complete the following table: Amount Begrinning balance Additions during the year Begrinning balance Amount Capability Amount Capability Capabilit	с	Preservation for future generations									
Tops out to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 15 16 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 16 16 10	4		-	-	-			in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes," explain the arrangement in Part XII and complete the following table: Amount 10 Amount c Beginning balance. 11 10 11 10	5					er similar a	assets	_	_		-
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes." explain the arrangement in Part XII and complete the following table: Amount Image: Complete Compl											No
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on Form 990, Part X7											
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	1 a							_	٦		٦
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs								rs back	(e) Four	vears	back
b Contributions	19	Reginning of year balance	(1) 000	(2)	(0)	, o such ((,	o suon	(0) + 00.	Jouro	Juon
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e Other expenditures for facilities and programs	b b										
and programs	e										
f Administrative expenses	Ū										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Complete in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value 444, 800. (d) Book value 444, 800. (d) Book value 444, 800. (f) (f) must equal Form 990, Part X, column (B). line 10c. 13, 592, 440.	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% 3a Are there endowment ▶% (i) Unrelated organizations(ii) (ii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) basis (other) (c) Accumulated depreciation 4 Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c 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 organization by: (i) Unrelated organizations		,		e (line 1a. colun	nn (a)) held as:						
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) ia	с	Term endowment	%								
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(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 14, 646, 520. 1, 074, 074. 13, 572, 446. c Leasehold improvements 44, 800. 41, 187. 3, 613. e Other 16, 381. 16, 381. 16, 381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.) 13, 592, 440.	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	eld and administe	red for the	e organizatio	n	_		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 14, 646, 520. 1,074,074. 13,572,446. c Leasehold improvements 444,800. 41,187. 3,613. e Other 16,381. 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,592,440.		by:								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 14,646,520. 1,074,074. 13,572,446. c Leasehold improvements 444,800. 41,187. 3,613. e Other 16,381. 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.) 13,592,440.		(i) Unrelated organizations							3a(i)		
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 14,646,520. c Leasehold improvements 14,646,520. d Equipment 44,800. e Other 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 13,592,440.		(ii) Related organizations							3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Image: Complete if the organization answered "Yes" on Form 990, Part X. column (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Complete if the organization answered in the part of the	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule	e R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 14,646,520. 1,074,074. 13,572,446. c Leasehold improvements 44,800. 41,187. 3,613. e Other 16,381. 16,381. 16,381.	4			wment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 14,646,520. 1,074,074. 13,572,446. b Buildings 14,646,520. 1,074,074. 13,572,446. c Leasehold improvements 44,800. 41,187. 3,613. e Other 16,381. 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 13,592,440.	Par										
Image: Second system Image: Second system <t< th=""><th></th><th>Complete if the organization answere</th><th>d "Yes" on Form 990</th><th>), Part IV, line 1</th><th>1a. See Form 990</th><th>), Part X, I</th><th>ine 10.</th><th></th><th></th><th></th><th></th></t<>		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a. See Form 990), Part X, I	ine 10.				
b Buildings 14,646,520. 1,074,074. 13,572,446. c Leasehold improvements 44,800. 41,187. 3,613. e Other 16,381. 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 13,592,440.		Description of property							(d) Bool	k valu	e
c Leasehold improvements 44,800. 41,187. 3,613. e Other 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 13,592,440.	1a	Land									
d Equipment 44,800. 41,187. 3,613. e Other 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ▶ 13,592,440.				14,	646,520.	1,0	74,074	. 1	3,572	2,4	46.
e Other 16,381. 16,381. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ► 13,592,440.	с	Leasehold improvements									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	d	Equipment					41,187	•			
	_							_			
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B). I</u>	ine 10c.)						

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	MONTESSORI A		7-3480706 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	iu-or-year market value
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEFERRED OUTFLOWS RELATED	TO PENSION		1,625,672.
(2) DEFERRED OUTFLOWS RELATED	TO OPEB		6,917,022.
(3) NET PENSION ASSET			2,151,921.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		10,694,615.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED INFLOWS RELATED	ľO		
(3) PENSION			4,322,606.
(4) DEFERRED INFLOWS RELATED	LO ODEB		3,129,826.
(5) NET OPEB LIABILITY			17,202,683.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		24,655,115.

