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PUBLIC DISCLOSURE COPY

	** PUBLIC DISCLOSURE COPY **										
	Ω		Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047						
For	n <b>J</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	<b>2017</b>						
	Department of the Treasury         Internal Revenue Service         Do not enter social security numbers on this form as it may be made public.         Go to www.irs.gov/Form990 for instructions and the latest information.										
	Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.           A For the 2017 calendar year, or tax year beginning         JUL 1, 2017 and ending         JUN 30, 2018										
					tion number						
<b>D</b> C a	heck if pplicab	ble:	organization	D Employer identifica	uon number						
	Addre	ess LEE	MONTESSORI PUBLIC CHARTER SCHOOL								
	Name		isiness as	45-47	26453						
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number							
	Final		4TH STREET, NE	202-7	79-9740						
_	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,856,873.						
	Amer returr		INGTON, DC 20017	H(a) Is this a group retu							
	Appli tion pend		address of principal officer: CHRIS PENCIKOWSKI	for subordinates?							
	-	SAME		H(b) Are all subordinates inclu							
		empt status:	X       501(c)(3)       501(c) (       ) ◀ (insert no.)       4947(a)(1) or         LEEMONTESSORI.ORG		t. (see instructions)						
		f organization:		H(c) Group exemption r Year of formation: 2013 M S							
		Summary			state of legal dominine. DC						
	1		e the organization's mission or most significant activities: $[ THE ] MISS ]$	ION OF LEE MON	TESSORI						
nce		PUBLIC	CHARTER SCHOOL IS TO FOSTER A LIFETIM	E LOVE OF LEAR	NING AND						
rna	2	Check this bo	eck this box								
ove	3	Number of vot	7								
Activities & Governance	4	Number of ind	7								
ies	5		of individuals employed in calendar year 2017 (Part V, line 2a)		57						
ivit	6		of volunteers (estimate if necessary)		44						
Act			business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated	business taxable income from Form 990-T, line 34	Prior Year	Current Year						
	8	Contributions	and grants (Part VIII, line 1h)	<u>99,802.</u>	185,895.						
Revenue	9		ce revenue (Part VIII, line 2g)	2,861,908.	3,654,364.						
eve			come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.						
Ê			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-16,142.						
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,961,710.	3,824,117.						
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.						
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,634,356.	2,158,706.						
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 55,936.	0.	0.						
БХр				1,058,952.	1 /00 095						
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,693,308.	1,490,085. 3,648,791.						
	18 19		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	268,402.	175,326.						
es	19	Revenue less		Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	958,228.	1,181,002.						
Ass J Ba	21		(Part X, line 26)	227,385.	274,833.						
Punc	22		und balances. Subtract line 21 from line 20	730,843.	906,169.						
Pa	irt II	Signature	Block	· · · · ·							
Und	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my k	nowledge and belief, it is						

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRIS PENCIKOWSKI, CO- Type or print name and title	FOUNDER & HEAD OF	SCHOOL	Date
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	LISA CHEIFETZ			<sup>if</sup> self-employed P01444196
Preparer	Firm's name 🖕 JONES, MARESCA &			Firm's EIN 52-1853933
Use Only	Firm's address 10500 LITTLE PAT	UXENT PARKWAY, SU	JITE 770	
	COLUMBIA, MD 210	44		Phone no. $410 - 884 - 0220$
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions	6.	Form <b>990</b> (2017)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STA	TEMENT CO	ONTINUATION

	990 (2017) LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	TO FOSTER A LIFETIME LOVE OF LEARNING AND CULTIVATE INDEPENDENCE AMONG
	DC SCHOOL CHILDREN, USING THE STUDENT-CENTERED MONTESSORI METHOD, AN EVIDENCE-BASED APPROACH TO CLOSING THE OPPORTUNITY GAP.
	EVIDENCE DADED ATTROACH TO CLODING THE OTTORTONITT GAT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,901,475. including grants of \$ ) (Revenue \$ 3,654,364.)
	THE SCHOOL ACHIEVES ITS MISSION BY INSPIRING ACADEMIC SUCCESS BY PROVIDING MONTESSORI CURRICULUM IN A HOLISTIC AND DEVELOPMENTALLY
	RESPONSIVE ENVIRONMENT; NURTURING STUDENT CREATIVITY, CURIOSITY AND
	EFFICACY BY PROMOTING SELF-DIRECTED EDUCATION; OFFERING INDIVIDUAL
	PACED ACADEMIC INSTRUCTION AND ACTIVITIES; ENGAGING STUDENTS IN PURPOSEFUL AND COLLABORATIVE COMMUNITY BUILDING ACTIVITIES; FOSTERING
	STUDENTS USE OF INNER DISCIPLINE, CONCENTRATION AND TASK COMPLETION OF
	LIFELONG CRITICAL THINKING AND DISCOVERY; AND PRESERVING AND
	CULTIVATING THE INNATE CAPACITY OF STUDENTS SO THEY CAN REACH THEIR
	FULL POTENTIAL AS CONTRIBUTING GLOBAL CITIZENS.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 2,901,475.
	Form <b>990</b> (2017)
73200	2 11-28-17
370	2 515 793927 17453 2017.05060 LEE MONTESSORI PUBLIC CHART 17453 1

