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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 black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2007

		nue Service The organization may have to use a copy of this return to sa	-,· ,	.5	Open to t usus mapoundi
A I	For the		/31/08		
В	Check if a			DΕ	mployer identification number
	Address cl	hange use IRS label or label o			57-0570198 <u> </u>
\Box	Name cha	I I MONTESSORT SCHOOT, OF ANDERSON		Ет	elephone number
\exists		type. Number and street (or P O box if mail is not delivered to street address) Room/suite	8	364-226-5344
<u></u>	nıtıal retur	000 280 SAM MCGEE ROAD		FA	ccounting method Cash
\square	Terminatio	Specific Instruc- City or town, state or country, and ZIP + 4			ccrual Other (specify)
\Box	Amended	30000 GG 00601	>		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
\equiv		• Section F01/a\/2\ erganizations and 4947/a\/4\ negree and sharetable	H and I are not applicable to section	on 527	7 organizations
□ ′	Application	trusts must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) Is this a group return for af		
G I	Websit	e: N MSASC.ORG	H(b) If "Yes," enter number of a		
		zation type	H(c) Are all affiliates included?	iiiiate:	□ Vas □ No
	_	only one) ► 🕱 501(c) (3) 4 (insert no)	, ,	tone \	1es 140
			(If "No," attach a list. See instruc		
	Check h		H(d) Is this a separate return file	-	
ı	receipts	are normally not more than \$25,000 A return is not required, but if the organization chooses	organization covered by a		
1	to file a r	eturn, be sure to file a complete return	Group Exemption Num		
	_	2 267 722	. —	•	zation is not required
		eceipts Add lines 6b, 8b, 9b, and 10b to line 12 2, 267, 733			
<u> </u>	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (See the instruct	ions	}
	1	Contributions, gifts, grants, and similar amounts received	1		
ŀ	а	Contributions to donor advised funds	1a		
ļ	b	Direct public support (not included on line 1a)	1b 269,860		
1210	C	Indirect public support (not included on line 1a)	1c		
0	d	Government contributions (grants) (not included on line 1a)	1d		
35	θ	Total (add lines 1a through 1d) (cash \$ 269,860 noncash S)	1e	269,860
SCANNED	2	Program service revenue including government fees and contracts (from Part VII, line	93)	2	1,979,665
fil	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	16,663	
_	5	Dividends and interest from securities	5		
吕	6a	Gross rents	6a		
N. c	b	Less rental expenses	6b		
% €3	С	Net rental income or (loss) Subtract line 6b from line 6a		6c	
ı	7	Other investment income (describe ▶		7	
E-1	8a	Gross amount from sales of assets other (A) Securities	(B) Other		
Revenue		than inventory	8a	ĺ	
~	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	here ▶ □	******	,,
	а	Gross revenue (not including \$ of			
		contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b	1	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	,	9c	
2010	10a		10a		
20	b	· · · · · · · · · · · · · · · · · · ·	10b	1	
ଭ				10c	<u> </u>
୧୬	С 11	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line portion Other revenue (from Part VII, line 103)		11	
<u> </u>			SC	12	
001	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services (from line 44, column (B))	0 5 2010	13	
- X	13	(""	10	14	383,105
<u>ur</u>	14	Management and general (from line 44, column (C))		15	
28	15	Fundraising (from line 44, column (D)) OGD	EN UT	-	
ا لۇپ ك	16	rayments to annates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	155 001
යින්	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	
ASS	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	
Net Assets CAEX perses	20	Other changes in net assets or fund balances (attach explanation)		20	
	21 Privaci	Net assets or fund balances at end of year Combine lines 18, 19, and 20 y Act and Paperwork Reduction Act Notice, see the separate		21	88,068
inst	ruction	y Aot and Faporwork Neduction Act Holice, see the separate IS.		^	Form 990 (2007) §
DAA			/	i	17

