Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	For the	2021 calendar year, or tax year beginning $$	JUN 30, 2022	
B	Check if applicable:	C Name of organization	D Employer identifi	cation number
	Address change	Montessori del Mundo Charter School		
	Name change	Doing business as	45-54280	23
	Initial return		uite E Telephone numbe	
	Final	15503 E. Mississippi Ave. Ste.		
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,526,522.
	Amende		H(a) Is this a group re	
	return Applica			? Yes X No
	tion pending		H(b) Are all subordinates in	
T 7	Γαν-αναι		—	list. See instructions
		www.montessoridelmundo.org	H(c) Group exemption	
		·	rear of formation: 2012	
		Summary	car or formation, = 0 = = [F	or otate or legal donnelle, CC
		Briefly describe the organization's mission or most significant activities: See Sche	dule O.	
Se	' '	orieny describe the organization's mission of most significant activities.	4410 01	
ш	2 0	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	eate
Ver.	3 1	Number of voting members of the governing body (Part VI, line 1a)	_	6
Ĝ	4 1	Number of independent voting members of the governing body (Part VI, line 1a)		6
∞	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		74
Ę.	6 T	otal number of volunteers (estimate if necessary)		25
Activities & Governance	7a T	otal number of voidineous (certifiate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		0.
¥	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
Revenue			Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	1,213,025.	950,087.
	9 F	Program service revenue (Part VIII, line 2g)	2,599,464.	2,913,698.
	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,032,415.	662,564.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,844,904.	4,526,349.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
G	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,220,778.	2,908,687.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ber	. b⊺	otal fundraising expenses (Part IX, column (D), line 25)		
й	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,277,866.	1,470,235.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,498,644.	4,378,922.
	19 F	Revenue less expenses. Subtract line 18 from line 12	1,346,260.	147,427.
Pé	3		Beginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)	4,212,238.	2,900,507.
ASS	21 T	otal liabilities (Part X, line 26)	5,782,512.	4,323,354.
<u>=</u> E	20 T 21 T 22 N	Net assets or fund balances. Subtract line 21 from line 20	-1,570,274.	-1,422,847.
Pa	art II	Signature Block		
Und	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	knowledge and belief, it is
true	, correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	·e	Wendy Renee, Executive Director		
		Type or print name and title	I Data	I DTIN
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		James D. Hinkle James D. Hinkle	12/06/22 self-employ	
	· -	Firm's name Hinkle & Company, PC	Firm's EIN ▶	27-1494012
Use	Only	Firm's address 5028 East 101st Street	, ,	10\400 2222
_		Tulsa, OK 74137	Phone no. (9	18)492-3388
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

	Montessori del Mundo Charter School	45-5428023 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	See Schedule O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	\	
	Montessori del Mundo prepares PK3 through 6th grade stud	
	multitude of communities in Metro Denver for success in	
	graduation from college. In an academically rigorous bi	
	environment, students will master the core subjects, max	
	knowledge in reading, writing, and math benefiting appro	ximately 272
	students in 2021-2022.	
4b	(Code:) (Expenses \$) (Reven	iue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 2,491,512.	Form 990 (2021)
		Form 330 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 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	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		_V
	Schedule D, Part III			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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		10h		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		21	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
		_		_

Pa	rt IV Checklist of Required Schedules (continued)		•	ugo
	· (oontinuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
э	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
OZ.	, ,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5 4	Part V. line 1	34		Х
25.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		
33	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	5.155 Solitodalo o contanto a responso or floto to drig into in tino i dit v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Enter the interest of the Late			
J	(gambling) winnings to prize winners?	1c		

Montessori del Mundo Charter School Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 74							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	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 on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		Х				
	any contributions that were not tax deductible as charitable contributions?	6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch						
7	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		х				
a b		7b						
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5						
·	to file Form 8282?	7с		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	5							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7e</u> 7f						
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	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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
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							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against							
122	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	ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.								
16	,							
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

6

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

	Check if Schedule O contains a response or note to any line in this Part VI									
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ None									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Wendy Renee - (720) 863-8629									
	15503 E Mississippi Avenue, Aurora, CO 80017									

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organiz (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position to not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	x, unless person is both an icer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week	-	Cer ai	and a director/trustee)		iee)	from	from related	other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	10001420)	and related
	below	ndividual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	er	'		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) Wendy Renee	40.00									
Executive Director				Х						
(2) Brian Cichon	2.00									
President		Х		Х						
(3) Elasha Nunez	2.00									
Vice President		Х		Х						
(4) David Romero	2.00									
Treasurer		Х		Х						
(5) Armondo Rivera	2.00									
Secretary		Х		Х						
(6) Oscar Gonzalez	2.00									
Member		Х								
(7) Ashley Muramoto	2.00									
Member		Х								
		1								
		1								
		<u> </u>	_			_				
		-								
		<u> </u>	_		_	_				
		-								