Earm	000	(2017)
Form	990	(2017)

Pa	rt 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	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	Х	
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			
	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	Х	- 22
13 14a		13 14a	17	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		- 22
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	U+I		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x

Form **990** (2017)

732003 11-28-17

Form 990 (2017)	LEE	MONTESSORI	PUBLIC	CHARTER	SCHOOL
Part IV Checklist of	i Require	d Schedules (cont	tinued)		

			Yes	Na
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		
	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			37
	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	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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,			
	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

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	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	<u>.</u>	
		1.1	20		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		•			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and		-	4.	x	
0-	(gambling) winnings to prize winners?			1c		-
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		57			
h	filed for the calendar year ending with or within the year covered by this return			2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20	- 23	
20				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		- 23
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
Ηa	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country:	accounty:		τa		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FF	BAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
ou	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 contribu					
-	were not tax deductible?	-		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provide	ed to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					
	to file Form 8282?	-		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a F	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		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.			46		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> 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	405				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand			14-		X
				14a 14b	$\vdash$	<u>⊢</u> ^^
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			140		(0017

LEE MONTESSORI PUBLIC CHARTER SCHOOL

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Form 990 (2017)

Form 990	(2017)	)
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#### LEE MONTESSORI PUBLIC CHARTER SCHOOL

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

X

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.

		/	Yes	╞
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	-		l
	If there are material differences in voting rights among members of the governing body, or if the governing			I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	,		I
	Enter the number of voting members included in line 1a, above, who are independent 1b			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ļ
	officer, director, trustee, or key employee?	2		4
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		4
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		4
6	Did the organization have members or stockholders?	6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			T
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t
	The governing body?	8a	х	I
	Each committee with authority to act on behalf of the governing body?	8b	X	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	1
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	┨
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	┨
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120		┨
	in Schedule O how this was done	12c	х	
	Did the organization have a written whistleblower policy?	13	X	┦
	Did the organization have a written document retention and destruction policy?	14	X	╉
	Did the process for determining compensation of the following persons include a review and approval by independent			┦
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	150		l
		15a 15b		┦
	Other officers or key employees of the organization	15b		+
				1
оа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		l
L.	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			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		l
0.01	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> )			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 202-779-9740			
	3025 4TH STREET, NE, WASHINGTON, DC 20017			
	3025 4TH STREET, NE, WASHINGTON, DC 20017		990	-

(E)

Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

Т

(D)

( ^ )

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $(\mathbf{n})$ 

**(D)** 

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Average Positio					one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is to officer and a director/to			on is both an		compensation	compensation	amount of
	week	offic	cer ar	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			oen sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lns	æ	Key	en Hig	For			
(1) DOMINIQUE FORTUNE	1.00								0	0
CHAIR	1 00	X		X				0.	0.	0.
(2) CHRISTINA NAGEY	1.00									
VICE-CHAIR UNTIL AUG. 2017		х		х				0.	0.	0.
(3) CATHARINE BELLINGER	1.00									
VICE CHAIR AS OF SEPT.2017		Х		Х				0.	0.	0.
(4) LANCE HELMING	1.00									
TREASURER		X		X				0.	0.	0.
(5) KELLY SMITH	1.00									
SECRETARY		X		X				0.	Ο.	0.
(6) DJAHNA AKINYEMI	1.00									
DIRECTOR		X						0.	0.	0.
(7) MARIMBA JOHNSON BRIGHT	1.00									
DIRECTOR		X						0.	0.	0.
(8) BEVERLY O'BRYANT	1.00									
DIRECTOR UNTIL MAY 2018		X						0.	0.	0.
(9) ERIC BETHEL	1.00									
DIRECTOR		X						0.	0.	0.
(10) CHRIS PENCIKOWSKI	40.00									
COFOUNDER AND HEAD OF SCHOOL				Х				131,215.	0.	19,516.
732007 11-28-17										Form <b>990</b> (2017)

732007 11-28-17

Form 990 (2017)

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		SSORI I	PUI	3L]	C	CI	IAF	۲T:	ER SCHOOL	45-4	726	453	Pa	ge <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	ees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	Verage Position (do not check more than or box, unless person is both			h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount c 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)	organization (W-2/1099-MI		fro orga and	pensat om the anization relate nization	e on ed
1b	Sub-total								131,215.		0.	19	9,51	
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 131,215.		0.	19	9,51	0. L6.
2	Total number of individuals (including but no compensation from the organization							no r	eceived more than \$100	,000 of reportab	le			1
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	ev en	nplo	ovee,	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	ıch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedul	eJf	or si	uch	pers	son .	<u></u>			<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								npens	ation fr	om	
<u></u>	(A) Name and business		<b>- 1</b> 1/			- 1 -	1 6	-	(B) Description of s	ervices	С	(C omper		1
	LIS THERAPEUTIC CONSULT REET, NW, 3RD FLOOR, WA								SPECIAL ED.	SERVICES		116	5,31	70.
								-						
2	Total number of independent contractors (ir	e e	ot li	mite	d to			stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	ation 🕨				-	L					Form <b>S</b>	<b>990</b> (2	017)