		complete column (A). Ci on 4947(a)(1) nonexem) are required for section optional for others (See	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	1				
(cash \$ non-cash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$ non-cash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach			····		
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc. listed in					
Part V-A SEE STATEMENT 1	25a	76,500	26,500	50,000	
b Compensation of former officers, directors,	200	.0/000	20,000		
key employees, etc listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,	230				
•					
to disqualified persons (as defined under section	25.				
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included	_	1 222 414	1,029,708	172 006	10 000
on lines 25a, b, and c	26	1,223,414	1,029,108	173,906	19,800
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28	00 000	72 (50	14 272	1 707
29 Payroll taxes	29	89,829	73,659	14,373	1,797
30 Professional fundraising fees	30	-			
31 Accounting fees	31				
32 Legal fees	32	0.40 626	72 620		155 006
33 Supplies	33	248,636	73,630		175,006
34 Telephone	34				
35 Postage and shipping	35	00.000	00.000		
36 Occupancy	36	20,000	20,000	01 760	
37 Equipment rental and maintenance	37	78,175	56,406	21,769	
38 Printing and publications	38		-		
39 Travel	39		_		
40 Conferences, conventions, and meetings	40	107 100	01 566	05 416	
41 Interest	41	127,182	91,766	35,416	
42 Depreciation, depletion, etc. (attach schedule)	42	77,949	56,123	21,826	
Other expenses not covered above (itemize)		150 000	04 440	65.045	
a SEE STATEMENT 2	43a	150,227	84,412	65,815	
b	43b		-		
C	43c				
d	43d				
е	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a					
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	2,091,912	1,512,204	383,105	196,603
Joint Costs. Check ▶ ☐ if you are following SOP 98-2 Are any joint costs from a combined educational campaign and f		-			Yes X No
f "Yes," enter (i) the aggregate amount of these joint costs \$					·
(III) the amount allocated to Management and general \$, and (IV) the amou	nt allocated to Fundraising	\$	
DAA					Form 990 (2007)

O1	rm 990 (2007) MONTE :	SSORI	SCHOOL OF	ANDERSO	N	57-0570	0198		Page 3
			gram Service Ac						
ar n i	m 990 is available for publi ticular organization. How th its return. Therefore, please	ne public pe e make sui	erceives an organizati	ion in such case	s may be dete	rmined by the info	rmation presented		
ro	grams and accomplishmen	1ts							
•	at is the organization's prin	т 3	•						Program Service Expenses (Required for 501(c)(3) and
fc	organizations must describ clients served, publications anizations and 4947(a)(1) i	issued, etc	Discuss achieveme	nts that are not i	measurable (Section 501(c)(3)	and (4)		(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	INSTRUCTION	AND :	STUDENT AC	FIVITIES	- SEE	ATTACHED	STMT		
b	(Grants and allocations	\$)	If this amoun	nt includes foreign	grants, check here	▶ □	1,296,622
					16.41				
_	(Grants and allocations	\$)	if this amour	nt includes foreign	grants, check here		
, ,	(Grants and allocations	\$)	If this amour	nt includes foreign	grants, check here	. []	
d									

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

215,582 1,512,204 Form 990 (2007)

(Grants and allocations

(Grants and allocations \$

e Other program services (attach schedule)

