

February 11, 2019

Quarterly Board Meeting

The Montessori School of Englewood

Location:

Winston & Strawn LLP 35 W. Wacker Drive Chicago, Illinois 60601

Present:

Board Members: Thom Hale, Jim Sulzer, Joe Motto, Mike Sculnick, Gabrielle Sansonetti

(by phone), Karla Hudson (by phone), Marvin Hoffman

Executive Director: Rita Nolan

Visitor: Benjamin Jackson (school parent)

Minutes taken by: Joe Motto

I. Call to Order

Hale called the meeting to order.

II. <u>CPS Accountability Letter and School Remediation Plan</u>

Nolan led discussion concerning the CPS accountability letter and the school's remediation efforts pursuant to the plan that was developed and submitted to CPS. The school aspires to achieve a 3.5 SQRP school; CPS requires that we achieve at least 3.2. NWEA winter testing highlighted growth in some areas but also second grade reading and certain specific classrooms as areas of needed additional focus, support, and coaching. An implementation plan has been developed in order to address the identified areas of need.

III. Finance

Sculnick led discussion through the school's finances and budget to actual results through December 2018 (see Ex. A), including as to the following:



- As part of our Head Start application, we were offered an opportunity for a cost
 of living increase for Head Start employees, which we declined, in part because it
 was required as a condition of the increase that the school match every additional
 dollar received, and also the increase would not apply to all teachers.
- Revenues are slightly ahead of budget due in part to a release from restriction of \$148k in restricted donations. Counteracting that, we have a gap in our government funding from Head Start. Specifically, we are not receiving extended day care funding in relation to students whose families are receiving separate home care funding. We should be receiving this funding, because the home care funding is not being used for our students, but it is bureaucratically laborious to resolve this issue (it requires paperwork for each specific student relative to their particular housing circumstances).
- Expenses are slightly over budget in part due to personnel costs associated with some unexpected faculty leave.
- We have currently secured approximately \$200k+ in fundraising. Our budget forecast \$450k. Our goal is to have up to one month's operating expenses in the bank (which is about \$375k).

The budgeting process for next year has begun, and toward that end, offer letters for open positions will go out shortly. The school will have to increase its specialized support staff to meet ISBE-mandated requirements for diverse (i.e., Spanish-speaking) learners.

IV. <u>Executive Director's Report</u>

Nolan distributed and led lengthy discussion as to various aspects of the executive director's report (see Ex. B), including:

- The Chicago Montessori Residency has been accredited by the Montessori Accreditation Council for Teacher Education for the 6-9 and 9-12 training program.
- The 5Essentials will be rolled out in the next couple of months. In the interim, MSE has conducted internal surveys and continues to identify opportunities to promote positive school culture and climate, which were discussed.
- The 6-9 classroom participated in African American storytelling hosted by Kucha & Baba Tony.



- 50 students attend Lawyers Lend a Hand tutoring every Tuesday at the Chicago Bar Association.
- Enrollment is currently at 338 students. During the polar vortex, average attendance fell to 88.70% for the week of January 25. For the week of February 4, attendance was back up to 96.36%.

V. Facilities

Sulzer delivered the facilities report and discussed the status of ongoing lease negotiations with CPS, including discussions over language permitting the school to engage in the various educational and community programming we envision.

VI. Community Engagement

Discussion was had concerning the community engagement report submitted by Family Community Engagement Coordinator Carmen Williams (see Ex. C), including as to the issue of school safety. The school has hired a full-time on-site security guard.

VII. IRS Form 990

In advance of the meeting, a draft of the school's IRS Form 990 for the school year ended June 30, 2018 was circulated among the board. *See* Ex. D. The board raised and discussed certain questions about the form, as to which Sculnick will follow up with our accountant.

VIII. Head Start

The board discussed the Head Start policy committee's third policy meeting.

The Head Start program is full with 80 students and a waitlist of 10 students.

The building passed the Head Start building walkthrough.

Smoke detectors have been placed in all Head Start classrooms.

IX. Public Comments

Opportunity was given for additional public comment.



X. <u>Adjournment</u>

With no further business, the meeting was adjourned.

The next quarterly board meeting will be held on April 20, 2019, at 9:00 a.m., at the Montessori School of Englewood, 6936 S. Hermitage Ave, Chicago, IL 60636.

Exhibit A



DECEMBER 2018 FINANCIALS

Budget to Actual-December 2018

	Actual	YTD Budget	Variance	Variance
Revenue		_		
CPS Funding	\$1,389,973	\$1,390,760	(\$787)	(0.06)%
Government Funding	\$504,133	\$554,370	(\$50,237)	(9.06)%
Student Fees	\$1,396	\$16,500	(\$15,104)	(91.54)%
Donations	\$166,871	\$140,625	\$26,246	18.66 %
Special Events	\$7,636	\$0	\$7,636	0.00 %
Release from Restriction	\$148,310	\$0	\$148,310	0.00 %
Other Revenue	\$7,430	\$0	\$7,430	0.00 %
Total Revenue	\$2,225,749	\$2,102,255	\$123,494	5.87 %
Expenses				
Personnel Costs	\$1,614,204	\$1,587,794	(\$26,410)	(1.66)%
Direct Student Costs	\$235,527	\$295,806	\$60,280	20.38 %
Office & Administration	\$218,438	\$223,948	\$5,510	2.46 %
Occupancy	\$102,665	\$60,100	(\$42,565)	(70.82)%
Other Costs	\$76,868	\$47,247	(\$29,620)	(62.69)%
Total Expenses	\$2,247,701	\$2,214,896	(\$32,806)	(1.48)%
NET SURPLUS/(DEFICIT)	(\$21,952)	(\$112,640)	\$90,688	(80.51)%