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

Sche	edule D (Form 990) 2021 FIRST STATE MONTESSORI ACA	DEMY	27-	3480706 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L		
1	Total revenue, gains, and other support per audited financial statements		1	9,183,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities	2b		
с				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,183,891.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
E	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	9,183,891.
	Total revenue. Add lines 3 and 4C. (This must equal Form 990. Part I. line [2.)			
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Expenses per		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per		
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Expenses per	Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem 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:	ents With Expenses per	Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities	ents With Expenses per	Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities	ents With Expenses per	Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments	ents With Expenses per	Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With Expenses per	Retur	n. 10,524,885. 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With Expenses per		n. 10,524,885.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With Expenses per	Retur	n. 10,524,885. 0.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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:	ents With Expenses per	Retur	n. 10,524,885. 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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: Investment expenses not included on Form 990, Part VIII, line 7b	ents With Expenses per	Retur	n. 10,524,885. 0.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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: Investment expenses not included on Form 990, Part VIII, line 7b	ents With Expenses per	Retur	n. 10,524,885. 0. 10,524,885. 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem 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: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With Expenses per	2e 3 4c 4c	n. 10,524,885. 0. 10,524,885.

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:

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL
INCOME TAXES. THE SCHOOL QUALIFIES FOR THE CHARITABLE CONTRIBUTION
DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN
ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).
THE SCHOOL DID NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITIES DURING THE
FISCAL YEAR, MANAGEMENT BELIEVES MORE LIKELY THAN NOT THAT ITS TAX-EXEMPT
STATUS AND TAX POSITIONS WILL BE SUSTAINED IF EXAMINED BY AUTHORITIES.

	(Form 990) 202 ⁻
Dout VIII	Supplaman

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SC	HEDULE E	Schools		OMB No.	1545-004	47
(For	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.					
				20		
	nent of the Treasury Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Inspect		IC
Name	e of the organizatio		Employer ide			mber
- tain	on the organizatio	FIRST STATE MONTESSORI ACADEMY		3480		
Pa	tl	TINDI DIATE MONTEDDONI ACADEMI	<u> </u>	5400	100	
					YES	NO
1	Does the organiza	ation have a racially nondiscriminatory policy toward students by statement in its charter,				
•	-	erning instrument, or in a resolution of its governing body?		1	х	
2		ation include a statement of its racially nondiscriminatory policy toward students in all its brock				
-	e e	ther written communications with the public dealing with student admissions, programs, and		2	X	
3		ion publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	conclarentpe.	_		
-		imes during its taxable year in a manner reasonably expected to be noticed by visitors to the				
		ough newspaper or broadcast media during the period of solicitation for students, or during the	ie			
		d if it has no solicitation program, in a way that makes the policy known to all parts of the gene				
	•	res? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	х	
		MY IS A DELAWARE PUBLIC CHARTER SCHOOL. THE				
		PUBLIC NONDISCRIMINATORY POLICY, UNDERWHICH THE		-		
		ALLS, IS PUBLISHED BY THE STATE OF DELAWARE.		-		
		·		-		
				-		
4	Does the organiza	ation maintain the following?		-		
а	•	g the racial composition of the student body, faculty, and administrative staff?		4a	Х	
		nting that scholarships and other financial assistance are awarded on a racially nondiscriminat	ory basis?	4b		X
		logues, brochures, announcements, and other written communications to the public dealing	,			
		issions, programs, and scholarships?		4c	Х	
d	Copies of all mate	erial used by the organization or on its behalf to solicit contributions?			Х	
		No" to any of the above, please explain. If you need more space, use Part II.				
		L IS PUBLIC AND FREE TO THE PUBLIC. THEREFORE	NO			
	SCHOLARSH	IPS OR OTHER FINANCIAL ASSISTANCE ARE AWARDED.				
5	Does the organiza	ation discriminate by race in any way with respect to:				
а	Students' rights o	r privileges?		5a		X
		es?		5b		X
с	Employment of fa	culty or administrative staff?		5c		X
		ther financial assistance?				X
		es?				X
						X
		?				X
h	Other extracurricu	ılar activities?		5h		X
	If you answered "	Yes" to any of the above, please explain. If you need more space, use Part II.				
				-		
				_		
				-		
				_		
		ation receive any financial aid or assistance from a governmental agency?			Х	
b	Has the organizat	ion's right to such aid ever been revoked or suspended?		6b		X
	If you answered "	Yes" on either line 6a or line 6b, explain on Part II.				
7	Does the organiza	ation certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc	. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		. 7		X
LHA	For Paperwork B	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Scher	lule E (Fo	rm 990) 2021

132061 10-18-21

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL IS A PUBLIC SCHOOL AND, THEREFORE, RECEIVES FUNDING FROM STATE

AND FEDERAL SOURCES

LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

THE ACADEMY IS A PUBLIC SCHOOL AND, THEREFORE, IS EXEMPT FROM REV. PROC.