SEE

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

STMT 4

	art IV	Balance Sheets (See the Instructions)					
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			439,869	45	502,114
	46	Savings and temporary cash investments			43,741	46	
	47a	Accounts receivable	47a	20,004	1		
	b	Less allowance for doubtful accounts	47b		15,679	47c	20,004
				1 - 000			
	48a	Pledges receivable	48a	17,030			15 000
		Less allowance for doubtful accounts	48b			48c	17,030
	49	Grants receivable		,		49	
	50a	Receivables from current and former officers, directors,	trustee	es, and		F0-	
	h	key employees (attach schedule) Receivables from other disqualified persons (as defined	under	soction 4059/f)(1)) and		50a	
	b	persons described in section 4958(c)(3)(B) (att schedul		Section 4930(I)(T)) and		50b	
	51a	Other notes and loans receivable (attach	<i>C)</i>			300	
	U.u	schedule)	51a				
ets	b	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			1,067	53	8,202
	54a	Investments—publicly-traded SEE STATEMENT	5	Cost FMV		54a	220,108
,	b	Investments—other securities (attach schedule)		Cost FMV		54b	
	55a	Investments—land, buildings, and					
		equipment basis	55a	2,615,881			
	b	Less accumulated depreciation (attach		1 010 440	1 607 001		1 600 400
		schedule) SEE STATEMENT 6	55b	1,012,448	1,627,801	55c	1,603,433
	56	Investments—other (attach schedule)	1	ı		56	
	57a	Land, buildings, and equipment basis	57a				
	b	Less accumulated depreciation (attach schedule)	57b			57c	
	58	Other assets, including program-related investments	3/10	I		3/6	
	50	(describe		58			
	59	Total assets (must equal line 74) Add lines 45 through	2,128,157	59	2,370,891		
	60	Accounts payable and accrued expenses			16,332	60	17,084
	61	Grants payable				61	
	62	Deferred revenue SE	EE S	STATEMENT 7	306,784	62	380,396
es	63	Loans from officers, directors, trustees, and key employed	ees (a	itach			
ij		schedule)				63	
Liabilities		Tax-exempt bond liabilities (attach schedule)				64a	
	b ce	Mortgages and other notes payable (attach schedule) Other liabilities (describe SEE STATEMEN	יייי גע	,	1,892,794	64b 65	1,885,343
	65	Other liabilities (describe > DIII DIAIDAIN)	1,052,154	05	1,000,045
	66	Total liabilities. Add lines 60 through 65			2,215,910	66	2,282,823
			nd con	nplete lines			
	_	67 through 69 and lines 73 and 74					
es	67	Unrestricted			-197,293		-235,115
auc	68	Temporarily restricted			109,540	68	323,183
Bala	69	Permanently restricted				69	
P	Orga	nizations that do not follow SFAS 117, check here	• <u></u>	and			
Ē		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	ant fire	d		70 71	
sset	71 72	Paid-in or capital surplus, or land, building, and equipme Retained earnings, endowment, accumulated income, o				72	
ř Ä	73	Total net assets or fund balances. Add lines 67 through				<u>' </u>	
Š	'	70 through 72 (Column (A) must equal line 19 and colu	-				
		equal line 21)	(5	,	-87,753	73	88,068
	74	Total liabilities and net assets/fund balances. Add lin	2,128,157		2,370,891		