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Form					I PUBLIC	CHARTER S	CHOOL	45-472	6453 Page 9
ı a					or noto to only lin	o in this Dart VIII			
			Check if Schedule O cont	ans a response	or note to any in	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns	1b           1c           1d           ions)         1e           ts, and         If           1a-1f: \$	1,897. 158,901. 25,097. 25,097.	185,895.			
					Business Code				
e			PER PUPIL APPRO		900099	2,823,063. 565,113.	2,823,063.		
ωŽ		b	PER PUPIL FACUL	TY ALLO	900099	565,113.	565,113.		
Se		с	ACTIVITY FEES		611710	266,188.	266,188.		
Program Service Revenue		d							
2 B C C C		e	-						
Pre-			All other program service reve	nue					
		a	Total. Add lines 2a-2f			3,654,364.			
	3	3	Investment income (including						
	-		other similar amounts)						
	4								
	<ul><li>4 Income from investment of tax-exempt bond proc</li><li>5 Royalties</li></ul>								
	Ŭ		Toyanoo	(i) Real	(ii) Personal				
	6	2	Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities					
	'	а		(i) Securities	(ii) Other				
		L.	assets other than inventory						
		D	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)		L				
	_		Net gain or (loss)		····· <b>&gt;</b>				
anı	8	а	Gross income from fundraising including \$ 1,8	g events (not					
Other Revenue									
Be			contributions reported on line		16 611				
Jer			Part IV, line 18	a	32,756.				
₹∣			Less: direct expenses		-	_16 142			_16 142
			Net income or (loss) from func	-	····· <b>&gt;</b>	-16,142.			-16,142.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	-	🕨				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold		Ļ				
ļ		С	Net income or (loss) from sale						
ŀ			Miscellaneous Revenu	e	Business Code				
	11								
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d						10 140
	12		Total revenue. See instructions.		►	J,824,117.	3,654,364.	0	,
73200	9 11	-28	- 17						Form <b>990</b> (2017)

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9

Part IX Statement of Functional Expenses

LEE MONTESSORI PUBLIC CHARTER SCHOOL

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in (A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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,				
Ŭ	trustees, and key employees	154,344.	123,788.	26,557.	3,999
6	Compensation not included above, to disqualified				-,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,687,844.	1,353,669.	290,441.	43,734
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	15,896.	12,749.	2,735.	412
9	Other employee benefits	148,757.	119,330.	2,735. 25,572.	412 3,855
10	Payroll taxes	151,865.	121,798.	26,131.	3,936
1	Fees for services (non-employees):				
а	Management				
	Legal	7,507.		7,507.	
	Accounting	84,639.		84,639.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	59,889.		59,889.	
12	Advertising and promotion				
3	Office expenses	36,647.	29,319.	7,328.	
4	Information technology				
5	Royalties				
6	Occupancy	574,207.	459,365.	114,842.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	23,187.	18,550.	4,637.	
3	Insurance	11,549.	9,239.	2,310.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	492,896.	492,896.		
b	STAFF DEVELOPMENT	169,410.	157,296.	12,114.	
c	BAD DEBT	25,809.		25,809.	
d	OTHER GENERAL EXPENSES	4,345.	3,476.	869.	
e	All other expenses	-	-		
5	Total functional expenses. Add lines 1 through 24e	3,648,791.	2,901,475.	691,380.	55,936
6	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)				

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Form **990** (2017)

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2017)	LEE	MONTESSORI	PUBLIC	CHARTER	SCHOOL	4
Balance Shee	t					
Check if Schedule	O conta	ins a response or note	to any line in	this Part X		
					<b>(A)</b> Beginning of year	
Cash - non-interes	t-bearing				790,87	3.
Sovings and tomp	oron ( oor	h invoctmonto				

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(B)

					Beginning of year		End of year
	1	Cash - non-interest-bearing			790,873.	1	920,280.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3	48,930.		
	4	Accounts receivable, net	30,235.	4	34,187.		
	5	Loans and other receivables from current and for	•	-	,		
	_	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguali					
		section 4958(f)(1)), persons described in section	•	·			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			11,083.	9	10,793.
	10a				· · · · · · · · · · · · · · · · · · ·		
		basis. Complete Part VI of Schedule D	10a	224,089.			
	b	Less: accumulated depreciation	10b	62,277.	121,037.	10c	161,812.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		5,000.	15	5,000.	
	16	Total assets. Add lines 1 through 15 (must equa			958,228.	16	1,181,002.
	17	Accounts payable and accrued expenses	175,618.	17	259,799.		
	18	Grants payable		18			
	19	Deferred revenue			51,767.	19	15,034.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	office	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			227,385.	26	274,833.
		Organizations that follow SFAS 117 (ASC 958	), cheo	k here ► 🛛 🗶 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			730,843.	27	906,169.
Fund Balances	28	Temporarily restricted net assets				28	
pu	29					29	
Ъ.		Organizations that do not follow SFAS 117 (A					
, c		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or eq		31			
Net Assets	32	Retained earnings, endowment, accumulated in				32	000 100
2	33	Total net assets or fund balances			730,843.	33	906,169.
	34	Total liabilities and net assets/fund balances			958,228.	34	1,181,002. Form <b>990</b> (2017)