Budget to Actual Footnotes

As of December 312, 2018 MSE had a **\$22k deficit** compared to a budgeted \$112k deficit.

- •Revenue is \$123k over budget due to Temp Restricted donations received in prior years that are being used "released" this year.
- •Expenses are \$33k over budget due to
 - Personnel costs (unemployment and worker's comp)
 - Occupancy costs
 - Utilities are being accrued as they were historically to pay CPS when requested but they are not being paid so this may be reversed.
 - Repairs and maintenance are higher than budgeted although most repairs are complete so this may balance out in total by yearend.



Statement of Position

	December 31, 2018	December 31, 2017
Assets		
Current Assets		
Inland Operating Account	\$71,543	\$114,762
Citibank Checking Account	\$98,055	\$113,735
Citibank Savings Account	\$75,558	\$0
PayPal	\$17,489	\$1,050
Accounts Receivable	\$176,551	\$784,041
Pledges Receivable	\$235,000	
Prepaid Expenses	\$51,835	\$39,973
Total Current Assets	\$726,031	\$1,053,562
Fixed Assets		
Furniture & Equipment	\$71,793	\$61,498
Leasehold Improvements	\$6,500	\$0
Accumulated Depreciation-Furniture & Equipment	(\$5,451)	(\$2,887)
Accumulated Depreciation-Leasehold Improvements	(\$33,345)	(\$23,683)
Total Fixed Assets	\$39,497	\$34,928
Total Assets	\$765,528	\$1,088,490



Statement of Position

	December 31, 2018	December 31, 2017
Liabilities & Net Assets		
Liabilities		
Current Liabilities		
Accounts Payable	\$108,004	\$78,847
Accrued Expenses	\$150,000	\$98,179
Salary Accrual	\$35,483	\$0
Pension Accrual	\$59,003	\$0
Deferred Revenue	\$0	\$82,710
Other Short-term Liability	\$3,451	\$3,265
Current Portion of Loans	\$7,808	\$7,423
Line of Credit	\$200,000	\$200,000
Total Current Liabilities	\$563,749	\$470,423
Long-term Liabilities		
Long Term Liabilities	\$65,160	\$80,573
Total Long-term Liabilities	\$65,160	\$80,573
Total Liabilities	\$628,909	\$550,996
Net Assets		
Unrestricted Net Assets	(\$31,871)	\$80,347
Restricted Net Assets	\$168,491	\$457,148
Total Net Assets	\$136,619	\$537,494
Total Liabilities & Net Assets	\$765,528	\$1,088,490
		THE Montessori Schoo of Englewood Achica Charte

Per Pupil Metrics

	YTD Actuals	YTD Budget
Enrollment (Basis for CPS Rev)	358	350

calculations below exclude In-Kind Revenues & Expenses and Release from Restrictions

Per Capita CPS Revenue	3,883	3,974
All CPS Revenue (including title funds)	4,132	4,243
Total Revenue	6,217	6,006
Personnel + Direct Student Costs	5,167	5,382
Total Expense	6,278	6,328



CPS Scorecard Ratios

CPS Scorecard Ratios	Definition/Meets Standard	Ratio
Change in Net Assets – is used by Nonprofits		
companies to measure the change in assets		
derived from revenue, expenses and releases		
from restrictions; it is the equivalent of income for	Current year change in net assets is greater than or equal to 2%	
a "for-profit" company	of current year revenue	-0.99%
Liquidity/Current Ratio – is used to determine a		
company's ability to repay their short term	Current assets/current liabilities is less than 3 but greater than or	
financial obligations / debt as they come due	equal to 1.1	1.29
Net Asset Ratio – is used to measure the %age of		
equity in a company; and is primarily used by		
creditors or investors when deciding to issue a	net income/total assets is less than 50% but greater than or	
loan or invest.	equal to 20%	-2.87%
Cash on Hand Ratio – is used to determine how		
long a company can meet operating expenses	Cash & cash equivalents/(operating expenses/# of months) less	
without receiving new income	than 3 but greater than or equal to 1.0	0.04

Exhibit B



6936 South Hermitage Avenue | Chicago, Illinois 60636

February 11th, 2019 Executive Director Report 2018-2019 Goals

Authentic Montessori CMR (Chicago Montessori Residency) has officially been accredited by MACTE (Montessori Accreditation Council for Teacher Education) for the 6–9 and 9–12 training program. There is a pause on applying at the 3–6 for Montessori accreditation. CPS is plannings to open up a full day program in 100 schools for four–year–olds. We do not know as of yet how this will impact enrollment as they have not released the neighborhoods or schools. However, they have asked all agencies to reapply through an RFP (request for proposal) in the next few weeks. To be competitive with CPS programs DFSS is requesting that all our teachers become state certified. In order for our RFP to meet the criteria we must focus on getting our teachers certified through ISBE. We will send a group of teachers to Montessori training at Seton this summer to help expedite their Montessori training. We will resume CMR the summer of 2020. We plan to continue with our elementary cohorts summer of 2019.

