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(Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20C Name of organization D Employer identification number Monarch Montessori Check if applicable: Address change of Denver Charter 45-3015037 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 303-712-2001 Initial return 4895 Peoria Street Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CO 80239 Denver 2,999,686 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Jessica Brody 4895 Peoria Street H(b) Are all subordinates included? If "No," attach a list. (see instructions) Denver CO 80239 **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Tax-exempt status: www.monarchm.com Website: **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 2012 M State of legal domicile: CO Association Other > Part I Summarv 1 Briefly describe the organization's mission or most significant activities: Activities & Governance See Schedule O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 39 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year 329,937 474,789 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 2,095,251 2,198,132 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,030 11,650 361,553 315,115 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,803,771 2,999,686 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 1,214,006 **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,488,978 Expenses 16aProfessional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,432,413 **1,503,202** 2,646,419 2,992,180 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 157,352 7,506 **Beginning of Current Year** End of Year 11,785,76412,286,593 20 Total assets (Part X, line 16) 10,514,717 10,006,382 **21** Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 779,382 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 preparer has any knowledge. 11/6/2020 Signature of officer, 78480 Sign Here Jessica Brody Pres and Secretary Type or print name and title Uli Keeluf, CPA PTIN Print/Type preparer's name Preparer's signature Check Paid 11/05/20 self-employed Uli Keeley CPA P02288680 **Preparer**

Prospective Business Solutions LLC

80120

26 W Dry Creek Circle, Suite 600

Littleton, CO

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Firm's address

83-3569520

720-217-6601

Firm's EIN ▶

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Form 990 (2019) Monarch Montessori Part IV Checklist of Required Schedules

300000 1 0000			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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7		7		х
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	⊢'		^
0	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	٠,		A
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt pagetiation cominged If "Vee" complete Schodule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in guasi andowments? If "Ves." complete Schedule D. Part V	10		х
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,"	86688666668888	88888888888888	18866688888888
	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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in 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			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	7,
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any force and the College of the	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	and the section of the foreign in dividual 20 ff (1) can also a constant of the section of the s	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	···		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Г <u>., </u>		_ <u></u>
. •	Part VIII lines to and 952 If "Vos." complete Schodule C. 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		х
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
			000	

Form 990 (2019) Monarch Montessori
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		•
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		Х
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>		8888888888888	888888888888
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3,5
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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	26		v
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.		
	reportable garning (garnoling) withings to brize withers:	1c		

