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PUBLIC DISCLOSURE COPY

			** PUBLIC DISCLOSURE CO	PY **						
	Ω	00	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047				
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (exc	cept private foundation	s <b>2016</b>				
Department of the Treasury         Internal Revenue Service         Information about Form 990 and its instructions is at www.irs.gov/form990.										
						Inspection				
ΑΙ	or th	e 2016 calend	lar year, or tax year beginning $ { m JUL}1,2016$ and e	nding J	UN 30, 2017					
B	B Check if applicable: C Name of organization D Employer identification number									
	Addr		MONTESSORI PUBLIC CHARTER SCHOOL							
	Chan Name Chan	26453								
	Initial		E Telephone number							
	Final	v <b>3025</b>	4TH STREET, NE			79-9740				
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,980,921.				
	Amer	WASH	INGTON, DC 20017		H(a) Is this a group ret					
	Appli tion pend		nd address of principal officer: CHRIS PENCIKOWSKI		for subordinates?	Yes X No				
		SAME	AS C ABOVE		H(b) Are all subordinates inc	Iuded? Yes No				
		empt status:		r 🛄 527	1 '	st. (see instructions)				
			LEEMONTESSORI.ORG		H(c) Group exemption					
		-	X Corporation Trust Association Other ►	<b>L</b> Year (	of formation: 2013 M	State of legal domicile: DC				
Pa	art I			TOOTO						
e	1	Briefly describ	be the organization's mission or most significant activities: THE M CHARTER SCHOOL IS TO FOSTER A LIFE		IOVE OF IEE MON	NING AND				
nan			$x \models \square$ if the organization discontinued its operations or dispose							
Activities & Governance	2	Number of vo	9 sets.							
ဗိ	4	Number of inc	8							
ې مې	5		47							
itie	6		of individuals employed in calendar year 2016 (Part V, line 2a) of volunteers (estimate if necessary)			40				
ctiv			d business revenue from Part VIII, column (C), line 12			0.				
۲			business taxable income from Form 990-T, line 34		0.					
			,		Prior Year	Current Year				
Ð	8	Contributions	and grants (Part VIII, line 1h)		299,543.	99,802.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		2,085,442.	2,861,908.				
seve 1	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,384,985.	2,961,710.				
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		•	to or for members (Part IX, column (A), line 4)		0.	0.				
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		1,229,512.	1,634,356.				
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)   20,71	·····	0.	0.				
Щ					960 152	1 059 052				
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		869,152. 2,098,664.	<u>1,058,952.</u> 2,693,308.				
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		286,321.	268,402.				
SS	19	neveriue iess	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I	Part X line 16)		700,514.	958,228.				
Ass. I Bal	20		Part X, line 16) ; (Part X, line 26)		238,073.	227,385.				
Net -unc	22		fund balances. Subtract line 21 from line 20		462,441.	730,843.				
	art II				<i>i</i> 1	, - , -				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.					

Sign Here	Signature of officer CHRIS PENCIKOWSKI, CO-FOUNDER & HEAD OF SCHOOL Type or print name and title	Date
Paid Preparer	Print/Type preparer's name       Preparer's signature       Date         DAVID JONES       Firm's name       JONES, MARESCA & MCQUADE, P.A.	Check PTIN if self-employed P01361002 Firm's EIN ► 52-1853933
Use Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044	Phone no. 410 - 884 - 0220
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No Form <b>990</b> (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF LEE MONTESSORI PUBLIC CHARTER SCHOOL IS 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <b>Yes X N</b> 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 \$ 2,243,884. including grants of \$ ) (Revenue \$ 2,861,908.
чa	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 TO
	ENCOURAGE 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 \$)
4.0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2,243,884.
	Form <b>990</b> (20
32002	2 11-11-16
	2
50	418 793927 17453 2016.05070 LEE MONTESSORI PUBLIC CHART 17453

Form	aan	(2016)	
	330	(2010)	

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** (2016)

632003 11-11-16

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	990 (2016) LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726	5453	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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	21		
20	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Form **990** (2016)

632004 11-11-16

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_	<u>990 (2016)</u> LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726	453	Р	age 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 47							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12	-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-						
11	Section 501(c)(12) organizations. Enter:							
a	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.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<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							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

LEE MONTESSORI PUBLIC CHARTER SCHOOL

Form **990** (2016)

45-4726453 Page 5

632005 11-11-16

Form 990 (2	016)
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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.

4		4.	9		es	Ν
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	16	8			
	Enter the number of voting members included in line 1a, above, who are independent	1b				
2						
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the		–	2	_	-
		•		3		
	of officers, directors, or trustees, or key employees to a management company or other person?			,	_	-
	Did the organization make any significant changes to its governing documents since the prior Form 99			_	_	-
	Did the organization become aware during the year of a significant diversion of the organization's asso			5	_	-
6 7-	Did the organization have members or stockholders?		····· -	3	_	_
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	-	7	a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?		7	b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8		X	ŀ
	Each committee with authority to act on behalf of the governing body?			bΣ	X	ľ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	)		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
				Y	es	
l0a	Did the organization have local chapters, branches, or affiliates?		10	)a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			la Ž	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	2a Z	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	to conflicts?			x	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		·····			-
	in Schedule O how this was done		19	2c 2	x	
13	Did the organization have a written whistleblower policy?		·····   "		x	-
	Did the organization have a written document retention and destruction policy?			-	x	-
	Did the process for determining compensation of the following persons include a review and approva		····· ⊢	·   -		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
2	The organization's CEO, Executive Director, or top management official		-1/	5a		
	Other officers or key employees of the organization			ba bb		-
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		·····   "			
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
				6a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·····   "	a		
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?			sh		
io ci	exempt status with respect to such arrangements?			6b		-
						-
		(Caption E01/-)/0) -		lable		-
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public increasing indicate how you made these queilable. Check all that apply	(380101 301(C)(3)S	nny) ava	aule		
	for public inspection. Indicate how you made these available. Check all that apply.	in Schodula ()				
0		,	العامية ال	000	а	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	mict of interest polic	y, and fir	iancia	11	
~	statements available to the public during the tax year.	dan madana 🔰 🛌				
20	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION - 202-779-9740	oks and records:				-
	3025 4TH STREET, NE, WASHINGTON, DC 20017					
_				orm <b>9</b> 9	90	î