· Aspirational and Constructive Culture - Respect, Safety, and School Family. MSE has two partnerships with the University of Chicago. Dawn Hicks is coaching goal setting around the 5E Survey from the 2017-2018 school year. TREP is coaching our social-emotional team around teacher competency and how

trauma impacts behavior at school. The 5Essentials will be rolled out in the next couple of months. In the interim MSE has conducted internal surveys to take the temperature of the school culture and climate. The 5Essentials will be rolled out in the next couple of months. In the interim MSE has conducted internal surveys to take the temperature of the school culture and climate. The opportunities identified are the following: Classroom assistants can assist in building student self-regulation and de-escalation with on-going training practice. Relationships among students could be improved to help overall culture and climate of the school (33% of students reported "students solve problems peaceably when adults are not around, 45% of student reported students at the school would help a student who is being bullied) Stronger monitoring of on-task work in the classrooms will help teachers recognize and respond to low-level off-task behavior and prevent larger behavior issues (how much choice should students have?) While most students (81%) reported they feel a part of the school community, building relationships with students who may be harder to reach can increase engagement and reduce challenging behaviors Using conscious discipline rubrics Predictability and structure in each of the classrooms Training assistants on how to monitor work Executive Director has led several professional development sessions around a deeper implementation around Conscious Discipline.

- · Marv Hoffman has agreed to coach 9–12 and Middle School around Readers Workshop. We have changed the schedule to allow more collaboration and planning time. This allows for teachers to review practice and student progress. ·AIMSWEB is currently being used as a goal setting and monitoring benchmark for math and reading for the junior high level.
- · Develop a strong MTSS (Multi-tiered System of Support) program. MTSS is providing intervention Tier III students support immediately. Through the MTSS model, The MTSS team and general education teachers will create criteria around a menu of interventions.
- · According to CPS, MSE must be at a 3.2 on the SQRP, the goal is to achieve a 3.5. A school improvement team has been created to achieve a 3.5. MSE submitted the first plan to CPS December 10th. MSE received feedback on the plan and will submit the final draft on February 25th. Based on CPS' feedback and data mined from our NWEA winter testing we made changes in our forecasted metrics. For example, the winter testing highlighted that second–grade reading as an area of focus, while they are meeting their goals in math. Also, MSE identified specific classrooms that needed extra support and coaching, and we identified an invention plan in order of priority. During the first semester one of our teachers was on maternity leave leading to low performance for students. Another classroom made a lot of growth in language while lagging behind their peers in math. One classroom had extremely low scores. MSE decided to replace the teacher with our MTSS Coordinator leading the class. Middle School language was off track, while students were on track in math.

Faculty

· MSE is working on next years budget. Offer letters will go out within the next few weeks. It is anticipated that not many positions will be open. MSE will have to increase our specialized support

staff to meet ISBE mandated requirements for diverse learners.

Family and Community

Engagement

· Please see attached for the report from our Family and Coomunity Engagement Coordinator.

Programs of

Interest

- \cdot On February 7th the 6-9 participated in African American storytelling hosted by Kucha & Baba Tony.
- · MSE has partnered with NextWave STEM as a special during the day beginning Monday, February 11th. · 50 students from K-8th grade attend Lawyers Lend a Hand every Tuesday.
- · MSE is wrapping up the current basketball season. Eight of our students have been nominated to play in the Allstar Game at St. Sabina on February 16th. Students are currently enrolling for spring sports, including co-ed flag football and track and field.

Head Start

· Head Start is full with 80 students and a waitlist of 10 students.

·Enrollment

Enrollment is currently at 338 students. During the polar vortex our average attendance fell to 88.70% of the week of 1/25/19. For the week of beginning of 2/4/19 and ending on 2/7/19 to 96.36%

Building

•The building passed the Head Start building walkthrough.

- · Due to city requirements, MSE has partnered with Aero Elevators for monthly elevator inspections.
- · New thermostats have been installed in fourteen classrooms.
- · Smoke Detectors have been placed in all Head Start classroom.

Fundraising

· Corporate Donors: \$3,330.08

·Grants: \$145,000

· Individual Donors: \$18,386

·Board contributions: \$35,250.00 ·Total amount raised: \$205,236.88

Exhibit C



THE Montessori School of Englewood | A Chicago Public Charter School

6936 South Hermitage Avenue | Chicago, Illinois 60636

Carmen Williams-Family Community Engagement Coordinator When parents enroll their children in a Montessori school, they join a community full of warm welcoming teachers, students, and families.