Form 990 (2019) Monarch Montessori 45-3015037

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 7 I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 I bl (**e**) fails it filed a Form 900-1 for this year? If **No* To line 3b, provide an explanation on Schedule O 9 3b		Statements Regarding Other INST linings and Tax Compliance (continued)		Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return 2a 39	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax		100	110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrotated business gross income of \$1,000 or more during the year? 3b Diff **C** is set at filed a Form 990-Fr for this year? If **No* to line 3, provide an explanation on Schedule O 3b If **C** is maintaid account in a foreign country! You're to line 3, provide an explanation on Schedule O 3c If **Yes* is often the name of the foreign country! You're to line 3, provide an explanation on Schedule O 3c If **Yes* to line for the name of the foreign country! You provide an explanation on the same of the foreign country! You provide an explanation of the same of the foreign country! You provide the same of the foreign Bank and Financial Accounts (FBAR). 5c If **Yes* to line 5 acr 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If **Yes* to line 5 acr 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If **Yes* is one tax deductables. 5c If **Yes* is one tax deductables. 5c If **Yes* is one tax deductables. 5c If **Yes*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables. 5c If **Yes*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables. 6c If **Yes*, did the organization with every solicitation an express statement that such contributions or diffuse were not tax deductables. 6c If **Yes*, did the organization metax of the such as a contribution and partly for goods and sendess provided to the payor? 7c If **Yes*, did the organization metax of the such as a contribution of a contribution					
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	b		2b	Х	000000000000000000000000000000000000000
3a X X 1 1 1 1 1 1 1 1					
b If Y'es, "has it filed a Form 990-T for this year" If "No" to line 3b, provide an explanation on Schedule O a financial account in a foreign country year, days an interest in, or a signature or other authority over, a financial account in a foreign country year and interest in, or a signature or other authority over, a financial account in a foreign country year and year. If "Yes," either the name of the foreign country year and year year. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). Sae with the properties of the organization that it was or is a party to a prohibited tax year? Sae Does the organization apparty to a prohibited tax sheller transaction at any time during the tax year? Sae Does the organization and that it was or is a party to a prohibited tax sheller transaction? Bo Does the organization shall not a manual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 in the payor? Organizations that may receive deductible contributions under section 170(c). If I'ves, "indicate the number of Forms 8282 filed during the year Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If I'ves, "indicate the number of Forms 8282 filed during the year To I Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations make any taxibable distributions under section 4966? In the organization is device	За		За	manasaanassaa	х
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, or other financial accountry)? 4a X b if "Yes," enter the name of the foreign country where the property of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b if "Yes," did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c if the organization received a contribution of qualified indirectly, to pay premiums on a personal benefit contract? 7c if the organization received a contribution of qualified indirectly or pay premiums on a personal benefit contract? 7d if the organization received a contribution of qualified indirectly or pay premiums on a personal benefit contract? 7d if the organization received a contribution of qualified indirectly or indirectly, on a personal benefit contract? 7d if the organization have excess business holdings at any time during the year? 8 sponsoring organization have excess business holdings at any time during the year? 9 sponsoring organization make a distribution to donor, donor advised fund maintained by the sponsoring organization make a distribution to donor, donor advised funds. 9 bid the sponsoring organization make a distributio	b		3b		
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? 5b Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes" to line 5a or 5b, did the organization file Form 88867? 5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the tax deficition on express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 5d If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided in the payor? 7a The State of the organization notify the donor of the value of the goods or services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7c If If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f Did the organization have excess business holdings at any time during the year? 7sponsoring organization maximal marking and oral vise during the year? 7sponsoring organization marking and promises, directly or indirectly, on a personal benefit contract? 7th organization have excess business holdings at any time during the year? 7sponsoring organization marking and promises, directly or indi	4a				
b If "Yes", enter the name of the foreign country ▶ See instructions for filling 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? 5b Lid any taxable party notify the organization file Form 888-17. 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nation include with every solicitation are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c Lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Lid 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 Did the organization notify the donor of the value of the goods or services provided? 7b Lid the organization notify the donor of the value of the goods or services provided? 7c Lid the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d Lid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9f If the organization received a contribution of case, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 Sponsoring organization maken any taxable distributions under section 4966? 9g Lid the sponsoring organization maken any taxable distributions under section 4966? 9g Lid the sponsoring organization maken any taxable distributions under section 4966? 9g Lid the sponsoring organization make a distribution of control during the year? 9g Sponsoring organization make a distribution to a fonor, donor advised runds. 9g Lid the s		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 C If "Yes" to line Sa or Sb, did the organization file Form 8886-1? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 C X 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization notity the donor of the value of the goods or services provided? 8 Did the organization notity the donor of the value of the goods or services provided? 9 Did the organization notity the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year 1 Pol Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, or a personal benefit contract? 7 Did the organization services or qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make eny stuable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization services the organization make any taxable distributions under section 4966? 9 S	b				
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	16		16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Х
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45-3015037 Form 990 (2019) Monarch Montessori 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 Section A. Governing Body and Management No 5 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. Enter the number of voting members included on line 1a, above, who are independent 5 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? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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 X Section 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? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section C. Disclosure

with a taxable entity during the year?

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website **X** Upon request **X** Other (explain on Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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?

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Business Manager

4895 Peoria Street

303-712-2001

CO 80239

Denver

X

Form 990 (2019) Monarch Montessori

45-3015037

Page **7**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	(do	not o	Pos check ess pe	C) sition more	than one is both an or/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-WISC)	(W-2/1099-WISC)	related organizations
(1)Jessica Brody	2.00								
Pres and Secretary	0.00	X		X			0	0	0
(2) Carolina Franco	2.00								
Board Treasurer	0.00	x		x			0	o	0
(3) Chris Kanapacki				1					•
	2.00								
Board Member	0.00	X		_			0	0	0
(4) Emily Poddar	0.00								
Board Secretary	2.00 0.00	x		x			0	o	0
(5) Selina Ramos	0.00	A		A			•		
,,	2.00								
Vice President	0.00	X		X			0	0	0
(6)									
(7)			\vdash	\vdash					
(8)			\vdash	\vdash					
(9)									
(10)									
(11)									