(E)

Part VII	Co	npensation 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

(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)	(B) (C)						(D)	(E)	(F)
Name and Title	Average Position				l than	one	Reportable	Reportable	Estimated	
	hours per week		, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	er and a di		or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			cen se		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	e co				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOMINIQUE FORTUNE	line)	Ĕ	ű	8	Æ	분동	ß			
(1) DOMINIQUE FORIONE CHAIR	1.00	x		x				0.	0.	0.
(2) CHRISTINA NAGEY	1.00							0.	0.	0.
VICE-CHAIR	1.00	x		x				0.	0.	0.
(3) LANCE HELMING	1.00			<u>~</u>					•	0.
TREASURER	1.00	x		x				0.	0.	0.
(4) KELLY SMITH	1.00			<u>~</u>					•	0.
SECRETARY	1.00	x		x				0.	0.	0.
(5) DJAHNA AKINYEMI	1.00								••	
DIRECTOR		x						0.	0.	0.
(6) MARIMBA JOHNSON BRIGHT	1.00									
DIRECTOR		x						0.	0.	0.
(7) CATHARINE BELLINGER	1.00									
DIRECTOR		X						0.	0.	0.
(8) BEVERLY O'BRYANT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRIS PENCIKOWSKI	40.00									
HEAD OF SCHOOL				х				127,902.	0.	8,974.
		-								
		1								
				<u> </u>						
		1								
620007 11 11 16	1									Eorm <b>990</b> (2016)

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632007 11-11-16

Form **990** (2016)

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		ESSORI 1	PUI	3L]	IC	CI	HAF	RT.	ER SCHOOL	45-4	726	453	Pa	ige <b>8</b>
Part	VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizatior (W-2/1099-MI	IS	com fr orga and	other pensat om the anization d relate anization	e on ed
	Sub-total Fotal from continuation sheets to Part V								127,902.		0.		8,91	74.
d T	Fotal (add lines 1b and 1c)								127,902.		0.		8,91	
	Total number of individuals (including but r compensation from the organization	not limited to th	lose	liste	ed al	bove	e) wr	וס r	eceived more than \$100	0,000 of reportab	le		Yes	1 No
	Did the organization list any <b>former</b> officer, ine 1a? <i>If "Yes," complete Schedule J for s</i>								•			3		X
<b>4</b> F	For any individual listed on line 1a, is the st and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4		X
r	Did any person listed on line 1a receive or endered to the organization? If "Yes," con					-					; 	5		Х
1 (	on B. Independent Contractors	-	-								npens	ation f	rom	
	he organization. Report compensation for (A) Name and business					vitri	or w		(B) Description of s		С	(C omper	;) hsatior	<u>ו</u>
	Fotal number of independent contractors ( \$100,000 of compensation from the organi		iot li	mite	d to		se lis 0	stec	d above) who received n	nore than				
	· · · · · · · · · · · · · · · · · · ·											Form	<b>990</b> (2	2016)

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			/		I PUBLIC	CHARTER S	CHOOL	45-4726	453 Page 9
Pa	rt V	/11							
_			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	
						Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
Arr, o			Fundraising events		13,621.				
Gif ilar			Related organizations						
Sins,			Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	50,232.	-			
er (		f	All other contributions, gifts, gran		25 242				
l d b			similar amounts not included abo		35,949.	-			
nd			Noncash contributions included in lines		12,482.	00 002			
<u>a O</u>		h	Total. Add lines 1a-1f			99,802.			
6	~	~	PER PUPIL APPRO		Business Code		2,273,599.		
, vice	2		PER PUPIL FACUL		900099	452,980	452,980.		
Ser			ACTIVITY FEES		611710	135,329.			
evel evel		d							
Program Service Revenue		e							
Å			All other program service reve	enue					
		g	Total. Add lines 2a-2f		<b>&gt;</b>	2,861,908.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)						
	4		Income from investment of tax						
	5		Royalties						
	-			(i) Real	(ii) Personal	-			
			Gross rents			-			
			Less: rental expenses			-			
			Rental income or (loss) Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•		assets other than inventory		(, 0				
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
Other Revenue	8	а	Gross income from fundraisin including \$ 13,6						
Sev.			contributions reported on line						
er			Part IV, line 18	а	19,211.	4			
đ			Less: direct expenses		19,211.				
			Net income or (loss) from fund	e e	····· ►	0.			
	9	а	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
		с	Net income or (loss) from sale	s of inventory	►				
			Miscellaneous Revenu	e	Business Code				
	11								
		b							<u> </u>
		c d	All other revenue						
			Total. Add lines 11a-11d						
	12	-	Total revenue. See instructions.			2,961,710.	2,861,908.	0.	0.
63200		.11			F				Form <b>990</b> (2016)