	Section A. Officers, Directors, Trus	tees, key Emp	PIOY	ees,	anc	<u>וח ג</u>	gnes	St C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable		stima	
		week					is both or/trus		compensation from	compensation from related	a	moun othe	
		(list any	ctor						the	organizations	COI	npens	
		hours for	r dire				ted		organization	(W-2/1099-MISC	/	from t	ne
		related	stee o	truste			bensa		(W-2/1099-MISC/	1099-NEC)		ganiza	
		organizations below	ual tru	ional 1		ploye	t com	١.	1099-NEC)			nd rela ganiza	
		line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former				yai iiza	10113
			-										
			<u> </u>										
	0.14.4.4												
	Subtotal Total from continuation sheets to Part VI	I Section A											
	Total (add lines 1b and 1c)												
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	<u> </u>		
	compensation from the organization						<i>'</i>			·			
												Yes	No
3	Did the organization list any former officer,	*	,	,	•	,	,	_		•			1,,,
_	line 1a? If "Yes," complete Schedule J for s										. 3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										4		Х
5	Did any person listed on line 1a receive or a										-		1
_	rendered to the organization? If "Yes." com	•				•			•		5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsation f	rom	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A) Name and business	address							(B) Description of s	ervices	Comp	(C) ensati	on
	anada Park Partners, LI												
	tmouth Ave., #360, Aur			00	14			$\overline{}$	Rent		37	79,9	74.
	Consulting Group, LLC				~ ~	Finance & HR			4.				
Co.	lorado Blvd., #380, Den	ver, co	8	02	22			\dashv	Services		1()6,1	.57.
			_			_							
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	Federated campaigns 1a					
ant				1			
Sign of							
ts, An		Fundraising events 1c					
igit İar		Related organizations 1d	000 610	-			
Si.	e	Government grants (contributions) 1e	832,619.	-			
rio S	f	All other contributions, gifts, grants, and					
ipri		similar amounts not included above 1f	<u>117,468.</u>				
함	ç	Noncash contributions included in lines 1a-1f 1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	r	Total. Add lines 1a-1f		950,087.			
			Business Code				
ø	2 a	Per Pupil Revenue	611710	2,617,846.	2,617,846.		
ķ		Tuition	611710		158,647.		
Ser		District Mill Levy	611710		124,089.		
E S		Student Fees & Activit	611710	13,116.			
gra Re	6						
Program Service Revenue		All other program service revenue					
_				2,913,698.			
$\overline{}$	3	Total. Add lines 2a-2f		2,515,0501			
	3	Investment income (including dividends, interest other similar amounts)					
	4						
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai	-			
		Gross rents 6a		-			
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
Ven	c	Gain or (loss) 7c					
Re	c	Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	4,103.				
	k	Less: direct expenses8b	173.				
	c	Net income or (loss) from fundraising events)	3,930.			3,930.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities)				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory)				
,,	_	_	Business Code				
oŭ e		Pension Accrual Adj	611710	592,153.	592,153.		
ane inu	b	Misc Revenue	900099	66,481.	66,481.		
eve	c						
Miscellaneous Revenue	c	All other revenue					
	e	Total. Add lines 11a-11d)	658,634.			
	12	Total revenue. See instructions)	4,526,349.	ß,572,332.	0.	3,930.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 111,157. 111,157. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,198,266. 1,694,918. 503,348. Other salaries and wages 7 Pension plan accruals and contributions (include 319,379. 250,778. 68,601. section 401(k) and 403(b) employer contributions) 165,124. 221,907. 56,783. Other employee benefits 9 57,978. 40,763. 17,215. 10 Payroll taxes Fees for services (nonemployees): Management 14,270. 12,279. 1,991. Legal 2,400. 335. 2,065. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 339,531 47,379. 292,152. column (A), amount, list line 11g expenses on Sch O.) 41,329. 5,767. 35,562. Advertising and promotion 12 22,452. 5,500. 16,952. Office expenses 13 135,325. 24,708. 110,617. Information technology 14 15 Royalties 81,918. 483,535. 401,617. 16 Occupancy 60,071. 8,382. 51,689. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 118. 118. 20 Payments to affiliates 21 94,628. 94,628. Depreciation, depletion, and amortization 22 17,466. 2,437. 15,029. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 140,167. 64,259. 204,426. Supplies & Food Service Other Expenses 54,684. 21,345. 33,339. С d All other expenses 4,378,922. 2,491,512. 1,887,410. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