Form 990 (2019) Monar									45-301				Page 8
Part VII Section A.	Officer	s, Directors, Tı	uste	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ed)		
(A) Name and title		(B) Average hours per week (list any	box	ι, unle	Pos check ess pe	erson	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	com fi	(F) ated amo of other npensation rom the	on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		nization a organiza	
1b Subtotal								> > >					
Total number of indivireportable compensations	iduals (i	including but no	t lim	ited	to th	ose	liste	d al	oove) who received more	than \$100,000 of			
					ruot	00 1		mn	loves or highest sempon	antad		Y	es No
employee on line 1a?	If "Yes	." complete Sch	edul	le J t	for s	uch	indiv	idua	loyee, or highest compens			3	X
organization and relat	ted orga	anizations great	er th	an \$	150	,000)? If '	"Ye	ation and other compensa s," complete Schedule J fo	ition from the or such		_	
individualDid any person listed	on line	1a receive or a	ccru	e co	mpe	nsat	ion f	rom	any unrelated organization	on or individual		4	X
for services rendered Section B. Independent C			"Yes	s," co	отрі	lete	Sche	dul	e J for such person	·····		5	<u> </u>
1 Complete this table for	or your f	ive highest com	pen	sate	d ind	depe	nder	nt c	ontractors that received m	ore than \$100,000 of			
		(A) I business address	COII	ipen	sauc	on ic	or the	Cai		within the organization's t (B) otion of services	ax year.	Comp	C) ensation
2 Total number of indep	nendert	contractors (in	dudi	na h	ut n	ot lir	nited	l to	those listed above) who				
received more than \$	100,000	of compensati	on fr	om i	the c	orga	nizat	ion	• MICO HOLOG ADOVE) WITO	0			

Form 990 (2019) Monarch Montessori
Part VIII Statement of Revenue

:0000000000		Check i	f Sch	nedule O cor	ntains	a resp	onse or no	ote to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam	paign	s	1a						
윤리	b	Membership du	es		1b						
S, (c	Fundraising eve	ents		1c						
뜵嶌	4	Related organiz	zation		1d						
, <u>E</u>							463,391				
Si Si		Government grants (c			1e		403,391				
널릴	Т	All other contributions and similar amounts n			۱.,		11 200				
물탕					1f	•	11,398				
<u> </u>	_	Noncash contributions			1g			474 700			
<u>၁ ဧ</u>	h	Total. Add lines	3 1a-1	1†				474,789			
_	_						Business Code	1 704 657	1 704 657		
<u>ş</u>	2a	PPR Revenu					611710	1,794,657	1,794,657		ļ
듩	b	Mill Levy					611710	398,749	398,749		
E S	С	Pupil Acti	viti	.es			611710	4,726	4,726		
Program Service Revenue	d										
옵	е										
		All other progra						0 100 100			
\dashv		Total. Add lines						2,198,132			1
	3	Investment inco			nds, in	terest, an	d ,	44 650			11 450
		other similar am		<i>'</i>				11,650			11,650
	4	Income from investment of tax-exem Royalties			pt bor	d procee	ds 🕨				
	5	Royalties									
				(i) Real		(ii) F	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses									
	С	Rental inc. or (loss)	_6c								
		a Gross amount from			· · · · · · · · · · · · · · · · · · ·						
	<i>i</i> a	sales of assets		(i) Securities	\$	(ii)	Other				
		other than inventory	7a								
Other Revenue	b	Less: cost or other									
š		basis and sales exps.									
~		Gain or (loss)	7c								
he		Net gain or (los	,								
ŏ	8a	Gross income from									
		(not including \$									
		of contributions re		on line 1c).							
		See Part IV, line 1			<u>8a</u>						
		Less: direct exp			8b						
		Net income or (even	ts					
	9a	Gross income from	-	ng activities.							
		See Part IV, line 1			9a						
		Less: direct exp			_9b_						
		Net income or (tivities						
	10a	Gross sales of i		•							
		returns and allo			10a						
		Less: cost of go			10b						
\blacksquare		Net income or (loss)	from sales of in	ventor	y	b				
Miscellaneous Revenue							Business Code	A. P	6. -		
ne	11a	Other						315,115	315,115		
e la	b										
Sce	С										
Ξ	d	All other revenu						045 445			
\Box		Total. Add lines						315,115	0 510 04-		44 656
	12	Total revenue.	See i	instructions				2,999,686	2,513,247	0	11,650