Highlights from November-February
Parent Policy Meeting- November 06, 2018 @ 8:15 am
Suggestions on ways to incorporate more parent
involvement
Different places to hold meetings off-campus to gain
parent participation.

Family Movie Night reminder (11/28/2019) Black Panther

Parent Policy Meeting-December 14, 2018 @ 8:15 am
Safety of students
Resources were given on Safe Passage Personnel
Dismissal time procedures put in place to ensure students
Safety.
Hiring of an on-site Security Guard

Parent Policy Meeting-January 11, 2019 @ 8:15 am
Demand for volunteers
Upcoming events (The Valentine's Day Dance 2/14/2019)
Scholarship funding from the City of Chicago for parents
and staff in need of pursuing a higher education.
Guest Speakers agenda for the next meeting.
Parents embracing the fact their voices are heard and
warranted.
Selecting a date to meet off-campus, hoping to encourage
networking with other parents.

Parent Policy Meeting-February 8, 2019 @ 8:15 am
Speaker from DFSS to speak on Scholarship
Funding(Tamela White)
Mental Health Consultant Davonna Brown guest speaker
(Community Violence and Abuse)
Huge accomplishment with parent involvement, we had 16 parents attend this meeting.

Village Advisory Meeting (V.A.C)-November 16, 2018 @ 3:15 pm
Suggestions on ways to incorporate more parent
involvement
Different places to hold meetings off-campus to gain
parent participation.
Family Movie Night reminder (11/28/2019)
Black Panther
Highlights of success with Fall Festival and positive parent
feedback.

Village Advisory Meeting (V.A.C) December 20, 2018

Discussion on upcoming workshops, scheduled dates and times

Volunteers needed for the Valentine's Day Dance
Suggestions on conducting a giveaway to encourage parent involvement.

Holiday celebration with parents at the end of the meeting with Eggnog and cookies.

Village Advisory Meeting (V.A.C) January 18, 2019
Scholarship information handouts and invite to the next meeting to hear guest speaker from DFSS concerning the funding.
Ensuring all lines of communication is open and all contact information is correct.
Fatherhood Connection Handouts were given listing different activities and support groups for fathers.

Exhibit D

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	OI LIN	e 2017 Caleridar year, or tax year beginning 000 1, 2017 and	enuing U	ON 30, 2010	
B C	heck if oplicabl	C Name of organization		D Employer identifi	cation number
	Addre chang				
	Name chang	Doing business as THE MONTESSORI SCHOOL OF EN	IGLEWO	27-2	803775
	∏lnitial]return ∏Final	Number and street (or P.O. box if mail is not delivered to street address) 6936 SOUTH HERMITAGE AVENUE	Room/suite	E Telephone numbe	r 535-9255
	Jreturn. termin ated				4,077,500.
	∏Amen	ded CHICACO II 60636		G Gross receipts \$	
\vdash	_return _Applic _tion			H(a) Is this a group refer subordinates	
	⊥tion pendii	SAME AS C ABOVE			
		empt status:	or 527	H(b) Are all subordinates in	list. (see instructions)
		te: WWW.TMSOE.ORG	01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	I Voor		M State of legal domicile; IL
	rt I	Summary	L 1 Gai	or formation. 2010[1	VI State of legal dofficile. 11
	_	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	T.E. O	
စ္ပ	'	bliefly describe the digatization's mission of most significant activities.	оспаво		
la	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.
Ve				3	13
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			13
οŏ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			80
lĝ.		Total number of volunteers (estimate if necessary)		_	30
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
۷		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,916,879.	4,045,663.
	9	Program service revenue (Part VIII, line 2g)		4,542.	11,737.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,910.	20,100.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,927,331.	4,077,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
န္တ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,848,198.	3,246,667.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ		Total fundraising expenses (Part IX, column (D), line 25)		201 552	4 04 0 04 5
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		881,773.	1,019,345.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,729,971.	4,266,012.
		Revenue less expenses. Subtract line 18 from line 12		197,360.	-188,512.
Net Assets or -und Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		940,931.	965,426.
Et a	21	Total liabilities (Part X, line 26)		443,892. 497,039.	656,899. 308,527.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		437,033.	300,327.
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	/ knowledge and helief it is
	•	et, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowicago alia bolici, it is
uu,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on an information of wh	non proparor	ilas arīy kriowicuge.	
Sigr	,	Signature of officer		Date	
Here		RITA NOLAN, EXECUTIVE DIRECTOR			
· ici		Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Paid		JAMES G. QUAID JAMES G. QUAID	lo	2/01/19 if self-employ	P00641738
	arer	Firm's name STROW REISIN BERK & ABRAMS, LT		Firm's EIN ▶	36-2938874
	Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE		o Env	
	•	CHICAGO, IL 60611	-	Phone no. 31	2-670-7444
May	the II	RS discuss this return with the preparer shown above? (see instructions)		,	X Yes No