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Part IX Statement of Functional Expenses

LEE MONTESSORI PUBLIC CHARTER SCHOOL

	Check if Schedule O contains a respons 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	<b>(D)</b> 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	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	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,				
Č	trustees, and key employees	135,368.	108,294.	23,013.	4,061
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	1,269,734.	1,116,034.	151,209.	2,491
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	1,226.	1,054.	159.	13
9	Other employee benefits	113,592.	97,689.	14,767.	13 1,136
0	Payroll taxes	114,436.	98,942.	14,959.	535
1	Fees for services (non-employees):				
а	Management				
	Legal	2,097.		2,097.	
	Accounting	74,317.		74,317.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7,878.		7,878.	
2	Advertising and promotion				
3	Office expenses	36,890.	29,512.	7,378.	
4	Information technology				
5	Royalties				
6	Occupancy	454,827.	363,861.	90,966.	
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	16 075	12 500	2 205	
2	Depreciation, depletion, and amortization	16,975.	13,580.	3,395.	
3		10,672.	8,538.	2,134.	
4	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.) DIRECT STUDENT COSTS	246,581.	246,581.		
a b	STAFF DEVELOPMENT	78,255.	74,651.	3,604.	C
D C	FOOD SERVICES/CATERING	78,154.	78,154.	5,0010	<u> </u>
d d	AUTHORIZOR FEES	31,082.	, , , , , , , , , , , , , , , , , , , ,	31,082.	
	All other expenses	21,224.	6,994.	1,748.	12,482
е 5	Total functional expenses. Add lines 1 through 24e	2,693,308.	2,243,884.	428,706.	20,718
5 6	Joint costs. Complete this line only if the organization	_,,	_,,0010		
	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** (2016)

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LEE MONTESSORI PUBLIC CHARTER SCHOOL

45-4726453 Page 11

		Check if Schedule O contains a response or not	e to any line	in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			527,395.	1	790,873.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		53,056.	4	30,235	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persons	a (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(I	B), and contributing			
		employers and sponsoring organizations of sect					
s l		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,120.	9	11,083
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	160,128.			
	b	Less: accumulated depreciation		39,091.	104,943.	10c	121,037
	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			700,514.	16	958,228
	17	Accounts payable and accrued expenses			238,073.	17	175,618
	18	Grants payable			,	18	
	19	Deferred revenue		19	51,767		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to current and former					
itie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•			22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			238,073.	26	227,385
		Organizations that follow SFAS 117 (ASC 958					,
٥,		complete lines 27 through 29, and lines 33 an					
JCe	27	Unrestricted net assets			436,088.	27	730,843
alai	28	Temporarily restricted net assets			26,353.	28	. 0
qB	29	<b>–</b>			•	29	
ň		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
its	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
۲ ۲	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			462,441.	33	730,843
	34	Total liabilities and net assets/fund balances			700,514.	34	958,228
			<u></u>		,0110	57	Form <b>990</b> (2016

Part X Balance Sheet

_	1990 (2016) LEE MONTESSORI PUBLIC CHARTER SCHOOL	45-47	26453	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,961		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,693	3,3	<u>08.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462	2,4	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	730	),8	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

632012 11-11-16

SCHEDULE A	
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1	(F	orn	n 9	90	) 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. Attach to Form 990 or Form 990-EZ.

2016
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Infe

ormation about Schedule A	(Form 990 or 990-EZ	) and its instructions is	atwww.irs.gov/form990.

Nam	e of	he organization		,			_	Employer	identification number				
			MONTESSORI	PUBLIC CHAR	TER S	CHOOL			5-4726453				
Ра	rt I	Reason for Public											
The	organ	ization is not a private found											
1		A church, convention of ch											
2	X	A school described in sect				• • •	- <i>//</i> -//-						
3		A hospital or a cooperative					ii).						
4		A medical research organiz						)(iii). Enter	the hospital's name.				
		city, and state:		· · J - · · - · - · · · · · · · · · · ·				<i>Xi</i>	·····,				
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a d	overnmental	unit descrit	ped in				
-		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local go		mental unit described in s	section 17	70(b)(1)(A)	(v).						
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org				ed in conii	inction with a	land-grant	college				
č		or university or a non-land-				-		-	-				
		university:	grant conego er agne			name, en	y, and state s						
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons member	shin fees a	and aross receipts from				
		activities related to its exen	•		-				•				
		income and unrelated busin											
		See section 509(a)(2). (Con			on busine	5365 acqu		ganzation					
11		An organization organized a		ively to test for public sa	fety See	section 5(	)9(a)( <u>4</u> )						
12		An organization organized a	-	•	•			arry out the	nurnoses of one or				
12		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
-		<b>Type I.</b> A supporting orga	• •			-		-					
а	L	the supported organization		-	•	-							
		organization. You must o		• • • • •	amajonty				supporting				
h		7 7	-		tion with it	to ourport	od organizati	on(o) by be	wing				
b	L	J Type II. A supporting org	-				•		-				
		control or management o			ame perso			age the sup	poned				
~		organization(s). You mus			in connoc	tion with	and functions	lly intograt	od with				
С		J Type III functionally inte						iny integrat	eu with,				
d		its supported organizatio						rtod organ	ization(a)				
u		Type III non-functionally that is not functionally int						-					
		that is not functionally int			•		-	u an alleni	iveness				
		requirement (see instruct											
е		Check this box if the orga					а турет, туре	п, туре п					
	Ent	functionally integrated, or		, , ,	0 0								
I		er the number of supported o											
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other				
		organization	(,	(described on lines 1-10	in your governi Yes	ing document?	support (see ii	,	support (see instructions)				
				above (see instructions))	165	NO			, , , , , , , , , , , , , , , , , , , ,				

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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#### Schedule A (Form 990 or 990-EZ) 2016 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.)