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 (B) Program service Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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, 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) Other salaries and wages 392,658 1,222,622 829,964 Pension plan accruals and contributions (include 266,356 94,665 171,691 section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): 71,200 71,200 a Management 830 830 **b** Legal c Accounting 47,956 47,956 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 79,143 79,143 (A) amount, list line 11g expenses on Schedule O.) 5,876 5,876 12 Advertising and promotion 15,307 15,307 Office expenses 13 Information technology 7,733 7,733 14 15 Royalties Occupancy 131,718 131,718 16 1,958 1,958 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,341 1,341 19 Conferences, conventions, and meetings 462,541 462,541 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 31,219 31,219 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 353,354 353,354 Depreciation Grant Expenses 63,049 115,465 52,416 District Admin 62,031 62,031 Curriculum 23,667 23,667 45,319 e All other expenses 91,863 46,544 2,992,180 1,127,864 1,864,316 0 25 Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or no			(A)		(B)
	_				Beginning of year		End of year
	1	Cash—non-interest-bearing			503,507	1	759,871
	2	Savings and temporary cash investments			631,757	2	
	3	Pledges and grants receivable, net			174 521	3	242 011
	4	Accounts receivable, net			174,531	4	242,911
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia				_	
		controlled entity or family member of any of these pe Loans and other receivables from other disqualified p		an defined		5	
"	6	under section 4958(f)(1)), and persons described in				6	
Assets	7					7	
Ass	7	Notes and loans receivable, net				8	
	8	Inventories for sale or use			15,068	9	19,451
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	. т т		13,000	9	19,401
	Iva		102	11 694 621			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,442,323	10,597,214	10c	10,252,298
	11	Investments—publicly traded securities	100		10,331,214	11	10,232,230
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
		Other assets. See Part IV, line 11			364,516	15	511,233
	16	Total assets. Add lines 1 through 15 (must equal lin	e 33)		12,286,593	16	11,785,764
	17	Accounts payable and accrued expenses			2,509	17	60,701
	18	Grants payable				18	007.02
	19	Deferred revenue			250	19	5,482
	20	Tax-exempt bond liabilities			8,565,000	20	8,325,000
	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D	,	21	,
S	22	Loans and other payables to any current or former of					
≝		trustee, key employee, creator or founder, substantia	l contrib	utor, or 35%			
Liabilities		controlled entity or family member of any of these pe	rsons			22	
	23	Secured mortgages and notes payable to unrelated to	hird part	es		23	
	24	Unsecured notes and loans payable to unrelated thir	d parties			24	
	25	Other liabilities (including federal income tax, payable	es to rela	ted third			
		parties, and other liabilities not included on lines 17-2	24). Com	plete Part X			
		of Schedule D			1,946,958		1,615,199
	26	Total liabilities. Add lines 17 through 25		1000	10,514,717	26	10,006,382
S		Organizations that follow FASB ASC 958, check I	nere				
2		and complete lines 27, 28, 32, and 33.					
ala	27					27	
В В	28					28	
Ë		Organizations that do not follow FASB ASC 958,	check h	ere •X			
Ē		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
ts o		Daid in an agaital according an land building an aguing	nent func			30	
ssets o	30	Paid-in or capital surplus, or land, building, or equipn			1 771 076	_	1 770 200
Net Assets or Fund Balances	30 31 32	Retained earnings, endowment, accumulated income	e, or othe		1,771,876 1,771,876	31	1,779,382 1,779,382

Form **990** (2019)

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				686
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>, 99</u>		<u> 180</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			7,5	<u> 506</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	<u>,77</u>	1,8	376
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				
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	<u>,77</u>	9,3	<u> 382</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
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?		L	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A (Form 990 or 990-EZ)

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. Monarch Montessori

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization of Denver Charter 45-3015037