Form 990 (2017)
Part X Balance

Form 990 (2017) LEE MONTESSORI PUBLIC CHAR	TER SCHOOL 45-	4726453	Pag	ge <b>12</b>		
Part XI Reconciliation of Net Assets						
Check if Schedule O contains a response or note to any line in this Part X	a					
1 Total revenue (must equal Part VIII, column (A), line 12)		3,82				
2 Total expenses (must equal Part IX, column (A), line 25)		3,64				
3 Revenue less expenses. Subtract line 2 from line 1				26.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, co		73	0,8	43.		
5 Net unrealized gains (losses) on investments						
6 Donated services and use of facilities						
7 Investment expenses						
8 Prior period adjustments						
9 Other changes in net assets or fund balances (explain in Schedule O)				0.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must ed	qual Part X, line 33,					
column (B))		90	6,1	69.		
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part X	(11					
1 Accounting method used to prepare the Form 990: Cash X Accrua		_	Yes	No		
If the organization changed its method of accounting from a prior year or check		2a		x		
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
If "Yes," check a box below to indicate whether the financial statements for the	year were compiled or reviewed on a					
separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidate			37			
<b>b</b> Were the organization's financial statements audited by an independent account		2b	Х			
If "Yes," check a box below to indicate whether the financial statements for the	year were audited on a separate basis,					
consolidated basis, or both:						
•	ed and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes			37			
review, or compilation of its financial statements and selection of an independe			Х			
If the organization changed either its oversight process or selection process du	<b>o</b>					
3a As a result of a federal award, was the organization required to undergo an aud	it or audits as set forth in the Single Aud					
Act and OMB Circular A-133?		3a		X		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organi	•					
or audits, explain why in Schedule O and describe any steps taken to undergo	such audits		000			

Form **990** (2017)

732012 11-28-17

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection	
Nan	ne of t	the organizati							Employer	identification num	ber
		Ū		MONTESSORI	PUBLIC CHAR	TER S	CHOOL			5-4726453	
Pa	nrt I	Reason			All organizations must co						
The	organ				For lines 1 through 12, c						
1					on of churches described						
2	X	-			Attach Schedule E (Forn			·//· ·//·			
3	$\square$				anization described in <b>se</b>			ii)			
4	$\square$				njunction with a hospital				)(iii). Enter	the hospital's name	
•		city, and stat	-			accomber				the hoopital e hame,	
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ped in	
Ū				Complete Part II.)		a er epera					
6					nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	$\square$				intial part of its support f				he general	public described in	
				omplete Part II.)		. en a ger			ine general		
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(		ed in coniu	unction with a	land-grant	college	
		-	-	-	ulture (see instructions).		-		-	-	
		university:							-		
10		An organizat	ion that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts fro	om
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investm	ent
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizat	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50	<b>09(a)(4)</b> .			
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in	
	_	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving	
		the suppor	ted organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving	
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		7 -		t complete Part IV,							
C			-		g organization operated				ally integrate	ed with,	
	_		-		b). You must complete I						
c					orting organization oper						
			•		zation generally must sat	-		-	d an attent	iveness	
		-			nplete Part IV, Sections						
e			•		written determination fro			а туре ї, турє	e II, Type III		
	Ent				nally integrated support						
f				n about the supporte	d organization(a)						
		i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of othe	r
		organizatior	ו		(described on lines 1-10	Yes	ng document? No	support (see ii	-	support (see instructio	ns)
					above (see instructions))						
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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#### Schedule A (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page 2 Part II

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

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#### Schedule A (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL 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.)

Calendar year (or fiscal year beginning in	► (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.") $\dots$						
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 purpos	e					
Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
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 the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, a						
3 received from disqualified perso	ons					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the exceed to p line 12 for the user						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6 ection B. Total Support	)					
llendar year (or fiscal year beginning in	(-) 0010	(1-) 0014	(-) 0015	(-1) 0010	(a) 0017	
9 Amounts from line 6		<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Or Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from busines acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<ol> <li>Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on</li> </ol>						
2 Other income. Do not include gair or loss from the sale of capital						
assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and		1				
First five years. If the Form 990 is		s first second thi	ird fourth or fifth t	I ax year as a section	-1 501(c)(3) or $-2$	anization
check this box and stop here	organization			-		
ection C. Computation of P	ublic Support Pe					····· 🕨 🖵
5 Public support percentage for 20			colump (fl)		15	%
					15	<u>%</u>
6 Public support percentage from 2 ection D. Computation of In			<u></u>		ן סו ן	%
•					47	
7 Investment income percentage for					17	%
8 Investment income percentage fr						%
9a 33 1/3% support tests - 2017. If						
more than 33 1/3%, check this be						
<b>b 33 1/3% support tests - 2016.</b> If line 18 is not more than 33 1/3%,						
<b>O Private foundation.</b> If the organiz						
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### 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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL Part IV Supporting Organizations (continued)