Galeadr year (of fixel year beginning in) (g) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total include any 'unusual grants.') 2 Tax revenues leviced for the organ- ization's benefit and ether paid to cor expended on its behaft 3 The value of services or facilities 4 Total. Additions it the organization without charge year by each presson (dher than a governmental unit to the organization without charge (g) 2012 (b) 2013 (c) 2014 (c) 2015 (e) 2016 (f) Total 5 The portion of total contributions by each presson (dher than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from initianes and it be state of capital and income into include gain are the fractiones of the dispanzation in the state of capital and its be reacting from 2016 (fine fine comparization infit, second, thint, fourth, or fifth tay are as a accelico 501(30) are associated income from initianes and it the organization qualifies as a publicly supported organization and its be here. The organization qualifies as a publicly support do anzitation and its be	See	ction A. Public Support						
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organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization          18 Private foundation.       If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		-						e 🗸 🦳
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2016

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#### Schedule A (Form 990 or 990-EZ) 2016 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	)16	<b>(f)</b> Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5			1					
	Amounts included on lines 1, 2, and			1	1				
10									
r	3 received from disqualified persons Amounts included on lines 2 and 3 received			+	+				
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year						$\longrightarrow$		
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
		( ) 00 ( 0	(1) 00 (0	()	( 1) 00 ( 7			(0	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	J16	(f) Total	
	Amounts from line 6								
0a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
1	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
2	Other income. Do not include gain					1			
	or loss from the sale of capital								
3	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1	1				
	First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth t	I av vear as a section	$\frac{1}{10000000000000000000000000000000000$	) organiz	ation	
-	check this box and stop here	the organization			-		) organiza		
e	ction C. Computation of Publi	c Support Pe					<u></u>	·····	_
	Public support percentage for 2016 (li			colump (f))		15			%
						16			%
6	Public support percentage from 2015 ction D. Computation of Invest					10			90
	•					47			0/
	Investment income percentage for 20					17			%
	Investment income percentage from 2								%
9a	33 1/3% support tests - 2016. If the								_
	more than 33 1/3%, check this box ar								
b	33 1/3% support tests - 2015. If the								_
	line 18 is not more than 33 1/3%, che								$\dashv$
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t					
202	23 09-21-16			4 -	Sch	edule A (F	orm 990	or 990-EZ) 20	)16
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<b>—</b> •						$ \alpha$	T 3 D M		-1

1

2

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) 2016

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# Schedule A (Form 990 or 990 EZ) 2016 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-472

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	Gupporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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 <b>Part VI</b> 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			
	<b>Part VI</b> 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	Z		
000			Vee	No
	Ways a particulty of the superior time is diverticed and the test start day also a particulty of the diverticed		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	•	Za		
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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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# Schedule A (Form 990 or 990-EZ) 2016 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ated Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

# Schedule A (Form 990 or 990-EZ) 2016 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4726453 Page 7

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D -	Distributions			Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in <b>Part VI</b> ). See instructions			
9	Distrik	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Sect	(i) (i) Excess Distributions Section E - Distribution Allocations (see instructions) (i) Underdistributions Pre-201				(iii) Distributable Amount for 2016
1	Distrik	outable amount for 2016 from Section C, line 6			
2		rdistributions, if any, for years prior to 2016 (reason-			
	able c	ause required- explain in Part VI). See instructions			
3	Exces	s distributions carryover, if any, to 2016:			
a					
b					
-	From				
	From				
-	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
i	,	over from 2011 not applied (see instructions)			
<u>    j</u>		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:				
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
		Subtract lines 3g and 4a from line 2. For result greater zero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
0		b from line 1. For result greater than zero, explain in			
		I. See instructions			
7		ss distributions carryover to 2017. Add lines 3j			
'	and 4				
8		down of line 7:			
a	Dican				
	Exces	ss from 2013			
		s from 2014			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

d Excess from 2015 e Excess from 2016

Schedule A Part VI	(Form 990 or 990-E	Z) 2016 LEE N	<b>MONTESSORI</b> Provide the explana		C CHARTER	SCH		45-4726	
	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, tion D, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	b, 9c, 11a, 1 E, lines 1c, :	1b, and 11c; Part 2a, 2b, 3a, and 3b	IV, Secti ; Part V,	on B, lines 1 ; line 1; Part V,	and 2; Part IV, Section B, line	Section C, e 1e; Part V
	Section D, lines 5, (See instructions.)	6, and 8; and Par	t V, Section E, lines	2, 5, and 6.	Also complete thi	s part for	any addition	al information.	
							<b>.</b>		
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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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

# 2016

Employer identification number

ĿΕΕ	MONTESSORI	PUBLIC	CHARTER	SCHOOL

45-4726453

Organization type (check 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) (2016)

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)	(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash 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 contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash 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 contribution