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art IV-A Reconciliation of Revenue per Audited Financial State		s With Re		Retu	rn (See th	Page 5 e
a	instructions.) Total revenue, gains, and other support per audited financial statements						267,733
a b	Amounts included on line a but not on Part I, line 12				a	2,	201,133
1	Net unrealized gains on investments	b1	1				
2	Donated services and use of facilities	b2	 -	·-			
3	Recoveries of prior year grants	b3					
4	Other (specify)	0.5	1				
	Cities (appears)	b4					
	Add lines b1 through b4				b		
С	Subtract line b from line a				С	2,	<u>267,733</u>
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b	d1					
2	Other (specify)						
		d2					
	Add lines d1 and d2				d		060 000
е	Total revenue (Part I, line 12) Add lines c and d			<u> </u>	е		267,733
	art IV-B Reconciliation of Expenses per Audited Financial Sta	temer	its with E	xpenses pe			012 062
a	Total expenses and losses per audited financial statements				a		013,963
b	Amounts included on line a but not Part I, line 17	1	1				
1	Donated services and use of facilities	b1					
2	·	b2		•			
3	Losses reported on Part I, line 20	<u>b3</u>	-				
4	Other (specify)	h4					
	Add topo he shough he	b4	_l		b		
_	Add lines b1 through b4 Subtract line b from line a				C	2	013,963
c, d	Amounts included on Part I, line 17, but not on line a:				<u> </u>		010,500
1	Investment expenses not included on Part I, line 6b	d1	1				
	Other (specify)	<u> </u>					
_	SEE STATEMENT 9	d2		77,949			
	Add lines d1 and d2		-t	.t .	d		77,949
е	Total expenses (Part I, line 17) Add lines c and d			>	е	2,	77,949 091,912
P	art V-A Current Officers, Directors, Trustees, and Key Employ				office	r, director, tri	ustee,
	or key employee at any time during the year even if they were not compe	ensated			1(0)	Contributions to	T .==
	(A) Name and address	Tirle and	(B) average hours per	(C) Compensat (If not paid, en	ter er	nployee benefit	(E) Expense account and other
		week co	voted to position	-0-)	còn	npensation plans	allowances
61	EE, STATEMENT 10						
	III OINIMANI IO						
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	990 (2007) MONTESSORI SCHOOL OF ANDERSON	<u> 57-0570</u>	198			Р	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Emplo	yees (continued)				Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organic		rd				
	meetings	▶ 10					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, of	•	d				
	employees listed in Schedule A, Part I, or highest compensated professional and oth	•					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family						
	${\it relationships?} \ {\it If "Yes,"} \ attach \ a \ statement \ that \ identifies \ the \ individuals \ and \ explains$	the relationship(s)		-	75b		X
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, o	-					
	compensated employees listed in Schedule A, Part I, or highest compensated profes						
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation						
	organizations, whether tax exempt or taxable, that are related to the organization? So	ee the instructions for		ŀ	 -		х
	the definition of "related organization"			<u> </u>	75c		
	If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy?	1			75d	x	
	Int V-B Former Officers, Directors, Trustees, and Key Employ	vees That Receiv	ed Compa				fite
ra	(If any former officer, director, trustee, or key employee received compo		-				
	person below and enter the amount of compensation or other benefits in				cui, i	iot tria	•
	possible and one the amount of semperior.		(C) Compensation	(D) Contributions to	(E) Expe	nse
	(A) Name and address	(B) I cans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans		unt and	
N/.	· · · · · · · · · · · · · · · · · · ·		Cities -0-7	compensation plans	1	allOW211	
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					1		
					<u> </u>		
Pa	rt VI Other Information (See the instructions)					Yes	No
76	Did the organization make a change in its activities or methods of conducting activities	es? If "Yes," attach a					
	detailed statement of each change			-	76		X
77	Were any changes made in the organizing or governing documents but not reported	to the IRS?		ļ	77		X
	If "Yes," attach a conformed copy of the changes				:		
78a	Did the organization have unrelated business gross income of \$1,000 or more during	the year covered by					.
	this return?			- i	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	D.15.11.4		ļ	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the	geary ii "Yes," attach		ŀ	70		х
	a statement			-	79		<u> </u>
80a	Is the organization related (other than by association with a statewide or nationwide						
	common membership, governing bodies, trustees, officers, etc., to any other exemple	or nonexempt			00-	1	x
	organization?			}	80a		<u> </u>
b	If "Yes," enter the name of the organization	nether it is exem	., ., [7]	lovomot			
04-	and check will		pt or	nexempt 0			
81a	Enter direct and indirect political expenditures (See line 81 instructions)	[3	14		81b		x
<u>p</u>	Did the organization file Form 1120-POL for this year?			L	010		1. 42

	990 (2007) MONTESSORI SCHOOL OF ANDERSON 57-0570	198		Р	age 7
Pa	irt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II				
	(See instructions in Part III)	2b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?)	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	N/A	84b		ĺ
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n			
	received a waiver for proxy tax owed for the prior year				ĺ
С	Dues, assessments, and similar amounts from members 8	5c			ĺ
d	Section 162(e) lobbying and political expenditures	5d			ĺ
е		5e			ĺ
f		5f			ĺ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		ĺ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	•			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		ĺ
86	_ ·	6a			
b		6b			ĺ
87	The state of the s	7a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other				ĺ
	·	7b			ĺ
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				ĺ
	partnership, or an entity disregarded as separate from the organization under Regulations sections				ĺ
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		Х
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				
·	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶	0			ĺ
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction				ĺ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				ĺ
	a statement explaining each transaction		89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958	▶ 0			ĺ
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶0			ĺ
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				İ
	transaction?		89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings				ĺ
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed NONE				
b	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions)	90b			_39
91a	The books are in care of TAXPAYER	Telephone no ► 864-	226	-53	44
	280 SAM MCGEE ROAD				
	Located at ► ANDERSON, SC	ZIP+4 ▶ 29621			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	у			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank				
	and Financial Accounts				