га	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex revenue, if any, for each program service reported.	penses, and
4a	(Code:) (Expenses \$3, 109, 744. including grants of \$) (Revenue \$	11,737.
	THE MONTESSORI SCHOOL OF ENGLEWOOD IS A CHICAGO PUBLIC CHARTER	
	ELEMENTARY SCHOOL THAT OPENED IN AUGUST 2012 AND HAS SINCE GROW INCLUDE STUDENTS FROM PRESCHOOL THROUGH EIGHTH GRADE. LOCATED	
	INCLUDE STUDENTS FROM PRESCHOOL THROUGH EIGHTH GRADE. LOCATED WEST ENGLEWOOD COMMUNITY, THE SCHOOL SERVED 56 EARLY CHILDHOOD	IN THE
	AND 246 CHARTER STUDENTS IN KINDERGARTEN THROUGH SEVENTH GRADE.	BIODENIB
	THE BIT OFFICE OF STREET OF STREET	
	THE MONTESSORI SCHOOL OF ENGLEWOOD WILL OFFER AN ALTERNATIVE CU	RRICULAR
	APPROACH TO SERVE THE DIVERSE ETHNIC, SOCIOECONOMIC, LANGUAGE,	AND
	EDUCATIONAL BACKGROUNDS OF STUDENTS ENTERING ELEMENTARY SCHOOL.	WE
	BELIEVE THAT THE BEST WAY OF MEETING THE CHALLENGES OF OUR DIVE	
	VIA A PROVEN EDUCATIONAL CURRICULUM, COMMITTED TO COMMUNITY INV	OLVEMENT
	AND SMALL STUDENT TO TEACHER RATIOS TO PROVIDE INDIVIDUALIZED	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,109,744.	200

17420201 311101 89272.000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or 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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		Х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 1
17		17		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1/		-21
18		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-22
ıIJ	, , , , , , , , , , , , , , , , , , ,	19		х
	complete Schedule G. Part III	פו ן	000	

Form **990** (2017)

			Yes	No
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		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٦,
	director, trustee, or direct or indirect owner? 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			٦,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		₩
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 ^ `
b	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?	330		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	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 in Schedule O for Part VI, lines 11b and 19?	\ <u>\</u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		, 50		i

Form 990 (2017) THE MONTESSORI NETWORK Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c		
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	80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	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 A	ccount	s (FBAR).			
5а	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	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons 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 ser	vices p	rovided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	LIUD				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	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.					
	In the comparison than Proposed to Service and Proposed to a little above to account the comparison to			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	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		
				Form	990	(2017)

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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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Own website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: RITA NOLAN - 773-535-9255

Form **990** (2017)

CHICAGO

6936 SOUTH HERMITAGE AVENUE.

<u> Page</u> **7**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not cl , unles	ss per	ition more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOM HALE	10.00								•	
PRESIDENT	10.00	Х		Х				0.	0.	0.
(2) KAREN ANDERSON	10.00								_	•
VICE PRESIDENT	10.00	Х		Х				0.	0.	0.
(3) MICHAEL SCULNICK TREASURER	10.00	х		х				0.	0.	0.
(4) PETER CUNNINGHAM	5.00							-	-	-
MEMBER		Х						0.	0.	0.
(5) MARV HOFFMAN	5.00									
MEMBER		Х						0.	0.	0.
(6) KARLA HUDSON	5.00									
MEMBER		Х						0.	0.	0.
(7) KEISHA JOHNSON	5.00									
MEMBER		Х						0.	0.	0.
(8) HUBERT MORGAN	5.00									
MEMBER		Х						0.	0.	0.
(9) JOE MOTTO	5.00									
MEMBER		Х						0.	0.	0.
(10) GABRIELLE SANSONETTI	5.00									
MEMBER		Х						0.	0.	0.
(11) JAMES SULZER	5.00									
MEMBER		Х						0.	0.	0.
(12) PETER TALMERS	5.00									
MEMBER		Х						0.	0.	0.
(13) RITA NOLAN	40.00									
EXECUTIVE DIRECTOR		Х		Х				99,885.	0.	21,642.
(14) PAUL GUILIANELLI	40.00									
PRINCIPAL/COO - TERM				Х				54,940.	0.	623.
732007 11-28-17						•		•		Form 990 (2017)

Form **990** (2017)

Form 990 (2017) THE MONTE									27-28	3037	775	Pa	ige 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box, offic	not c	Posi heck r ss per nd a di	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat om the inization relate nization	e on ed
1b Sub-total								154,825.		0.	22	, 26	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								154,825.		0.	22	2,26	<u>0.</u>
2 Total number of individuals (including but no compensation from the organization							o re		000 of reportable			, 20	0
3 Did the organization list any former officer,												Yes	No
 line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		Х
Complete this table for your five highest cor the organization. Report compensation for t										ensati	ion froi	m	
(A) Name and business			ONE		ili i C	DI VVI		(B) Description of s		Co	(C) ompen		1
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
ψ100,000 of compensation from the organiz	alion -					_					Form 9	90 (2	2017)