Check here if following SOP 98-2 (ASC 958-720)

Pai	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			(P)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,120,341.	1	1,614,076
	2	Savings and temporary cash investments			5,225.	2	5,225
	3	Pledges and grants receivable, net		71,333.	3	120,899	
	4	Accounts receivable, net		5,490.	4	11,035	
	5	Loans and other receivables from any current	officer, director,				
		trustee, key employee, creator or founder, sul	ontributor, or 35%				
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ŕ	9	Prepaid expenses and deferred charges			0.	9	12,112
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		897,993.			
	b	Less: accumulated depreciation		371,994.	601,626.	10c	525,999
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		1 400 000	14	C11 1C1	
	15	Other assets. See Part IV, line 11	1,408,223.	15	611,161		
	16	Total assets. Add lines 1 through 15 (must e			4,212,238.	16	2,900,507
	17	Accounts payable and accrued expenses		334,239.	17	223,658	
	18	Grants payable	116 206	18	170 (()		
	19	Deferred revenue			116,206.	19	170,662
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Liak		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·	120,978.	23 24	40,654.
	24	Unsecured notes and loans payable to unrela			120,970.	24	40,034
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		of Schedule D	les 17-24).	Complete Part A	5,211,089.	25	3,888,380.
	26	Total liabilities. Add lines 17 through 25			5,782,512.	26	4,323,354.
	20	Organizations that follow FASB ASC 958, c			3770273121	20	1,525,551
es		and complete lines 27, 28, 32, and 33.	neok nere				
ŭ	27					27	
3ala	28	Net assets with donor restrictions				28	
β		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current fund	ds		-2,050,922.	29	-1,914,146.
sets	30	Paid-in or capital surplus, or land, building, or		480,648.	30	491,299.	
Ass	31	Retained earnings, endowment, accumulated			0.	31	0.
Net Assets or Fund Balances	32	Total net assets or fund balances			-1,570,274.	32	-1,422,847.
~	33	Total liabilities and net assets/fund balances			4,212,238.	33	2,900,507.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,37		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,57	0,2	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-1,42	2,8	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	an avalita avalaria valava ao Calandula O and danasila anvatana talva ta vadama avala avala		ماد ا		I

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Name of the organization

Montaggori del Mundo Charter School

Employer identification number 45 - 5428023

				Mulido Charte				3-3420023	
Par	tΤ	Reason for Public C	Charity Status. (All organizations must o	omplete this part.) S	ee instructions	i.		
he o	rgan	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only one box.)				
1		A church, convention of chu	urches, or association	n of churches described	in section 170(b)(1)(A)(i).			
2 [X	A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	າ 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	junction with a hospital	described in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 170(b)(1)(A)	(v).			
7		An organization that normal	lly receives a substar	itial part of its support fi	om a governmental ı	unit or from the	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described i	n section 170(b)(1)(A)(ix) operated in conju	inction with a l	and-grant	college	
		or university or a non-land-g	rant college of agricu	ılture (see instructions).	Enter the name, city,	, and state of t	he college	or	
		university:							
10		An organization that normal	lly receives (1) more t	han 33 1/3% of its supp	ort from contribution	ıs, membershi	o fees, and	d gross receipts from	
		activities related to its exem	npt functions, subject	to certain exceptions;	and (2) no more than	33 1/3% of its	support fr	rom gross investment	
		income and unrelated busin	ess taxable income	less section 511 tax) fro	m businesses acquir	red by the orga	anization a	ıfter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusiv	ely to test for public sa	fety. See section 50)9(a)(4).			
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform the function	ns of, or to car	ry out the	purposes of one or	
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section 509(a)(2).	See section 5	09(a)(3). 🤇	Check the box on	
		lines 12a through 12d that of	describes the type of	supporting organization	and complete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	ınization operated, sı	pervised, or controlled	by its supported orga	anization(s), ty _l	oically by	giving	
		the supported organization	on(s) the power to reg	ularly appoint or elect a	majority of the direc	tors or trustee	s of the su	upporting	
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its supporte	d organization	(s), by hav	<i>i</i> ng	
		control or management of	f the supporting orga	nization vested in the sa	ame persons that cor	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV, \$	Sections A and C.					
С		Type III functionally integrated	grated. A supporting	organization operated	in connection with, a	and functionally	/ integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Sections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in connection w	ith its support	ed organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distribution req	uirement and	an attentiv	/eness	
		requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D, and Part	V.			
е		Check this box if the orga	nization received a v	ritten determination fro	m the IRS that it is a	Type I, Type II	, Type III		
	functionally integrated, or Type III non-functionally integrated supporting organization.								
f	Ente	er the number of supported o	rganizations						
g		vide the following information			(iv) Is the organization listed	(u) Amarinat - f	manatairi	(vi) Amount of other	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governing document?	(v) Amount of support (see ins	,	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes No	Landhour (see IIIs	, uotioi is)	Cabbour (acc manachoria)	