Form	990 (200	7) MONTESSORI SCH	OOL OF AND	ERSON	57-0	570198	3		Page 8
Pa	rt VI	Other Information (conf	inued)					Ye	s No
С	At any ti	me during the calendar year, did the	e organization maintaii	n an office outs	side of the United Sta	ates?		91c	X
	If "Yes,"	enter the name of the foreign count	ry 🕨						
92	Section	4947(a)(1) nonexempt charitable tru	ısts filing Form 990 in	lieu of Form 1	041—Check here				▶ 🗌
	and ente	r the amount of tax-exempt interest	received or accrued	during the tax	year		▶ 92		_
Pa	rt VII	Analysis of Income-Pro	ducing Activitie	s (See the	instructions)				
Note:	Enter gr	oss amounts unless otherwise		Unrelate	d business income	Excluded 1	by section 512, 513, or 514	(E)	
ındıca	-			(A) Business code	(B)	(C) Exclusion	(D) Amount	Related	
93	Program	service revenue		Business code	Amount	Exclusion	Amount	exempt fur incom	
а		TION	Ī					1,557	,705
b		ER PROGRAM FEES							,484
c		CELLANEOUS FUNDRA	ISERS						,476
d				,					
							-		
f	Medicar	e/Medicaid payments					, , , , ,		
-		d contracts from government agenc	uae .	-					
g 94		ship dues and assessments	.ies						
95		on savings and temporary cash inve	ostmonts -			14	16,663		
		is and interest from securities	ssinenis		·-·	1 1	10,003		
96			ŀ						***************************************
97		al income or (loss) from real estate	ŀ			+ +			
a		inced property	-						
b		-financed property						·	
98		al income or (loss) from personal pr	openy			+ +			
99		vestment income	. }			+			
100		(loss) from sales of assets other tha	in inventory						
101		me or (loss) from special events	-						
102		rofit or (loss) from sales of inventory	' }						
103		venue a							EAE
, b	MIS	CELLAENOUS INCOME	<u>i</u>						,545
С									
d							-		
6							16 660	1 001	
104		(add columns (B), (D), and (E))	Į			0	16,663	1,981	
105		dd line 104, columns (B), (D), and (>	1,997	,873
		plus line 1e, Part I, should equal th							
<u>Pa</u>	rt VIII	Relationship of Activiti	es to the Accom	plishment	of Exempt Purp	poses (Se	ee the instructions	s)	
Li	ne No.	Explain how each activity for wi					ntly to the accomplishm	ent	
	▼	of the organization's exempt pu	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
_9:	3 A	FEES FOR SCHOOL				SUMMER	_		
			ENDED CARE	TUITIC	N, AND OTH	HER MIS	SC		
		SCHOOL PROGRAMS							
_10	01	INCOME FROM SCHO	OL FUNDRAI	SING EV	ENTS		<u> </u>		
Pa	rt IX	Information Regarding	Taxable Subsid	iaries and		ntities (Se	e the instructions		
	lomo ada	(A) dress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-ye	ar
,	partner	ship, or disregarded entity	ownership interest				Total moonie	assets	
	N/A			%					
				%	· · · · · · · · · · · · · · · · · · ·				
				%					
				%					
Pa	ırt X	Information Regarding	Transfers Asso	ciated with	Personal Bene	efit Contra	acts (See the inst	tructions.)	
		e organization, during the year, rec			•				X No
	-	e organization, during the year, pay						Yes	X No
•	•	es" to (b), file Form 8870 and Form	•	-					_
		The state of the s	, , , , , , , , , , , , , , , , , , , ,					Form 9	90 (2007)