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		Charle if Cabadula Charat	-:		a in this Dark VIII			
		Check if Schedule O cont	ains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about Noncash contributions included in lines	1b 1c 1d 1d 1e 3 , ts, and ve 1f 1a-1f: \$	375,644. 670,019.	A 045 662			
Oa	n	Total. Add lines 1a-1f			4,045,663.			
		COULDENIN BEEC		Business Code		11 727		
ice		STUDENT FEES		900099	11,737.	11,737.		
er v	b	·						
S c	С	·						
ran Sev	d	· -						
Program Service Revenue	е							
<u>a</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			11,737.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•	1			
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Cocaricios	(ii) Guitoi				
	h	Less: cost or other basis			-			
	b	and sales expenses						
	•				-			
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraising						
ne	8 а		`					
Other Revenu								
Re		contributions reported on line	· ·					
ē		Part IV, line 18			-			
₹		Less: direct expenses						
		Net income or (loss) from fund	-	>				
	эa	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
}		Miscellaneous Revenu	e	Business Code				20 100
		MISCELLANEOUS		900099	20,100.			20,100.
	b				1			
	С							
	d	Total. Add lines 11a-11d Total revenue. See instructions.			00 100			
	е	Total. Add lines 11a-11d		>	20,100.	14 505		00 100
	12	Total revenue See instructions			4,077,500	11,737.	0.	20,100.

Form 990 (2017) THE MONTESSOR Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
00011	Check if Schedule O contains a respons		_	ipiete column (-i).						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		·		·					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	142,360.	111,041.	28,116.	3,203.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	2,517,482.	1,963,636.	497,203.	56,643.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	111,420.	84,352.	24,635.	2,433. 6,352. 4,016.					
9	Other employee benefits	291,496.	220,174.	64,970.	6,352.					
10	Payroll taxes	183,909.	139,230.	40,663.	4,016.					
11	Fees for services (non-employees):									
а	Management									
b	Legal	3,900.		3,900.						
	Accounting	23,500.		23,500.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	255 400	120 500	000 010	15 605					
	column (A) amount, list line 11g expenses on Sch O.)	355,429.	130,722.	209,010.	15,697.					
12	Advertising and promotion	75 007	15 760	F0 C00	420					
13	Office expenses	75,897.	15,769.	59,690.	438.					
14	Information technology									
15	Royalties	100 505	04.064	22 01 6	0 715					
16	Occupancy	120,595.	94,064.	23,816.	2,715.					
17	Travel									
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	6,924.	5,400.	1,368.	156.					
20 21	Payments to affiliates	0,944.	J, 400 •	1,300.	130.					
22	Depreciation, depletion, and amortization	10,874.	8,481.	2,149.	244.					
23		34,353.	26,796.	6,785.	772.					
24	Other expenses. Itemize expenses not covered	31/3331	20/1500	0,7031	,,2,					
27	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	DIRECT STUDENT COSTS	119,519.	119,519.							
b	EDUCATIONAL MATERIALS	82,696.	82,696.							
c	CPS ADMINISTRATIVE FEES	63,717.	63,717.		_					
d	PROF DEVELOPMENT	49,159.	38,344.	9,709.	1,106.					
	All other expenses	72,782.	5,803.	60,708.	6,271.					
25	Total functional expenses. Add lines 1 through 24e	4,266,012.	3,109,744.	1,056,222.	100,046.					
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** (2017)

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			280,323.	1	273,073.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			588,163.	3	584,002.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated emp	lovees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
w		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use		8			
	9	B			35,385.	9	62,025.
		Land, buildings, and equipment: cost or other	 		,		, ,
		basis. Complete Part VI of Schedule D	10a	78.293.			
	b		1 1	78,293. 31,967.	37,060.	10c	46,326.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			940,931.	16	965,426.
	17	Accounts payable and accrued expenses	248,656.	17	377,576.		
	18	Grants payable	, , , , , ,	18	, , ,		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to current and former					
<u>Ę</u>		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela		1	195,236.	23	279,323.
	24	Unsecured notes and loans payable to unrelated				24	- , -
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			443,892.	26	656,899.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an					
S.	27	Unrestricted net assets			68,948.	27	-58,274.
alaı	28	Temporarily restricted net assets			428,091.	28	366,801.
Ã	29					29	
Ë		Organizations that do not follow SFAS 117 (A					
卢		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
χY	32	Retained earnings, endowment, accumulated in				32	
ž	33			[497,039.	33	308,527.
_	34	Total liabilities and net assets/fund balances			940,931.	34	965,426.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,26		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18	8,5	<u>12.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	7,0	39.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30	8,5	27.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	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				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