Pa	art	l Reas	on for Public Charity	y Status (All organizatioı	ns mus	t compl	ete this part.) See instri	uctions.
he	orga	anization is no	ot a private foundation beca	use it is: (For lines 1 through 1	2, check	only one	box.)	
1		A church, co	onvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	
2	X	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)	
3		A hospital or	r a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).	
4		A medical re	search organization operat	ed in conjunction with a hospit	tal descril	oed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and sta	te:					
5		An organiza	tion operated for the benefi	t of a college or university own	ed or ope	erated by	a governmental unit describe	ed in
		section 170	(b)(1)(A)(iv). (Complete Pa	art II.)				
6		A federal, st	ate, or local government or	governmental unit described in	n sectio i	170(b)(1)(A)(v).	
7			tion that normally receives a section 170(b)(1)(A)(vi). (a substantial part of its support Complete Part II.)	t from a g	overnme	ntal unit or from the general	public
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete F	Part II.)			
9				escribed in section 170(b)(1)(e of agriculture (see instruction				
10		An organization receipts from support from	n activities related to its exe n gross investment income	(1) more than 33 1/3% of its sempt functions—subject to cert and unrelated business taxable 30, 1975. See section 509(a)	ain excer e income	otions, ar (less sec	d (2) no more than 33 1/3% of tion 511 tax) from businesse	of its
11		An organizat	tion organized and operate	d exclusively to test for public	safety. Se	ee sectio	n 509(a)(4).	
12		of one or mo	ore publicly supported orgar ox in lines 12a through 12d	d exclusively for the benefit of, nizations described in section that describes the type of sup	509(a)(1 porting o) or sect i rganizatio	on 509(a)(2). See section 5 on and complete lines 12e, 12	09(a)(3). 2f, and 12g.
	а	the supp supportin	orted organization(s) the pong organization. You must	perated, supervised, or contro ower to regularly appoint or ele complete Part IV, Sections A	ect a majo A and B.	ority of th	e directors or trustees of the	
	b	control o	r management of the suppo	supervised or controlled in con orting organization vested in th te Part IV, Sections A and C.				_
	С	its suppo	functionally integrated. A orted organization(s) (see in	supporting organization opera estructions). You must compl e	ated in co ete Part l	nnection V, Secti	with, and functionally integra	ted with,
	d	that is no	ot functionally integrated. Ti	ed. A supporting organization on the organization generally must must complete Part IV, Section	t satisfy a	distribut	ion requirement and an atten	. ,
	е			eceived a written determination on-functionally integrated supp				II
	f	Enter the nu	mber of supported organiza	ations				
	g	Provide the t	following information about	the supported organization(s).				
(i)		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization'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							
	tion B. Total Support						00000000000000000	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(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.)							
11	Total support. Add lines 7 through 10				Sec.		8	
12	Gross receipts from related activities, etc.	. (see instruction	ıs)				12	2
13	First five years. If the Form 990 is for the	e organization's	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)		
	organization, check this box and stop he							
<u>Sec</u>	tion C. Computation of Public S	<u> </u>						
14	Public support percentage for 2019 (line	6, column (f) divi	ded by line 11, co	lumn (f))			14	%_
15	Public support percentage from 2018 Sc	hedule A, Part II,	line 14				15	<u>%</u>
16a	33 1/3% support test—2019. If the orga	nization did not d	check the box on I	ine 13, and line 1	4 is 33 1/3% or m	ore, check tl	nis	
	box and stop here. The organization qua							▶ ∐
b	33 1/3% support test—2018. If the orga							
	this box and stop here. The organization							▶ ∐
17a	10%-facts-and-circumstances test—2	019. If the organi	zation did not che	ck a box on line 1	I3, 16a, or 16b, ar	d line 14 is		
	10% or more, and if the organization me	ets the "facts-and	d-circumstances" t	est, check this bo	ox and stop here.	Explain in		
	Part VI how the organization meets the "organization			77				.
b	10%-facts-and-circumstances test—2							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization n	neets the "facts-a	and-circumstances	s" test. The organ	ization qualifies as	a publicly		
	supported organization							.
18	Private foundation. If the organization of	lid not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	o, check this box a	nd 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 qualify under the tests listed below, please complete Part II.)

<u></u>	tion A Dublic Company	quality under	i tile tests liste	d below, plea	se complete r	art II.)	
	tion A. Public Support		1,0040		/ N 0040		(D. T.) I
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's f	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	75 <u></u>
	organization, check this box and stop he						▶
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line						%
16	Public support percentage from 2018 Sch						%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2019			e 13, column (f))			%
18	Investment income percentage from 2018						%
19a	33 1/3% support tests—2019. If the organization						
	17 is not more than 33 1/3%, check this b	-	_	San and the san is			
b	33 1/3% support tests—2018. If the org						0.155
	line 18 is not more than 33 1/3%, check t					paper i i proces es escrita <u>s e</u> m contras en secultarios in casa i Farro	and the second s
20	Private foundation. If the organization d	id not check a bo	ox on line 14, 19a,	, or 19b, check th	is box and see ins	structions	

Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

1 2 3a	
2	
3b 3c	_
36	16666 16666 16666 16666
4a	
4b	
4c	
5a	
5b	
5c	
6	
-	
8	
9a	
9b	
9c	8588 8588 8588 85888 8588 8588 85888 85888 85888 85888 85888 85888 85888 85888 85888 85888 8588 85888 85888 85888 85888 85888 85888 85888 85888 85888 85888 8688 8688 86888 8688 8688 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 86888 8688
10a	
100	
10b (Form 990 or 990-EZ) 20°	19

45-3015037 Monarch Montessori Schedule A (Form 990 or 990-EZ) 2019 Page 5 **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, 2 supervised, or controlled the supporting organization. Section 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). Section 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Yes 2 Activities Test. Answer (a) and (b) below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2019 Monarch Montessori Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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.

instructions. All other Type III non-functionally integrated supporting organizati	ons must co	mplete Sections A thro	ugh E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 M	lonarch	<u>n M</u>	<u>fontessor</u>	<u>ci</u>	

45-3015037

____ Page **7**

Par	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	<u>izations (continued)</u>				
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt p						
2	Amounts paid to perform activity that directly furthers exempt purp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the org	anization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required-explain in Part VI). See						
_	instructions.						
3	Excess distributions carryover, if any, to 2019						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
<u> </u>	Carryover from 2014 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if						
3	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
0	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8							
	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
e	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

	rm 990 or 990-EZ) 2019		Montessor:			3015037	Page 8
Part VI	Supplemental In: III, line 12; Part IV B, lines 1 and 2; F	formation. Prov /, Section A, line Part IV, Section /, line 1; Part V,	vide the explana es 1, 2, 3b, 3c, 4 C, line 1; Part I' Section B, line	ations required by 4b, 4c, 5a, 6, 9a, V, Section D, line 1e; Part V, Secti	/ Part II, line 10; 9b, 9c, 11a, 11b es 2 and 3; Part l on D, lines 5, 6,	Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b
	111165 2, 3, and 0. 1	Also complete ti	ils part for arry	additional inform	ation. (See mon	detions.)	
						• • • • • • • • • • • • • • • • • • • •	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

Monarch Montessori of Denver Charter

Employer identification number

45-3015037

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(7 instructions.	covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under sect 13, 16a, or 16b, and th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that 990-EZ, or 990-PF), but it mus	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Nam _<u>M</u>

me of organization	Employer identification number
Monarch Montessori	45-3015037

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
. 1	American Academy of Dermatology 9500 W Bryn Mawr Ave, Suite 500 Rosemont IL 60018-5216	\$ 7,988	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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.

2019
Open to Public Inspection

Name of the organization Employer identification number Monarch Montessori 45-3015037 of Denver Charter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **>** \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X.

Part	III Organizations Maintain				s or Other		· Assets (continued)
3 Us	sing the organization's acquisition, acce		<u> </u>				
co	llection items (check all that apply):			_	-		
а	Public exhibition	d _	Loan or exchange p	rogram			
b	Scholarly research	е	Other				
С	Preservation for future generations						
	ovide a description of the organization'	s collections and exp	lain how they furthe	r the organizati	ion's exempt pu	rpose in	Part
XII							
	uring the year, did the organization solid						
Part	sets to be sold to raise funds rather the IV Escrow and Custodial A		is part of the organiz	ation's collecti	on?		Yes No
I CIII	Complete if the organizat 990, Part X, line 21.		es" on Form 990), Part IV, lir	ne 9, or repo	rted an	amount on Form
1a Is 1	the organization an agent, trustee, cus	todian or other intern	nediary for contributi	ons or other as	ssets not		
inc	cluded on Form 990, Part X?						Yes No
b If "	Yes," explain the arrangement in Part						
							Amount
						1c	
d Ad	Iditions during the year					1d	
	stributions during the year					1e	
f En	ding balanced the organization include an amount o					1f	Yes No
	Yes," explain the arrangement in Part						
Part		AIII. OHEOR HEIC II UN	c explanation has be	cii provided di	111 alt XIII		
	Complete if the organizat	ion answered "Y	es" on Form 990). Part IV. lir	ne 10.		
		(a) Current year	(b) Prior year	(c) Two year		ree years b	pack (e) Four years back
1a Be	eginning of year balance						
	ontributions						
	et investment earnings, gains, and eses						
d Gr	ants or scholarships						
e Ot	her expenditures for facilities and						
pro	ograms						
	Iministrative expenses						
	d of year balance						
	ovide the estimated percentage of the	•	ance (line 1g, columr	n (a)) held as:			
	eard designated or quasi-endowment ▶ Frmanent endowment ▶ %						
	erm endowment > %	•					
	e percentages on lines 2a, 2b, and 2c	should equal 100%.					
	e there endowment funds not in the po	•	nization that are held	l and administe	ered for the		
	ganization by:	· ·					Yes No
-	Unrelated organizations						3a(i)
(ii)	Related organizations						3a(ii)
b If "	Yes" on line 3a(ii), are the related orga	ınizations listed as re	quired on Schedule	R?			3b
000000000000000000000000000000000000000	escribe in Part XIII the intended uses of		ndowment funds.				
Part '	3000000000			D - 4 D / E	44 . 0		00 D - 1 V I' 40
	Complete if the organizat						
	Description of property	(a) Cost or other (investment)		other basis ther)	(c) Accumulat depreciation		(d) Book value
12 12	nd	` `	`	.35,000	_5p, 55, 400i		1,135,000
h Ru	nd nildings			59,621	1,442	.323	9,117,298
c Le	asehold improvements		10,0	, , , , ,	-/	, 525	5,111,250
	uipment						
	her						
	dd lines 1a through 1e. (Column (d) mu		Part X, column (B), li	ine 10c.)		▶	10,252,298