	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 yeatsee instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ч	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9		0-EZ	2017
	17		,	

2017.05060 LEE MONTESSORI PUBLIC CHART 17453\_1

# Schedule A (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page 6

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectior	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
<b>3</b> O	Other gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3	4		
<b>5</b> D	Pepreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
<b>7</b> 0	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectior	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
аA	verage monthly value of securities	1a		
bА	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
dΤ	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
fa	actors (explain in detail in <b>Part VI</b> ):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	ubtract line 2 from line 1d	3		
<b>4</b> C	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	fultiply line 5 by .035	6		
<b>7</b> R	ecoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	nter 85% of line 1	2		
3 N	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> E	nter greater of line 2 or line 3	4		
<b>5</b> Ir	ncome tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supportina ora	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

# Schedule A (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL Part V Type

		45-4726453 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sectio	Current Year	
1 A	Amounts paid to supported organizations to accomplish exempt purposes	
2 /	Amounts paid to perform activity that directly furthers exempt purposes of supported	

2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		i	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013 Excess from 2014			
	Excess from 2014 Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (	Form 990 or 990-E	Z) 2017 L	EE MON	ITESSORI	PUB	LIC	CHARTER	SCH	OOL		26453	Paç
	Supplemental Part IV, Section A,	lines 1, 2, 3	3b, 3c, 4b, 4	4c, 5a, 6, 9a, 9	)b, 9c, 11	la, 11b,	and 11c; Part	V, Sect	ion B, lines <sup>-</sup>	1 and 2; Par	t IV, Section	C,
	line 1; Part IV, Sec Section D, lines 5,	tion D, lines	2 and 3; F	Part IV, Section	E, lines	1c, 2a, 2	2b, 3a, and 3b;	Part V,	line 1; Part \	V, Section B	, line 1e; Par	rt V,
	(See instructions.)	0, and 0, a	iu i ait v, c		52, 0, an	u U. AIS						
32028 10-06-1	7					20			Schedul	e A (Form §	990 or 990-E	EZ)
	793927 17					20	MONTESS					

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

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

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

OMB No. 1545-0047

# 2017

Employer identification number

4726453

	LEE MONTESSORI PUBLIC CHARTER SCHOOL	45-
Organization type(ch	ieck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

\_\_\_\_ 501(c)(3) taxable private foundation

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

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

#### General Rule

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

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Employer identification number

45-4726453

#### LEE MONTESSORI PUBLIC CHARTER SCHOOL

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

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
2		\$107,573.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
3		\$39,164.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
 		\$8,297.	Person X Payroll Noncash X (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

Employer identification number

45 - 4726453

#### LEE MONTESSORI PUBLIC CHARTER SCHOOL

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DONATED QUILT AND DONATED WEEKLONG STAY AT WINE COUNTRY HOME	_	
		\$8,260.	06/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-0 <sup>-</sup>		\$Schedule B (Form 9	90, 990-EZ, or 990

12370515 793927 17453

2017.05060 LEE MONTESSORI PUBLIC CHART 17453\_1

art III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	olumns ( <b>a)</b> through ( <b>e) and</b> the follo s, charitable, etc., contributions of \$1,000 o	d in section 501(c)(7), (8), or (10) that total more than \$1,00 owing line entry. For organizations or less for the year. (Enter this info. once.) \$
a) No. from Part I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi Id ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi nd ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi	ft Relationship of transferor to transferee
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
	Transferee's name, address, an	IO ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name	of the	organization
------	--------	--------------

12370515 793927 17453

LEE MONTESSORI PUBLIC CHARTER SCHOOL

Employer identification number 45-4726453

Par			or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		0.5	
		(a) Donor advised funds	(b) Fur	nds 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			Yes 📖 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor of		•	
Par	impermissible private benefit?			
			art IV, line /	•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certif	ied historic	structure
~	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form o	of a conserv	Held at the End of the Tax Year
_	day of the tax year.		0.	Heid at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure of conservation easements included in (a) convinced a			
a	Number of conservation easements included in (c) acquired a	-		
2	listed in the National Register			n duving the tay
3	Number of conservation easements modified, transferred, relevant	eased, extinguished, or terminated by the	organizatio	n during the tax
4	year	ement is leasted		
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			······· — ··· — ···
6	Stan and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conse	ervation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing concernation	ion occomo	nto during the year
'	Amount of expenses incurred in monitoring, inspecting, nand \$	ing of violations, and emorcing conservation	IUII Easeine	nts during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/	n)(4)(B)(i)	
Ŭ	and section 170(h)(4)(B)(ii)?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservation			
Ū	include, if applicable, the text of the footnote to the organizat	-		
	conservation easements.		no organiza	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provid	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2017
732051	10-09-17			
		25		