Schedule A (Form 990) 2021 Montessori del Mundo Charter School 45-5428023 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 fails to qualify under the tests			•	on failed to qualify (under Part III. If the	organization
Sec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Calei	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						_
b	33 1/3% support test - 2020. If the o	organization did n	ot check a box on				
	and stop here. The organization qual						_
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not				
	and if the organization meets the fact	s-and-circumstand	ces test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te				•	-	
h	10% -facts-and-circumstances test	-	· · · · · · · · · · · · · · · · · · ·	*	-	17a, and line 15 is	100% or

Schedule A (Form 990) 2021

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances 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

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

Section A. Public Support	now, please comp	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(4) = 3	(2) 20:0	(0) = 0 + 0	(4,) = 5 = 5	(5) 252 :	(.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
		(1) 0040	() 0040	(1) 0000	() 0004	(n =
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						+
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	>
b 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organizatior	·
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
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0		
9a		
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9c		
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Schedule A (Form 990) 2021

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

	All other Type III non-functionally integrated supporting organizations mus	t 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Fai	t v Type in Non-Functionally integrated 509(aj(s) supporting orga	ilizations (continu	<u> 1ed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
•	Excess from 2021				

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

Montessori del Mundo Charter School

Employer identification number 45-5428023

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	nts. Complete if the	!
	organization anomorou neo orni orni oco, natriv, iiii	(a) Donor ad	vised	d funds	(b) Fun	ds and other accoun	ts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls		
	are the organization's property, subject to the organization's	-					Yes	No
6	Did the organization inform all grantees, donors, and donor ad							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?							No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, P	art IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).					
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area	
	Protection of natural habitat			Preservation of a	a certi	fied his	storic structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	ıtribu	tion in the form o	f a cor	serva		
	day of the tax year.						Held at the End of the	Tax Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not	t on a	a historic structur	е			
	listed in the National Register					2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the o	organiz	zation	during the tax	
	year ▶							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the peri		pecti	on, handling of				
	violations, and enforcement of the conservation easements it						Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations	s, and	d enforcing conse	rvatio	n ease	ements during the yea	ır
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d ent	orcing conservation	on eas	sement	ts during the year	
•				ft: 170/h	(4)(D)	(:\		
8	Does each conservation easement reported on line 2(d) above	•					□ Vaa	Na
_	and section 170(h)(4)(B)(ii)?							No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn							
	organization's accounting for conservation easements.	ote to the organization	0115	ililariciai Staterriei	ונס נוופ	ii uesc	mbes trie	
Par	t III Organizations Maintaining Collections of	Art, Historical	Γrea	sures, or Oth	er S	imila	r Assets.	
	Complete if the organization answered "Yes" on Form	•		,				
1a	If the organization elected, as permitted under FASB ASC 958		reve	nue statement an	d bala	ınce sh	neet works	
	of art, historical treasures, or other similar assets held for pub	•						
	service, provide in Part XIII the text of the footnote to its finan	•	,					
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of	
	art, historical treasures, or other similar assets held for public	· ·						
	provide the following amounts relating to these items:	,	,				,	
	(i) Revenue included on Form 990, Part VIII, line 1					•	\$	
							\$	
2	If the organization received or held works of art, historical trea					rovide	•	
	the following amounts required to be reported under FASB A				· / I			
а	Revenue included on Form 990, Part VIII, line 1	-					\$	
b	Assets included in Form 990, Part X						\$	

Schedule D (Form 990) 2021

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

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

Complete ii the organization answered ii	res on Form 990, Part IV	7, 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		886,188.	369,951.	516,237.
d Equipment		11,805.	2,043.	9,762.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colun	nn (B), line 10c.))	525,999.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Montessori	del Mundo Cha	arter School 4	5-5428023 Page 3
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	Description	e 11d. Gee 1 Gill 930, 1 art X, line 13.	(b) Book value
(1) Deposits	Безеприоп		10,000.
(2) Pension Deferred Outflows	(GASB 68)		504,422.
	ASB 68)		70,273.
	ASD 00/		26,466.
			20,400.
(5)			+
(6)			+
(7)			+
(8)			+
(9)	. 45)		611,161.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	2)		
(2) Pension Liability (GASB 6)			2,683,345.
	(GASB 68)		1,029,038.
(4) OPEB Liability (GASB 68)			129,821.
(GA) OPEB Deferred Inflows	SB 68)		46,176.
(6)			
(7)			

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

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

Schedule D (Form 990) 2021

3,888,380.