75-50.

Schedule E (Form 990) 2021

SCH	SCHEDULE J Compensation Information							
(For	m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2021					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Departn	Department of the Treasury Attach to Form 990.							
	Internal Revenue Service Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Name		ployer ider 20 סער			nber			
Par		27-34	60700	5				
I UI				Vaa	Ne			
1 2 (Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			Yes	No			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
Г	First-class or charter travel Housing allowance or residence for personal us							
L L	Travel for companions Payments for business use of personal residence							
L L	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ice						
Г	Discretionary spending account	nof)						
L		CIJ						
b I	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		15					
	rustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
•			_					
3	ndicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
Γ	Compensation committee X Written employment contract							
Ī	Independent compensation consultant							
Ī	Form 990 of other organizations	nittee						
4 [During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
c	organization or a related organization:							
a F	Receive a severance payment or change-of-control payment?		4a		Х			
b F	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		Х			
сF	Participate in or receive payment from an equity-based compensation arrangement?		4c		X			
ľ	f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
(Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 F	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
C	contingent on the revenues of:							
	The organization?		5a		X			
	Any related organization?		5b		Х			
	f "Yes" on line 5a or 5b, describe in Part III.							
6 F	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
	The organization?		<u>6</u> a		<u>X</u>			
	Any related organization?		6b		X			
	f "Yes" on line 6a or 6b, describe in Part III.							
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X			
	Nere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
	nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
	f "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?		9					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forn	1 990)	2021			

132111 11-02-21

Schedule J (Form 990) 2021 FIRST		STATE MONTESSOR	SORI ACADEMY	IMY	27-3480706	706		Page 2
s, Trustee	nplo	yees, and Highest C	compensated Emple	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	e rep orm 9	oorted on Schedule J 990, Part VII.	, report compensati	on from the organiza	ation on row (i) and from	n related organizatior	is, described in the insti	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	d ind	lividual must equal th		orm 990, Part VII, Se	ection A, line 1a, applica	able column (D) and (amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	vidual.
		(B) Breakdown of W-2 and, com	-2 and/or 1099-MISC compensation	/or 1099-MISC and/or 1099-NEC pensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COURTNEY FOX	(i)	181,185.	.0	.0	.0	.0	181,185.	•0
Δ		-	•0	•0	•0	.0	-	•0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
							Sched	Schedule J (Form 990) 2021

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132112 11-02-21

Schedule J (Form 990) 2021 FIRST STATE MONTESSORI ACADEMY	27-3480706 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.
	Schedule J (Form 990) 2021

132113 11-02-21

SCHEDULE O

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

FIRST STATE MONTESSORI ACADEMY

Employer identification number 27 - 3480706

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

LEARNERS IN A MONTESSORI PUBLIC EDUCATIONAL PROGRAM FOR STUDENTS IN

KINDERGARTEN THROUGH 8TH GRADE.

FORM 990, PART 1, LINE 5 AND FORM 990 PART V, LINE 2A

AS A CHARTER SCHOOL IN THE STATE OF DELAWARE, FIRST STATE MONTESSORI

ACADEMY, INC. IS CONSIDERED A COMPONENT UNIT OF THE STATE, AND

THEREFORE DOES NOT DIRECTLY EMPLOY ITS STAFF. ALL STAFF MEMBERS OF THE

SCHOOL ARE CONSIDERED EMPLOYEES OF THE STATE OF DELAWARE. FOR THE

2021-2022 SCHOOL YEAR, THERE WERE 73 EMPLOYEES WORKING AT THE SCHOOL.

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

COPIES OF FORM 990 ARE PROVIDED TO ALL BOARD MEMBERS AND REVIEWED IN A

BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST DISCLOSE ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST

DURING BOARD MEETINGS.

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

COMPENSATION WAS BASED ON AVERAGE COMPENSATION DATA FOR EQUIVALENT

POSITIONS IN DELAWARE CHARTER SCHOOLS AND SET AT 10% LESS THAN A LOCAL

PUBLIC SCHOOL DISTRICT.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Name of the organization

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THE ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FOR THE OVERSIGHT AND

SELECTION OF AN INDEPENDENT AUDITOR.

Schedule O (Form 990) 2021

132212 11-11-21