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Sche	dule D (Form 990) 2017 LEE MON	TESSORI PU	BLIC	CHART	ER SCH	OOL	4	45-47	2645	3 Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a s	ignificant (	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exe	mpt purpo	ose in Par	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or oth	ner similai	r assets	_	7		-
_	to be sold to raise funds rather than to be ma		0						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								1		1
	on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:										
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) current your	(2)!	nor your	(0)		<b>(u)</b>		(0) ! 0	jeare	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	ered for t	he organiz	ation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	0	owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate preciation	d	(d) Bool	< value	3
1a	Land										
	Buildings										
с	Leasehold improvements				3,250.		9,83		4	3,43	16.
d	Equipment			17	0,839.		52,44	43.	118	3,39	96.
	Other										1
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)				16	1,81	12.

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 LEE MONT	ESSORI I	PUBLIC	CHARTER	SCHOO	<u> </u>	-4726453	Page 3
Part VII Investments - Other Securities	s.						
Complete if the organization answered							
(a) Description of security or category (including name of sec	curity) (b)	Book value	(c) Me	ethod of valu	ation: Cost or end	d-of-year market	value
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G) (H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12							
Part VIII Investments - Program Relate							
Complete if the organization answered		990 Part IV	line 11c. See F	orm 990 Pa	rt X line 13		
(a) Description of investment		Book value	(c) Me	ethod of valu	ation: Cost or end	d-of-year market	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.) ▶						
Part IX Other Assets.							
Complete if the organization answered			, line 11d. See F	orm 990, Pa	rt X, line 15.	<u> </u>	
	(a) Descripti	on				(b) Book va	alue
(1)							
(2)							
(3)						<u> </u>	
(4)						<u> </u>	
(5)							
(6)						<u> </u>	
(7) (8)						+	
(9)						1	
(9) Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15 )				<b>`</b>		
Part X Other Liabilities.						1	
Complete if the organization answered	"Yes" on Form	990. Part IV	line 11e or 11f.	See Form 9	90. Part X. line 25	5.	
1. (a) Description of liability			(b) Book va				
(1) Federal income taxes							
(2)							
(3)							
(4)							
(5)							

LEE MONTESSORI PUBLIC CHARTER SCHOOL

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

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(6) (7) (8)

Schedule D (Form 990) 2017

-	edule D (Form 990) 2017 LEE MONTESSORI PUBLIC CH				4726453 <sub>Page</sub> 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn	1_
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,862,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	6,029.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	32,756.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	38,785.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,824,117.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,824,117.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,687,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,029.		
b	Prior year adjustments	2b			
с					
	Other losses				
d		2c	32,756.		
d	Other (Describe in Part XIII.)	2c 2d	-	2e	38,785.
d	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2c 2d		2e 3	38,785. 3,648,791.
d e	Other (Describe in Part XIII.)	2c 2d			
d e 3	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2c 2d			
d e 3 4 a	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d 4a			
d 9 3 4 a b	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a 4b			3,648,791.
d e 3 4 a b c	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 4a 4b		3	
d e 3 4 a b c 5	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2c 2d 4a 4b		3 4c	3,648,791.

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

#### PART X, LINE 2:

THE	SCH	IOOL	BEI	JIEVES	THAT	IT I	HAS	APPRC	PRIAT	E SUP	PORT	FOR	ANY	ТАХ	K PO	SIT	IONS
TAKI	EN,	AND	AS	SUCH,	DOES	NOT	HAV	'E ANY	UNCE	RTAIN	ТАХ	POSI	TIO	из 1	тан	AR	E
MATI	ERIA	L TO	) TH	IE FIN	ANCIAI	ST.	ATEM	IENTS	OR TH	AT WO	ULD	HAVE	AN I	EFFE	ECT	ON	ITS
TAX-	-EXE	EMPT	STA	ATUS.	THERE	ARE	NO	UNREC	OGNIZ	ED TA	X BE	NEFI	rs o	R LI	ABI	LIT	IES
THAT	r ne	ED 1	ro e	BE REC	ORDED												

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL FUNDRAISING EVENT EXPENSES

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

## SPECIAL FUNDRAISING EVENT EXPENSES

732054 10-09-17

Schedule D (Form 990) 2017

32,756.

32,756.