45 - 4726453

#### LEE MONTESSORI PUBLIC CHARTER SCHOOL

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

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

Page 3

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Schedule B Name of orga	(Form 990, 990-EZ, or 990-PF) (2016)		Page Employer identification number		
Name of orga					
	NTESSORI PUBLIC CHARTER		45-4726453		
Part III	the year from any one contributor. Complete col	umns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations		
	completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I space is needed.	ess for the year. (Enter this info. once.) <b>&gt; </b>		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(0) 000 0. g.i.			
		(e) Transfer of gift			
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·					
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.			1		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·				
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
Γ.	· · ·		•		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
F		(e) Transfer of gift	1		
			Polotionship of transform to transform		
	Transferee's name, address, and		Relationship of transferor to transferee		
623454 10-18- <sup>-</sup>	16		Schedule B (Form 990, 990-EZ, or 990-PF) (2016		
		24			

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SCHEDULE [	)
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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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

LEE MONTESSORI PUBLIC CHARTER SCHOOL

Employer identification number 45-4726453

Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	<b>(b)</b> Fu	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 writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of	onferring	
Der	impermissible private benefit?		
Par		art IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	ed historio	c structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form o	t a conser	
-	day of the tax year.	20	Held 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 included in (a)	·····	
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		on during the tax
•	year	or garnzati	shi daning the tax
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation ea	asements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easem	ents during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expenses		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	ne organiz	ation's accounting for
Der	conservation easements.		ilen Accete
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	ner Sim	liar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
Та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of publ	ic service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describes these items.	and holon	a chactworks of ort biotorical
a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a traceurse, or other similar espects hold for public axhibition, education, or research in furtherance of public electronic statement is the second statement of the second statement is second statement of the secon		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub relating to these items:		provide the following amounts
	-		¢
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>	····· 【	\$\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial		
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	9ani, prov	
а		►	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2016
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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)            Gues the expanzion is acquisition, accession, and other records, check any of the following that are a significant use of its collection tems             m Proble exhibition           Gues the exhibition             m Provide accination is acquisition is collections and explain how they further the organization's exempt purpose in Part XIII.             Provide accination of nature generations           Gues the organization accelection?             Provide accination of nature generations           Gues the organization accelection?             Provide accination than to be maintained as part of the organization accelection?           Messares             Part V Encove and Custodial Arrangements. Complete if the organization accelection?           Messares             The site organization and one of the maintain accelection?           Messares             The dispute accelection accelection accelection accelection?	Sche	dule D (Form 990) 2016 LEE MON	TESSORI PU	JBLIC	CHARI	ER SC	HOOL		45-47	26453	Pa	age <b>2</b>
clock all that apply:       a       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>Collections of A</th> <th>rt, His</th> <th>torical Tr</th> <th>reasures</th> <th>, or Oth</th> <th>er Simila</th> <th>ar Asse</th> <th>ts(continu</th> <th>.ed)</th> <th></th>	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures	, or Oth	er Simila	ar Asse	ts(continu	.ed)	
a Public exhibition during the year beside in the provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, ddi the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, ddi the organization's collections of art, historical trassures, or other similar assets to be sold to rise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or Teported an amount on Form 990, Part X, line 21. 1a Is the organization and the presentation of out intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and the organization and the presentation of the organization and the presentation and the organization and the presentation	3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following t	hat are a s	significant	use of its	collection	item	s
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Duing the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets       to be solid to raise funds rationed an anound to norm 990, Part X, Ine 21.         14       Is the organization on form 990, Part X, Ine 21.       The organization answered "Ves" on Form 990, Part X, Ine 21.         15       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21.       Is the organization anagement in Part XIII and complete the following table:       Amount         c       Beginning balance       Intermediate in anagement in Part XIII.       No         b       If Yes, 'explain the arrangement in Part XIII. Chuck hare if the organization answered "Yes" on Form 990, Part X, Ine 21.       No         b       If Yes, 'explain the arrangement in Part XIII. Chuck hare if the organization answered "Yes" on Form 990, Part X, Ine 21.       No         b       Other wears       Intermediate Part Part Part Part Part Part Part Part		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IVI       Excrement AC Usedial Arrangements. Compute if the organization answered 'Yes' on Form 990, Part K, line 9.       No         1a       Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, trustee, custodial arrangement in Part XIII.       Amount         c       Beginning balance       1d       1d         d       Additions during the year.       1d         e       Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         B Det organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         B Det organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         B Det organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         B Det organization include an amo	а	Public exhibition		d 🗌	Loan or exc	change prog	grams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?	b	Scholarly research		e 🗌	Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds raise that mathem takes as part of the organization's collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X?     It site organization an agement is. Complete intermediary for contributions or other assets not included on Form 990, Part X?     It was explain the arrangement in Part XIII and complete the following table:     In the organization angement in Part XIII and complete the following table:     In the organization angement in Part XIII and complete the following table:     In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     In the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII     Condition include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     In the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.     If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Gorthioutions     In the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII     Gorthioutions     In the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII     Gorthioutions     In the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII     Gorthioutions     In the organization and programs     In the organization answered "Yes" on Form 990, Part X, line 10.     In the explanation explanation and programs     In the intermediate explanation explanation has been provided on Part XIII     Gorthi	с	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21.       1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of Control	4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	the organiza	ation's exe	empt purpo	ose in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account lability?       Ves       No         b       If 'ves, ' explain the arrangement in Part XIII and complete the following table: <ul> <li>Armount</li> <li>to</li> <li>daditions during the year</li> <li>te</li> <li>te</li> <li>the organization and gene memory or custodial account lability?</li> <li>Ves</li> <li>No</li> <li>b If 'ves, ' explain the arrangement in Part XII.</li> <li>Deck here if the explanation has been provided on Part XIII</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.</li> <li>The recenting the arrangement in Part XII.</li> <li>Deck recent if the explanation has been provided on Part XIII</li> <li>e Onthioutons</li> <li>e Onthioutons</li> <li>e Onther expenditures for facilities</li> <li>and programs</li> <li>d Gurrant year</li> <li>d Gurrant year</li> <li>e Onther expenditures for facilities</li> <li>and programs</li> <li>d Administrative expeneses</li></ul>	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or o	ther simila	ar assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back for a stack and programs       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back for a stack and programs       (a) Current year end balance (line 1g, column (a)) held as:       a       Bead organization insex and and programs       (b) Prior year       (c) Two years back for tablittee       (a) Prior year       (b) Prior year for a stack and programs       (b) Prior year       (c) Two years back for tablittee		-		<u> </u>								No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       Amount         c       Beginning balance       1c       Amount       1c       Amount         d       Additions during the year       1d       1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Pert V       Fedowment Funds. Complete if the organization answered "Yes" on Form 990, Part X III.       Pert V       Explanation answered "Yes" on Form 990, Part X III.       Pert V         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Ourrent year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back       (f) Three year	Par	t IV Escrow and Custodial Arran	igements. Comp	lete if the	e organizatio	on answere	d "Yes" o	n Form 990	), Part IV,	line 9, or		