Schedule D (Form 990) 2019 **Monarch Montessor**:

000000000000000000000000000000000000000	Investments Other Securities		43-3013037	rage •
Part VII	Investments – Other Securities.	on Form 000 Part IV	line 11h See Form 00	0 Part V line 12
	Complete if the organization answered "Yes" ((a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial			2001 51 5114 51 9541	mantet raide
(1) Financial	ald applify interests		+	
(0) OH	eld equity interests		+	
			+	
(A)			-	
(B)				
(C)				
(D)			-	
(E)			<u> </u>	
(F)				
(G)			-	
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	<u>′, line 11c. See Form 99</u>	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	•	•	
900000000000000000000000000000000000000	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d. See Form 99	0, Part X, line 15.
	(a) Description	·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			+	
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
I all A	Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11e or 11f See Fo	orm 000 Part Y
	line 25.	on on soo, rantiv	, line The of Thi. See To	onn 990, ran A,
	(a) Description of liability			(b) Book value
1. (1) Federal	income taxes			(b) Book value
	Pension Liability			732,547
	rred Inflows PERA			653,914
	ued Salaries and Benefits			96,175
	OPEB Liability			59,109
	ued Interest Payable			50,528
	rred Inflows OPEB			22,926
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u> ▶	1,615,199
•	uncertain tax positions. In Part XIII, provide the text of the t	-		
organization's	iliability for uncertain tax positions under FASB ASC 740. C	heck here if the text of the	e footnote has been provided	in Part XIII

Page **4**

Pa	art XI Reconciliation of Revenue per Audited Financ			n.
	Complete if the organization answered "Yes" on F		a.	
1	Total revenue, gains, and other support per audited financial statements	·		2,999,686
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities	20		
C C	Recoveries of prior year grants	2c 2d		
d	Other (Describe in Part XIII.)	<u>Zu</u>	20	
е 3	Add lines 2a through 2d		2e 3	2,999,686
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	······	3	2,333,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4e and 4h		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, li.</i>			2,999,686
Pa	art XII Reconciliation of Expenses per Audited Financi			
	Complete if the organization answered "Yes" on F			
1	Total expenses and losses per audited financial statements		1	2,992,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			2,992,180
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			2 002 100
с _5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I,			2,992,180
с 5 Р а	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information.	line 18.)	5	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information.	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	
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Schedule D (F	Form 990) 2019 Monarch Montessori	45-3015037	Page 5
Part XIII	Form 990) 2019 Monarch Montessori Supplemental Information (continued)		
<u> </u>			

SCHEDULE E

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Monarch Montessori of Denver Charter

Employer identification number 45-3015037

Pa	art I		VE0	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the régistration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	Policies are available upon request and posted on the website and all handbooks.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	200000000000000
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		х
				١
е	Educational policies?	5e		<u> </u>
f	Use of facilities?	5f		x
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	5000000000000000000	Х
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	_	v	

S	chedule E (rch Mo						<u>45-301503</u>	/ Pag	ge 2
	Part II					e the expla additional in				nes 3, 4d, 5l	n, 6b, a	nd 7, as		
	Sch E									Explana	ation	1		
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Supplemental Information on Tax-Exempt Bonds
► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE K (Form 990)