29621-3869

864-225-8713

address, and ZIP + 4

ANDERSON, SC

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Janization	MONTESSORI	SCHOOL OF AND	ERSON			rication number
					nd Trustees	
		(b) Title and average	hours	(c) Compensation	empl benefit plans	(e) Expense account and othe allowances
					u delened comp	anowances
		· · · · · · · · · · · · · · · · · · ·				
	-					
			,			
of other employees paid over \$50,000		2			L	<u> </u>
•	•					"None ")
) Compensation
of others receiving over \$50,000 for	.					anan masami
Compensation of the Five Highest P	•					
•		•		es, whether	individuals	or
(a) Name and address of each independent contractor	or paid more than \$50,	,000		(b) Type of se	ervice (c) Compensation
			l			
						
	· • • • • • • • • • • • • • • • • • • •	**********				
of other contractors receiving over						
ther services	Form 000 and 5a	rm 990 FZ	<u>!</u>	Schodul	Δ (Form 900 .	or 990-E71 200
	Compensation of the Five Highest P. (See page 1 of the instructions List e. (a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest P. (See page 2 of the instructions. List e. (a) Name and address of each independent contractor. of others receiving over \$50,000 for tervices. Compensation of the Five Highest P. (List each contractor who performed starting firms. If there are none, enter "None" (a) Name and address of each independent contractor. (b) Name and address of each independent contractor.	Compensation of the Five Highest Paid Employees (See page 1 of the instructions List each one If the (a) Name and address of each employee paid more than \$50,000 of other employees paid over \$50,000 Compensation of the Five Highest Paid Independe (See page 2 of the instructions. List each one (wheth (a) Name and address of each independent contractor paid more than \$50,000 of others receiving over \$50,000 for the five Highest Paid Independent (List each contractor who performed services other firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms. If there are none, enter "None" See page 2 or (a) Name and address of each independent contractor paid more than \$50,000 for the firms.	MONTESSORI SCHOOL OF ANT Compensation of the Five Highest Paid Employees Other Than Off (See page 1 of the instructions List each one If there are none, enter (a) Name and address of each employee paid more (b) Titlo and average per week devoted to per week devoted	Compensation of the Five Highest Paid Employees Other Than Officers, D (See page 1 of the instructions List each one If there are none, enter "None (a) Name and address of each employee paid more than \$50,000 of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Profe (See page 2 of the Instructions. List each one (whether individuals or firms) (a) Name and address of each independent contractor paid more than \$50,000 of others receiving over \$50,000 for tenvices Compensation of the Five Highest Paid Independent Contractors for Othe (List each contractor who performed services other than professional service firms. If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000	Compensation of the Five Highest Paid Independent Contractors for Professional Se (See page 1 of the instructions List each one If there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 (b) Type of see the employee paid over \$50,000 (c) Compensation (d) Tride and average hours per week devoted to position (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (f) Type of see the instructions of the Five Highest Paid Independent Contractors for Professional Se (See page 2 of the instructions. List each one (whether individuals or firms). If there are (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of see the instructions of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether firms. If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of sections of the firms in the professional services, whether firms. If there are none, enter "None" See page 2 of the instructions) (b) Type of sections of the firms in the professional services of the instructions of the firms in the f	MONTESSORI SCHOOL OF ANDRESON 57-057019 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 of other employees paid over \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter (a) Name and address of each independent contractor paid more than \$50,000 of others receiving over \$50,000 for entered to paid independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals of firms. If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals of firms. If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Other contractors receiving over there services

Sche	edule A (Form 990 or 990-EZ) 2007 MONTESSORI SCHOOL OF ANDERSON 57-05	70198	اسر	⊇age 2
Pa	art III · Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	<u>2a</u>	-	x
b	Lending of money or other extension of credit?	2b	-	x
С	Furnishing of goods, services, or facilities?	2c	-	x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM	1 990 <u>2d</u>	X	<u> </u>
е	Transfer of any part of its income or assets?	2е	_	x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) SEE STATEME	ENT 11 3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	x	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u>3c</u>	-	x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> 4c</u>]	<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year	-		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	>	()
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	>		0