on Form 990, Part X?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back if a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back if a Beginning of year balance       (b) Ourrent year       (c) Two years back if (e) Three years back if (e) Four years back if a Beginning of year balance       (b) Ourrent year       (c) Two years back if (e) Three years back if (e) Four years back if a doministree for scholarships       (c) Two years back if (e) Three years back if (e) Four years back if a doministree for the organization in the possession of the organization that are held and administreed for the organization         g End of year balance       %       %       %       %       %       %       %       %       %       %       % <th></th>												
b       If 'Yes,* explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contributio	ns or other	assets no	t included	_	_		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Fat V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Check here if the explanation has been provided on Part XIII.         6       Contributions		on Form 990, Part X?							L	Yes		No
c       Beginning balance       id         d       Additions during the year       id         d       Distributions during the year       id         f       Ending balance       if         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (b)       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back         a       Administrative expenses       (c)       (c) Two years back       (e) Four years back         f       Administrative expenses       (c)       (c) Two years back       (e) Four year         g       End of year balance       %       %       fon	b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:			·				
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a drinistrative expenses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       aa cell addition addiendowment (b)       (f) addiendowment (b)       (f) The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment (b)       %       %										Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: State												
f Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No the investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (b) Control year       (c) Two years       (d) Administrative expenditures for facilities       (c) Two years       (d) Control years       (e) Four years         g       End of year balance       (c) Administrative expenditures for facilities	е											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a)	f											1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Carrent year       (e) Four years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Carrent year       (e) Four years back       (e) Four years back         d       Grants or scholarships       (d) Carrent year       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (d) Carrent year       (d) Carrent year       (d) Carrent year         g       End of year balance       (f) Courrent year       (f) Courrent year       (f) Courrent year         g       End of year balance       (f) Courrent year       (f) Courrent year       (f) Courrent year         g       End of year balance       (f) Courrent year       (f) Courent year       (f) Courent year <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>• • • • • • • • • • • • • • • • • • • •</th> <th>∟</th> <th>∐ Yes</th> <th></th> <th>] No</th>		-						• • • • • • • • • • • • • • • • • • • •	∟	∐ Yes		] No
a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Tw												]
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	Fai	Endowment Funds. Complete							aara baali		100 F0	haali
b       Contributions	4.	De sieurie en étais en la des se	(a) Current year	(b)⊦	rior year	(c) 1w0 ye	ears dack	(a) Three y	ears dack	(e) Four y	/ears	раск
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Temporarily restricted endowment ▶  %   b   Permanent endowment ▶  %   b   Permanent endowment ▶  %   b   Permanent endowment ▶  %   b   i) unrelated organizations   (i) unrelated organizations   (ii) related organizations   (iii) related organizations   d   b   f "Yes" on line 3a(ii), are the related organization's endowment funds.     Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b   b   Buildings   c   Land   b   Buildings   c   Laad   b   Buildings   c   Laad   b   Buildings   Cother <th>18</th> <th></th>	18											
d Grants or scholarships	b											
e       Other expenditures for facilities and programs	C L											
and programs												
f       Administrative expenses	е											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.       3a         a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) are the related organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Goot value</li> <li>(d) Cost or other</li> <li>(d) C</li></ul>												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-				a oolump (							
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:             (i) unrelated organizations	2	· •	rent year end balan		g, column (	a)) neiù as.						
c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       unrelated organizations       3a(i)       3a(i)         (ii)       unrelated organizations       3a(i)	a h		0/	70								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iiii) related organizations</li> <li>(iiii) related organizations</li> <li>(iiii) related organizations</li> <li>(iii) related organizations</li> <li>(iiii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Part VI</li> <li>Land</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> <ul> <li>a Land</li> <li>b Buildings</li> <li>c Leasehold improvements</li> <li>(c) 0,000.</li> <li>(d) 800.</li> <li>(d) 800.</li> <li>(d) 800.</li> <li>(d) 9,020.</li> <li>(d) 800.</li></ul>	0											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       <	C	· · · ·										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c) Book value (c) Accumulated (c) Accu	39			zation th	at are held a	and adminis	stered for	the organiz	vation			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       50,000.       4,800.       45,200.         c Leasehold improvements       9,020.       7,852.       1,168.         e Other       101,108.       26,439.       74,669.	ou			Lation				and organiz	ation		Ves	No
(ii) related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1a       Land       1a         b       Buildings       50,000.       4,800.       45,200.         c       Leasehold improvements       9,020.       7,852.       1,168.         e       Other       101,108.       26,439.       74,669.		-										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       b         b       Buildings												
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       Land       Land       (d) Book value         b       Buildings       S0,000.       4,800.       45,200.         c       Leasehold improvements       9,020.       7,852.       1,168.         e       Other       101,108.       26,439.       74,669.	b											
Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	4									·	-	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI   Land, Buildings, and Equipn	nent.									
basis (investment)         basis (other)         depreciation           1a Land              b Buildings              c Leasehold improvements         50,000.         4,800.         45,200.           d Equipment         9,020.         7,852.         1,168.           e Other         101,108.         26,439.         74,669.		Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 9	90, Part X	(, line 10.				
b Buildings         50,000.         4,800.         45,200.           c Leasehold improvements         9,020.         7,852.         1,168.           e Other         101,108.         26,439.         74,669.		Description of property							d	<b>(d)</b> Book	value	3
b Buildings         50,000.         4,800.         45,200.           c Leasehold improvements         9,020.         7,852.         1,168.           e Other         101,108.         26,439.         74,669.	1a	Land										
c Leasehold improvements         50,000.         4,800.         45,200.           d Equipment         9,020.         7,852.         1,168.           e Other         101,108.         26,439.         74,669.												
d Equipment         9,020.         7,852.         1,168.           e Other         101,108.         26,439.         74,669.					5			4,8	00.	45	,2	00.
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					10	)1,108	•	26,4	39.			
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colui	mn (B), line	10c.)				121	, 0	37.