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2017.05060 LEE MONTESSORI PUBLIC CHART 17453\_1

Schedule D (Form 990) 2017	LEE MONTESSORI	PUBLIC CHARTER	SCHOOL	45-4726453 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental International Internat	formation (continued)			
				Cabadula D /Farm 000) 0047
732055 10-09-17				Schedule D (Form 990) 2017
		29		

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SCH	EDUL	EE
(Form	990 or	990-EZ)

# Schools Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Inspection Employer identification number

20

Part I	

	LEE	MONTESSORI	PUBLIC	CHARTER	SCHOOL
--	-----	------------	--------	---------	--------

45-4726453

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		v	
	If you need more space, use Part II POLICY IS PUBLICIZED IN THE BULLETIN OF INFORMATION GIVEN TO	3	X	
	STUDENTS AND PARENTS APPLYING TO THE INSTITUTE AND TO			
	POTENTIAL BENEFACTORS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Deep the examination discriminate by read in any way with respect to:			
5	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		x
	Admissions policies?	5a 5b		X
c	Employment of faculty or administrative staff?	5c		x
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
-			v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	7		x
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.         Schedule E (Form		000-57	

12370515 793927 17453

Schedule E (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page 2

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

#### LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

EXPLANATION: TITLE I, II VB GRANTS

#### LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

#### AS A PUBLIC CHARTER SCHOOL LEE MONTESSORI IS EXEMPT FROM THE REQUIREMENTS

#### OF REV. PROC. 75-50.

Schedule E (Form 990 or 990-EZ) 2017

732062 10-06-17

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SCHEDULE G (Form 990 or 990-EZ)	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activities		OMB No. 1545-0047
		e organization answered "Yes" on organization entered more than \$1	5,000	on Fo	rm 990-EZ, line 6a.	r 19, or if the		<b>ZUI</b>
Department of the Treasury Internal Revenue Service		Attach to Form 990 Go to www.irs.gov/Form990					In	spection
Name of the organization		TESSORI PUBLIC CHA				Employe		ntification number 453
	ing Activities. complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	ine 17. Form 9	90-EZ	filers are not
<ul> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees listed</li> </ul>	e organization rais ions email solicitations ations licitations n have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, or	] <b>Yes</b> is to b	□ No e
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraise listed in col.	d by) r	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
			I					
Total           3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	l it is exempt f	rom re	gistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	chedule G (Fe	orm 99	90 or 990-EZ) 2017

732081 09-13-17

45-4726453 Page 2 Schedule G (Form 990 or 990 EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraiding event contributions and gr			erenie man greee reeelp	to groater than \$0,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	<b>(d)</b> Total events (add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ine				(event type)	(total humber)	
Revenue	1	Gross receipts	18,511.			18,511.
	2	Less: Contributions	1,897.			1,897.
	3	Gross income (line 1 minus line 2)	16,614.			16,614.
		Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses				32,756.
	-	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	•	32,756.
		Net income summary. Subtract line 10 from li	ne 3, column (d)		►	32,756. -16,142.
Pa	rt I	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes%	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		erminated during the tax	year?	Yes No
73208	32 09	<del>)</del> -13-17			Schedule G (For	rm 990 or 990-EZ) 2017

2017.05060 LEE MONTESSORI PUBLIC CHART 17453\_1

Sch	hedule G (Form 990 or 990-EZ) 2017 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726	453	Page 3
		Yes	No
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	└── No
	Indicate the percentage of gaming activity conducted in:		07
	a The organization's facility       13a         b An outside facility       13b		<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party  \$		
С	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatan/ distributions:		
	<ul> <li>Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li> </ul>		
	retain the state gaming license?	Yes	🗌 No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Ра	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	9b, 10	lb, 15b,
	TSC, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
7320	2083 09-13-17 Schedule G (Form 990 c	or 990	-EZ) 2017
	34		•

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chedule G (Form 990 or 990-EZ) Part IV Supplemental Info	LEE MONTESSORI	PUBLIC	CHARTER	SCHOOL	45-4726453 Page
					Schedule G (Form 990 or 990-
2084 04-01-17		35			

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2017.05060 LEE MONTESSORI PUBLIC CHART 17453\_\_1

SC	CHEDULE J Compensation Information		1	OMB No. 1545-0047					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	17	,			
•		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20					
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nam	e of the organizatio		Employer i			mber			
_		LEE MONTESSORI PUBLIC CHARTER SCHOOL	45-4	472645	3				
Ра	rt I Question	s Regarding Compensation							
					Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, jaka setter set							
	Image: Travel for companions       Image: Payments for business use of personal residence         Image: Tax indemnification and gross-up payments       Image: Payments for business use of personal residence         Image: Tax indemnification and gross-up payments       Image: Payments for business use of personal residence								
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)								
h									
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2				di					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	trustees, and onice								
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's						
-		ector. Check all that apply. Do not check any boxes for methods used by a related organizat							
		ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		compensation consultant Compensation survey or study							
		ther organizations I Approval by the board or compensation of	committee						
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severand	ce payment or change-of-control payment?		4a		X			
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X			
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the					37			
						X			
b		ration?		5b		X			
		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the					x			
		ration 2				X			
a		ration?		6b					
7		or 6b, describe in Part III.	•						
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		7		x			
Q		nes 5 and 6? If "Yes," describe in Part III							
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to a		8		x			
9		id the organization also follow the rebuttable presumption procedure described in		0					
IJ		n 53.4958-6(c)?		9					
ΙЦΛ		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 900	0017			
			Scheu		1 330	, 2017			