1 01111 990 01 990-LZ

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

2017

Open to Public Inspection

Name of the organization

THE MONTESSORI NETWORK

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza	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	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that o	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving		
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting		
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring		
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte					• •	ed with,		
		its supported organization		·						
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *		
		that is not functionally into	-	* .	-		='	/eness		
		requirement (see instructi	•	-						
е		Check this box if the orga					Type I, Type II, Type III			
_		functionally integrated, or		nally integrated supportir	ng organiz	ation.				
		r the number of supported o	-							
g		ide the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
				above (see instructions))	163	140				
ot:										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2541714.	3072887.	3537281.	3916879.	4045663.	17114424.	
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	164,016.	168,951.				1581616.	
4	Total. Add lines 1 through 3	2705730.	3241838.	3712106.	4445423.	4590943.	18696040.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						18696040.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	2705730.	3241838.	3712106.	4445423.	4590943.	18696040.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1.					1.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	3,148.	2,065.	20,313.	5,910.	20,100.	51,536.	
11	Total support. Add lines 7 through 10						18747577 .	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	28,900.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
_	organization, check this box and stop						>	
	tion C. Computation of Publi							
	Public support percentage for 2017 (li					14	99.73 %	
	Public support percentage from 2016					15	98.89 %	
16a	33 1/3% support test - 2017. If the o	•		•		•		
	stop here. The organization qualifies							
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	-						
	more, and if the organization meets the		•				e	
	organization meets the "facts-and-circ			•	,		>	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2017

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for				•		
<u>C -</u>	check this box and stop here						>
	ction C. Computation of Publi					 	
15	Public support percentage for 2017 (I					15	<u>%</u>
16	Public support percentage from 2016					16	%
_	ction D. Computation of Inves			40 1		14-1	
	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19	a 33 1/3% support tests - 2017. If the						
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo in	etructions	▶ 7

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ga		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Fh		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01:		
	9b		
	9с		
	10a		
	10b		
_	מטו	O E7	

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	7 1 1700 to all pi or ol province dictair in	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ctions)		
2	Activities Test. Answer (a) and (b) below.	01/0/10/	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a		
b				
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th			
		de details in Part VI). See instructions.			
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		, , , , , , , , , , , , , , , ,	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7					
	and 4	ss distributions carryover to 2018. Add lines 3j			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	Tool menderioner,
-	
-	
-	
-	
-	
_	
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MONTESSORI NETWORK

Employer identification number 27-2803775

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	•				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose				
Day						
Par			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	`				
	Preservation of land for public use (e.g., recreation or e		torically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements		l l			
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a		I I			
_	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax			
4	year ▶ Number of states where property subject to conservation eas	coment is located				
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·				
3	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, l					
Ū	b	mandaling of violations, and officioning cont	servation datements daring the year			
7	Amount of expenses incurred in monitoring inspecting hand	ling of violations, and enforcing conserva	tion easements during the year			
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8						
	and section 170(h)(4)(B)(ii)? Yes No					
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organizat					
	conservation easements.					
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describ	oes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	blic service, 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 treat	asures, or other similar assets for financia				
	the following amounts required to be reported under SFAS 17					
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining Co	LSSURI NE			acurae o	r Othor S		-2003/		age ∠
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):		. —							
а	Public exhibition				hange progra					
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll							n Part XIII.		
5	During the year, did the organization solicit or									_
D	to be sold to raise funds rather than to be main									_ No
Par	t IV Escrow and Custodial Arrange		lete if the	organizatio	n answered '	"Yes" on Fo	orm 990, Pa	art IV, line 9,	or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodiar									٦
	on Form 990, Part X?							L Yes		_ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	ollowing t	able:						
								Amou	ınt	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			٦
	Did the organization include an amount on For					-	?	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. C									
ı aı	t V Endowment Funds. Complete if t						\ Thuas	- h-ali (-) [-		la a al c
	Parismin and consultations of	(a) Current year	(b) F	rior year	(c) Two year	rs dack (d) Three year	s back (e) Fo	ur years	Dack
b	Contributions									
С.	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
Ť										
	End of year balance				<u> </u>					
2	Provide the estimated percentage of the current			j, column (a)) held as:					
_	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c should									
за	Are there endowment funds not in the possess	sion of the organiz	ation tha	t are neld ar	nd administer	ed for the (organizatio	n	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
	by:							<u> </u>	Yes	No
	(i) unrelated organizations							3a(i		_
	(ii) related organizations)	
D	If "Yes" on line 3a(ii), are the related organization							<u>3b</u>		
Par	Describe in Part XIII the intended uses of the o		wment t	unas.						
ı uı			O Dort IV	lina 11a C		Dort V lin	o 10			
	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 o		` '	or other (other)		umulated eciation	(d) Bo	ok valu	ie
	Land	 	inent)	Dasis	(ou ici)	depre	Joiation			
	Land									
	Buildings				6 500		1,300		5 2	00
	Leasehold improvements				6,500.	-			5,2	
d	Equipment	<u> </u>		/	1,793.		30,667	•	<u> 11,1</u>	<u> </u>

Schedule D (Form 990) 2017

46,326.