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 LEE MONTESS	ORI PUBLIC	CHARTER	SCHOOL	45-4726453 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation:	Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,			
(a) Description of investment	(b) Book value	(c) Me	ethod of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(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 X

#### Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 LEE MONTESSORI PUBLIC CHAF	TER SO	CHOOL	45-	4726453 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	h Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,986,721.
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	5,800.		
с					
d	Other (Describe in Part XIII.)	2d	19,211.		
е	Add lines 2a through 2d			2e	25,011.
3	Subtract line 2e from line 1			3	2,961,710.
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				4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,961,710.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		Retu	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents Wi</b> l a.	th Expenses per	Retu	
Ра 1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	n <b>ents Wi</b> l a.	th Expenses per	Retu	ırn. 2,718,319.
	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	th Expenses per	Retu 1	
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	th Expenses per	Retu 1	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a. 2a	th Expenses per	Retu	
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	nents Wit	th Expenses per	Retu	
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	th Expenses per 5,800. 19,211.	1	2,718,319.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	th Expenses per 5,800. 19,211.	1 2e	2,718,319.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	th Expenses per 5,800. 19,211.	1	
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit	th Expenses per 5,800. 19,211.	1 2e	2,718,319.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	th Expenses per 5,800. 19,211.	1 2e	2,718,319.
1 2 6 6 8 3 4	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	th Expenses per 5,800. 19,211.	1 2e	2,718,319. 25,011. 2,693,308.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	th Expenses per 5,800. 19,211.	1 2e 3 4c	2,718,319. 25,011. 2,693,308. 0.
1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	th Expenses per 5,800. 19,211.	1 2e 3	2,718,319. 25,011. 2,693,308.

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

PART X, LINE 2:

THE SCHOOL HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO
LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY
UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS
(2013-2015), OR EXPECTED TO BE TAKEN IN ITS 2016 TAX RETURN. THE SCHOOL IS
NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A
REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS
WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.

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

FUNDRAISING EVENT EXPENSES

19,211.

632054 08-29-16

Schedule D (Form 990) 2016       LEE MONTESSORI PUBLIC CHARTER SCHOOL       45-4726453 Page 5         PART XIII       Supplemental Information (continued)       PART XII, LINE 2D - OTHER ADJUSTMENTS:         FUNDRAISING EVENT EXPENSES       19,211.
632055 08-29-16 29