2019

OMB No. 1545-0047

Open to Public Inspection

Schedule K (Form 990) 2019 Yes No (i) Pooled financing **Employer identification number** ŝ Ω Š × (h) On behalf of 45-3015037 Yes Yes ŝ (g) Defeased × Yes ŝ ပ Yes (f) Description of purpose K See Part ŝ Ω 8,565,000 Yes (e) Issue price ŝ × × × 05/13/20 (d) Date issued ⋖ Yes × (c) CUSIP# 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 17 Does the organization maintain adequate books and records to support the 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN Monarch Montessori of Denver Charter and Improvement Bonds issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? 16 Has the final allocation of proceeds been made? 9 Working capital expenditures from proceeds Capital expenditures from proceeds 8 Credit enhancement from proceeds 5 Capitalized interest from proceeds Amount of bonds legally defeased 4 Gross proceeds in reserve funds (a) Issuer name 6 Proceeds in refunding escrows 7 Issuance costs from proceeds Year of substantial completion **Issues** final allocation of proceeds? Proceeds Other unspent proceeds 1 Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond A Refunding Part II Part I 9 2 13 Ω

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

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Page 2

Monarch Montessori Schedule K (Form 990) 2019

Private Business Use

Part III

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45-3015037

ŝ ŝ Ω Yes Yes % 낆 % % ô မွ ပ Yes Yes % 88 % ô ŝ Ω Ω Yes Yes % % % % 원× 윈× × × × × × × × × × × Yes Yes Enter the percentage of financed property used in a private business use as a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? c Are there any research agreements that may result in private business use of counsel to review any management or service contracts relating to the financed property? Are there any lease arrangements that may result in private business use of result of unrelated trade or business activity carried on by your organization, b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Are there any management or service contracts that may result in private outside counsel to review any research agreements relating to the financed property? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and If "Yes" to line 2c, provide in Part VI the date the rebate computation was Was the organization a partner in a partnership, or a member of an LLC, Enter the percentage of financed property used in a private business use by entities nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all another section 501(c)(3) organization, or a state or local government d If "Yes" to line 3c, does the organization routinely engage bond counsel or other 8a Has there been a sale or disposition of any of the bond-financed property to a requirements under Regulations sections 1.141-12 and 1.145-2? other than a section 501(c)(3) organization or a state or local government Does the bond issue meet the private security or payment test? which owned property financed by tax-exempt bonds? business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? Penalty in Lieu of Arbitrage Rebate? sections 1.141-12 and 1.145-2? bond-financed property? ... bond-financed property? **Arbitrage** Total of lines 4 and 5 b Exception to rebate? Rebate not due yet? No rebate due? disposed of performed Part IV

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Schedule K (Form 990) 2019 Monarch Montessori	7	45-3015037	37					Page 3
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	A			В		C		D
4a Has the organization or the governmental issuer entered into a gualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		×						
b Name of provider	-							
c Term of hedge								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC.								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?.		×						
7 Has the organization established written procedures to monitor the		;						
men		4						
Part V Procedures To Undertake Corrective Action								
	∢			B		o-		۵
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		×						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K.	tion for res	ponses to c	uestions o	n Schedule	K. See instructions	uctions		
Schedule K - Purpose of Issue Description	ជ							
ing and Improvement Bo								
ssued	its Ser	Series 2015	5 Charter	1	100			
ing Bonds in order to extend its	I	Day		15.	2025 and			
the debt.		1	8	201				

Schedule K (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **2019**

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

For to provide any additional information.

Attach to Form 990 or 990-EZ.

For to provide any additional information.

Open to Public Inspection

Name of the organization Monarch Montessori of Denver Charter

Employer identification number 45-3015037

Form 990 - Organization's Mission or Most Significant Activities
Monarch Montessori of Denver's mission is to provide a challenging academi
program based on the work of Dr. Montessori. This method will support our
students as they become "engaged learners today" and the "leaders of
tomorrow".
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The contract CFO reviews the 990 prior to filing.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are required to disclose any conflict of interest annually
upon voting on any transcatin as well as case by case brought up at board
meetings in question.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
the CFO provides the information directly tot he board and is independent
of the school. Annual salary surveys are done for the surrounding schools
for similar postions by the CFO.
Form 990, Part VI, Line 18 - No Public Disclosure Explanation
Financial statements are available upon request and on the School's websit
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The financial statements are available for review on the Organization's
website
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