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

	ORI NETWORK		27-2803775 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	+		
(B)	+	+	
(C)	-		
(D)			
(E)			
(F)			
(G)			
(H) Tetal (Col. (h) must squal Form 000 Part V sol. (B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV I	line 11 e See Form 000 Part V line	10
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(B) Book value	(e) morned of valuations of	ost of one of your market value
(1)		 	
(2)		 	
(3)		 	
<u>(4)</u>		 	
<u>(5)</u> (6)	-		
(7)		 	
		 	
<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"	on Form 990 Part IV I	line 11d See Form 990 Part X line	15
	Description	into Tra. Geo Ferrir Goo, Farex, into	(b) Book value
(1)			(4) = 500 (500)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin			•
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. I	line 11e or 11f. See Form 990. Part	X. line 25.
1. (a) Description of liability	, ,	(b) Book value	,
(1) Federal income taxes		1	
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7) (8)

Sobo	odulo D	(Form 990) 2017 THE MONTESSORI NETWORK			27-2	2803775 Page 6
	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With			2003773 Fage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total				1	4,803,634.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
		nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b	726,134.		
		reries of prior year grants		,		
d		(Describe in Part XIII.)	1 1			
		nes 2a through 2d			2e	726,134.
3		act line 2e from line 1			3	4,077,500
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				, - ,
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	0.
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,077,500.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per P	Returr).
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	4,992,146.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a	726,134.		
b		vear adjustments	2b	•		
С		losses	2c			
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	726,134
3		act line 2e from line 1			3	4,266,012.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
		nes 4a and 4b	,		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,266,012.
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part X	x, line 2; Part XI,
PAI	RT X	, LINE 2:				
IN	ОСТ	OBER 2010, THE SCHOOL WAS GRANTED STATU	S OF A	A TAX-EXEMP	т	
ORG	GANI	ZATION AS DESCRIBED IN SECTION 501(C)(3	OF T	THE INTERNA	L RE	EVENUE
COI	OE (THE CODE) TO BE EXEMPT FROM FEDERAL INC	OME TA	AXES ON REL	ATEI) INCME
PUI	RSUA	NT TO SECTION 501(A) OF THE CODE.				
		. ,				
гні	E SC	HOOL FOLLOWS THE REQUIREMENTS FOR ACCOUNT	NTING	FOR UNCERT	AIN	TAX
	_ ~~					

POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE SCHOOL WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2018 AND 2017.

Schedule D (Form 990) 2017

Schedule D) (Form 990) 2017	\mathtt{THE}	MONTESSORI	NETWORK	27-2803775	Page 5
Part XIII	(Form 990) 2017 Supplemental Inform	mation	(continued)			
			(continuea)			
-						
1						
-						
-						
-						

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE MONTESSORI NETWORK

Employer identification number 27-2803775

FORM 990, PART I, DOING BUSINESS AS: THE MONTESSORI SCHOOL OF ENGLEWOOD FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MONTESSORI SCHOOL OF ENGLEWOOD HAS A MISSION TO CREATE A LEARNING COMMUNITY WHERE MEMBERS TRUST ONE ANOTHER TO USE OUR HEADS, HEARTS, HANDS TO COMMIT TO A LIFE OF GROWTH AND FULFILLMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MONTESSORI APPROACH TO EDUCATION INTEGRATES THE WORK OF THE HEAD, AND HEART; INTRODUCING STUDENTS NOT ONLY TO THE FUNDAMENTALS OF ESSENTIAL KNOWLEDGE, BUT ALSO TO THE CONNECTIONS ACROSS DISCIPLINES, AND IN THE END, TO THE APPLICATION OF KNOWLEDGE TO THEIR LIVES WITHIN THEIR COMMUNITY. GUIDED BY SELF-DISCOVERY AND SELF-IMPROVEMENT STUDENTS AT THE MONTESSORI SCHOOL OF ENGLEWOOD EXPRESS THE INTEGRATION OF THE THREE H'S THROUGH EXERCISING CORE STRENGTHS LIKE CURIOSITY SELF-CONTROL, PERSISTENCE AND OPTIMISM. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ATTENTION. FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT ASSISTS IN PREPARING AND THEN REVIEWS A DRAFT OF FORM 990 THAT IS INITIALLY PREPARED BY THE SCHOOL'S CPA FIRM. A FINAL COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization THE MONTESSORI NETWORK	Employer identification number 27 – 2803775
FORM 990, PART VI, SECTION B, LINE 12C:	
ANY INTERESTED PARTY WITH POTENTIAL CONFLICT OF INTEREST I	S REQUIRED AND
AFFORDED THE OPPORTUNITY TO DISCLOSE SAID POTENTIAL CONFLI	CT. ADDITIONALLY,
THE BOARD OF DIRECTORS CONDUCTS PERIODIC REVIEWS TO ENSURE	THAT THE
CONFLICT OF INTEREST POLICY IS BEING FOLLOWED.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUAL SALARIES AND CHANGES TO ANNUAL SALARIES ARE DETERMI	NED BY MANAGEMENT
USING A VARIETY OF INFORMATION INCLUDING COMPARABILITY DAT	'A AND APPROVED BY
THE BOARD ON A YEARLY BASIS EXCEPT FOR THE PRESIDENT/CEO.	IN THIS CASE THE
BOARD COMPARES MARKET DATA AND PERFORMANCE METRICS TO DETE	RMINE THE
APPROPRIATE SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MONTESSORI SCHOOL OF ENGLEWOOD COMPLIES WITH THE ILLIN	OIS OPEN MEETINGS
ACT. ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	