SCHEDULE E (Form 990 or 990-EZ)		Schools Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.	ŀ	омв No. <b>20</b>		
Depart	ment of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Pub		ic
	Revenue Service	▶ Information about Schedule E (Form 990 or 990-EZ ) and its instructions is at WWW.irs.gov/fo		Inspect		
Name	e of the organization		Employer i			
_		LEE MONTESSORI PUBLIC CHARTER SCHOOL	45	6-4726	453	
Pa					VEO	
					YES	NO
1	•	ion have a racially nondiscriminatory policy toward students by statement in its charter, by			x	
~		strument, or in a resolution of its governing body?		1		
2	-	ion include a statement of its racially nondiscriminatory policy toward students in all its bro		os? 2	x	
3		her written communications with the public dealing with student admissions, programs, and on publicized its racially nondiscriminatory policy through newspaper or broadcast media d				
3	-	on for students, or during the registration period if it has no solicitation program, in a way the	-			
	-	o all parts of the general community it serves? If "Yes," please describe. If "No," please exp				
	If you need more s			3	X	
		PUBLICIZED IN THE BULLETIN OF INFORMATION GIV	/EN TO			
	STUDENTS .	AND PARENTS APPLYING TO THE SCHOOL AND TO POTH	ENTIAL	_		
	BENEFACTO	RS.		_		
				_		
4	Does the organizat	ion maintain the following?				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	X	
b	Records documen	ting that scholarships and other financial assistance are awarded on a racially nondiscrimin	atory basis?	4b	Х	
с	Copies of all catalo	gues, brochures, announcements, and other written communications to the public dealing	with student	t		
		ams, and scholarships?			X	
d	Copies of all mater	ial used by the organization or on its behalf to solicit contributions?		<b>4d</b>	X	
	If you answered "N	lo" to any of the above, please explain. If you need more space, use Part II.				
				_		
				_		
				_		
_	<b>D</b>	· · · · · · · · · · · · · · · · · · ·		-		
5	0	ion discriminate by race in any way with respect to:		5-		x
		privileges?				X
D		s?				X
C A	Scholarships or at	ulty or administrative staff?				X
		ner financial assistance?				X
		s?				X
		)				X
		ar activities?				x
		es" to any of the above, please explain. If you need more space, use Part II.				
	n you unovorou i					
				_		
				_		
6a	Does the organizat	ion receive any financial aid or assistance from a governmental agency?		6a	X	
		on's right to such aid ever been revoked or suspended?				X
		es" on either line 6a or line 6b, explain on Part II.				
7	Does the organizat	ion certify that it has complied with the applicable requirements of sections 4.01 through 4	.05 of			
	Rev. Proc. 75-50,	975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7		X

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

Schedule E (Form 990 or 990-EZ) 2016

632061 10-10-16

Schedule E (Form 990 or 990-EZ) 2016 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) 2016

632062 10-10-16

11450418 793927 17453

SCHEDULE G	ental Information Regarding	Eun	draie	ing or Gaming	∧ cti		OMB No. 1545-0047
(Form 990 or 990-EZ)	he organization answered "Yes" on						2016
Department of the Treasury	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service Information	about Schedule G (Form 990 or 990-EZ				gov/f	orm990.	Inspection dentification number
-	NTESSORI PUBLIC CHA	RTE	r s	CHOOL		45-472	
Part I Fundraising Activitie required to complete this part	<b>S.</b> Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ol> <li>Indicate whether the organization rate in the organization rate in the internet and email solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>a Did the organization have a writter key employees listed in Form 990,</li> <li>If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the solicitation of the solicitation in the solicitation in the solicitation in the solicitation is a solicitation in the sol</li></ol>	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	<b>Y</b>	es No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
	-	Yes	No				
Total							
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrik	oution	I s or has been notified	d it is	exempt from	l registration
LHA For Paperwork Reduction Act No	vtice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	1 990 or 990-EZ) 2016

45-4726453 Page 2 Schedule G (Form 990 or 990-EZ) 2016 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

			(a) Event #1 ANNUAL GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
שמושמש	1	Gross receipts	32,832.			32,832
	2	Less: Contributions	13,621.			13,621
	3	Gross income (line 1 minus line 2)	19,211.			19,211
	4	Cash prizes				
,	5	Noncash prizes				
	6	Rent/facility costs				
urect Expenses	7	Food and beverages	12,395.			12,395
ב ב	8	Entertainment	1,245.			1,245 5,571
	9	Other direct expenses	5,571.			5,571
	•					
	-	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	h 9 in column (d) line 3, column (d)	990, Part IV, line 19, or	►	
Pa	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)		►	(d) Total gaming (add col. (a) through col. (c)
Pa	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
Paniavari	10 11 rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
Paniavari	10 11 rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
aniavan	10 11 rt I 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
_	10 11 rt I 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
a a	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0 (d) Total gaming (add
Pa aniavan	10 11 rt I 2 3 4 5 6	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bing	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming</pre>	0 (d) Total gaming (add
Paniavari	10 11 rt 1 2 3 4 5 6 7	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bingo (	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than  (c) Other gaming  Yes% No	0 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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Sch	ledule G (Form 990 or 990-EZ) 2016 LEE MONTESSORI PUBLIC CHARTER SCHOOL 45-4	4726453	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	%
b	an outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	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 If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
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	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		n 000 er 000	E7 0010
0320	83 09-12-16 Schedule G (Forr 34		-L2J 20 10

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Schedule G (F	orm 990 or 990-EZ) Supplemental Info	LEE 1	MONTESSORI	PUBLIC	CHARTER	SCHOOL	45-4726453	Page 4
Part IV S	supplemental info	ormation (	continued)					
							Schedule G (Form 990 or	990-EZ
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				35				

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 (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. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number 45-4726453 LEE MONTESSORI PUBLIC CHARTER SCHOOL FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CULTIVATE INDEPENDENCE AMONG DC SCHOOL CHILDREN, USING THE

CLOSING THE OPPORTUNITY GAP.

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

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

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

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 B, LINE 15:

COMPENSATION OF TOP MANAGEMENT AND KEY EMPLOYEES IS REVIEWED AND APPROVED

BY THE BOARD OF DIRECTORS BASED ON COMPETENCY ASSESSMENT SCORES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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Schedule O (Form 990 or 990-EZ) (2016
---------------------------------------

Name of the organization

LEE MONTESSORI PUBLIC CHARTER SCHOOL

Employer identification number 45-4726453

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.

Schedule O (Form 990 or 990-EZ) (2016)

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