(8) (9)

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,934,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		173.		
е	Add lines 2a through 2d			2e	173.
3	Subtract line 2e from line 1			3	3,934,196.
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				
b	Other (Describe in Part XIII.)	4b	592,153.		
С				4c	592,153. 4,526,349.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,526,349.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1 1	
1	Total expenses and losses per audited financial statements			1	3,786,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		F01 000		
d	Other (Describe in Part XIII.)	2d	-591,980.		F01 000
е	Add lines 2a through 2d			2e	-591,980.
3	Subtract line 2e from line 1			3	4,378,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
				4c	<u>0.</u> 4,378,922.
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.)		5	4,3/0,944.
		Double Constitution	and Ob. Dart V. Bas. 4	. D t V	/ Par Or David VII
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X	, line 2; Part XI,
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional infor	nation.		
Pai	rt XI, Line 2d - Other Adjustments:				
<u>- 4.</u>	te Mi, Bine Za Conci najasemenes.				
Dii	rect Fundraising Expenses				173.
	Too I and a Ding Emponded				<u> </u>
Pai	rt XI, Line 4b - Other Adjustments:				
Per	nsion Accrual Adjustment				592,153.
Paı	rt XII, Line 2d - Other Adjustments:				
	· ·				
Diı	rect Fundraising Expenses				173.
<u>P</u> er	nsion Accrual Adjustment				-592,153.
<u>Tot</u>	tal to Schedule D, Part XII, Line 2d				-591,980.

Schedule D (Form 990) 2021	Montessori	del	Mundo	Charter	School	45-5428023	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (continued)						
-							
-							
-							

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Montessori del Mundo Charter School

Employer identification number 45-5428023

Spd			
art I		1	_
		YES	1
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			١
bylaws, other governing instrument, or in a resolution of its governing body?	1	X	⊥
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			l
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarship	s? 2	X	ı
Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			Τ
homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			l
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			l
registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			l
community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	T
The School includes its anti-discrimination policy in its			t
parent handbook and on its website.	_		
parene nanazoon ana on res wessite.	_		
Does the organization maintain the following?	_		
Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	J
• Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	T
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			†
with student admissions, programs, and scholarships?	4c	Х	١
71 0 7			+
d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	⊥
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:	_	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?		X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?		X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5a 5b 5c	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? If Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? If Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? If Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Montessori del Mundo Charter School

Employer identification number 45-5428023

Form 990, Part I, Line 1, Description of Organization Mission:

To prepare all students for success in college and the future bilingual workforce, and to build a strong, educated, bilingual community.

To prepare all students for success in college and the future bilingual workforce, and to build a strong, educated, bilingual community.

Form 990, Part III, Line 1, Description of Organization Mission:

Form 990, Part VI, Section B, line 11b:

Line 11b Explanation - The 990 is presented to the Board annually prior to submission.

Form 990, Part VI, Section B, Line 12c:

The Board requires all board members to read and sign a conflict of interest policy at the beginning of their term. At the annual meeting, the Board Chair asks that each member self-disclose any potential conflict of interest (such as a business or personal relationship) that would keep a member from voting on business for the School.

Form 990, Part VI, Section B, Line 15:

The Board of Directors performed a salary analysis of similar schools in the same district and compensation was set according to this review.

Form 990, Part VI, Section C, Line 19:

On the website and available in the office, upon request.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization Montessori del Mundo Charter School	Employer identification number 45-5428023
Form 990, Part XII, Line 2c	
The School has not changed its oversight or selection process during	
the year.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Montessori del Mundo Charter School 45-5428023 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 15503 E. Mississippi Ave., Ste. B return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 80017 Aurora, CO Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Wendy Renee The books are in the care of ► 15503 E Mississippi Avenue - Aurora, CO 80017 Telephone No. ▶ (720) 863-8629 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. May 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 __ , and ending <u>JUN</u> 30 , 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

123841 01-12-22

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)