732111 10-17-17

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CHRIS PENCIKOWSKI	(i)	131,215.	0.	0.	5,249.	14,267.	150,731.	0.
COFOUNDER AND HEAD OF SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

Inspection

Department of the Treasury	
Internal Revenue Service	

Dort

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

## LEE MONTESSORI PUBLIC CHARTER SCHOOL

Employer identification number 45 - 4726453

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Ν	lame	of	the	orgar	nizat	tion
---	------	----	-----	-------	-------	------

Types of Dreparts

Fai	TT Types of Property		-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art			,	, 0				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
10	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
20									
21	Taxidermy								
22 23	Historical artifacts								
23 24	Scientific specimens								
2 <del>4</del> 25	Archeological artifacts Other  (AUCTION ITEMS)	X	116	25	,097.	FMV			
25 26		21	110	23	,0,,,,	1 11 0			
20 27	Other         ▶         ()           Other         ▶         ()								
28	Other ( )								
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation durin	l a tha tax year for c	ontributions					
29	for which the organization completed Form 828				29				
	for which the organization completed ronn 620	5, Fait IV, I			29			Yes	No
30-2	During the year, did the organization receive by	contributic	n any proporty ro	orted in Part L lin	ae 1 throu	ah 28 that it		163	
30a									
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for								х
h	exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.								
	, <b>C</b>	oliov that r	auiros tho roviow	of any popetandar	rd contribu	itions?	21		х
31	Does the organization have a gift acceptance p						31		
32a			•				00-		х
Ŀ	contributions?						32a		21
	If "Yes," describe in Part II.		k o tupo of man	u for which as here	(a) is sta	alvad			
33	If the organization didn't report an amount in co	JUITITI (C) 10	r a type of propert	y for which column	i (a) is che	UNEU,			
1 1 7 4	describe in Part II.	bla a lua - t		0		0-11-1		. 0001	0047
LHA	For Paperwork Reduction Act Notice, see	me mstruc	LIGHTS FOR FORM 99	0.		Schedule		n aan)	2017

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

.LEE MONTESSORI IS REPORTING 116 NON-CASH CONTRIBUTIONS FROM DONORS.

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

LEE MONTESSORI PUBLIC CHARTER SCHOOL

OMB No. 1545-0047

Employer identification number 45 - 4726453

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

CULTIVATE INDEPENDENCE AMONG DC SCHOOL CHILDREN, USING THE

STUDENT-CENTERED MORESSORI METHOD, AN EVIDENCE-BASED APPROACH TO

CLOSING THE OPPORTUNITY GAP.

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

THE BOARD OF DIRECTORS REVEIEWS AND APPROVES THE FORM 990, WHICH IS

PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM, BEFORE FILING

IT WITH THE IRS.

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

EACH MEMBER OF THE BOARD OF DIRECTORS SHALL ANNUALLY SIGN A STATEMENT THAT

AFFIRMS THAT SUCH PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICT OF INTERST POLICY;

B. HAD READ AND UNDERSTANDS THE POLICY;

C. HAS AGREED TO COMPLY WITH THE POLICY; AND

D. UNDERSTANDS THAT LEE MONTESSORI PCS IS A CHARITABLE ORGANIZATION AND IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION STATUS IT MUST ENGAGE PRIMARILY

IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C THESE PROCESSES HAVE NOT CHANGED IN THE CURRENT YEAR.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

Entor filor's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Enter mer sidentnying number				
Type or	Name of exempt organization or other filer, see instru	uctions.		Employer identification number (EIN) or				
print								
File by the	LEE MONTESSORI PUBLIC CHAR			45-4726453				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 3025 4TH STREET, NE	see instruc	tions.	Social se	ecurity nu	mber (SSN)		
instructions	City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20017	oreign ado	lress, see instructions.					
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)				0 1	
Applicat	ion	Return	Application				Return	
Is For			Is For				Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990-BL			Form 1041-A				08	
Form 4720 (individual)			Form 4720 (other than individual)				09	
Form 990-PF			Form 5227				10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T (trust other than above)         06         Form 8870           THE ORGANIZATION         06         Form 8870						12		
● If this box ▶	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta	emption Number (GEN) I uch a list with the names and EINs o Y 15, 2019, to file	f this is fo f all memb	r the who ers the e		for.	
	calendar year or tax year beginning JUL 1, 2017 ne tax year entered in line 1 is for less than 12 months, o Change in accounting period		d ending JUN 30, 2018 on: Initial return	Final retur	 'n			
3a lft	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any					
no	nrefundable credits. See instructions.			3a	\$		0.	
<b>b</b> If t	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and				-	
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$		0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wil	h this form, if required,					
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$		0.	
Caution: instruction	If you are going to make an electronic funds withdrawa ns.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form	8879-EO for	payment	
IHA F	or Privacy Act and Paperwork Reduction Act Notice.	. see instr	uctions.		For	m <b>8868</b> (Re	v. 1-2017)	

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