Pa	art i	 Reason for Non-Private Founda 	ati on Status (See ր	pages 4 through 8	of the instr	uctions.)							
cert 5	tify th	at the organization is not a private foundation bed A church, convention of churches, or association			ox)								
6	X	A school Section 170(b)(1)(A)(ii) (Also complete	e Part V)										
7		A hospital or a cooperative hospital service orga	nization Section 170(b)(1)(A)(III)									
8		A federal, state, or local government or government	nental unit Section 170(b)(1)(A)(v)									
9		A medical research organization operated in con	njunction with a hospital	Section 170(b)(1)(A)(iii)	Enter the ho	spital's name,	city,						
		and state ▶											
10		An organization operated for the benefit of a collication (Also complete the Support Schedule in Part IV	-	or operated by a govern	nmental unit So	ection 170(b)(1)	(A)(ıv)						
11a		An organization that normally receives a substar 170(b)(1)(A)(vi) (Also complete the Support Sc		om a governmental unit	or from the ger	neral public Sed	ction						
11b		A community trust Section 170(b)(1)(A)(vi) (Als	o complete the Support	Schedule in Part IV-A)								
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)											
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization. Type II Type III-Functionally Integrated Type III-Other												
		Provide the following information	ation about the suppor	tod osganizations (Se	e page 8 of the	netructions \							
		(a)	(b)	(c)		d)	(e)						
		Name(s) of supported organization(s)	Employer	Type of		pported	Amount of						
		,, ,,	identification	organization	organizatio		support						
			number (EIN)	(described in lines	the sup	porting							
				5 through 12	organiz								
				above or IRC section)	governing	locuments?							
					Yes	No							
					163	140							
						-							
						<u> </u>							
							·						
							_						
Tota	<u> </u>					•							
			formula (1. C.)	500/-1/41 /0 -									
14	11	An organization organized and operated to test f	or public safety Section	509(a)(4) (See page 8	or the instructi		orm 990 or 990-EZ) 2007						

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not sale of capital assets 23 Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add Amounts from column (e) for lines 18 22 26b 26d e Public support (line 26c minus line 26d total) 26e 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" N/A Do not file this list with your return. Enter the sum of such amounts for each year (2005)(2004) (2003)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2006)(2005)(2003)Add Amounts from column (e) for lines 15 27c 27d d Add Line 27a total and line 27b total 27e Public support (line 27c total minus line 27d total) ▶ 27f Total support for section 509(a)(2) test Enter amount from line 23, column (e) Þ Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 28 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

	Private School Questionnaire (See page 9 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	X	
30	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?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	Х	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) POLICY IS AVAILABLE AT ANNUAL MEETING OPEN TO COMMUNITY.			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		Х
С	Employment of faculty or administrative staff?	33c		Х
d	Scholarships or other financial assistance?	33d		Х
θ	Educational policies?	33e		X
f	Use of facilities?	33f		Х
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		Х
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		х
b	Has the organization's right to such aid ever been revoked or suspended?	34b		Х
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	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," attach an explanation	35	x	

		CHOOL OF ANDE		57-05701	
	•	g Public Charities (S			
		ble organization that f p Check ▶ b			troll' province a page.
ck a if the organization belor	igs to an aniliated grou	p Check ▶ b	1 1 II you ch	ecked "a" and "limited con (a)	(b)
	Lobbying Exper			Affiliated group totals	To be completed for all electing organizations
•	ures" means amounts	•	——————————————————————————————————————		
Total lobbying expenditures to influence			36		
Total lobbying expenditures to influence	•	ct lobbying)	37		
Total lobbying expenditures (add lines 3	6 and 37)		38		
Other exempt purpose expenditures			39		
Total exempt purpose expenditures (add	•		40		
Lobbying nontaxable amount Enter the		•			
If the amount on line 40 is-		ontaxable amount is-	\neg \mid		
Not over \$500,000	20% of the amount				
Over \$500,000 but not over \$1,000,000	·	of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000	· · · ·	of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000		_		
Grassroots nontaxable amount (enter 25	•		42		
Subtract line 42 from line 36 Enter -0- if			43		
Subtract line 41 from line 38 Enter -0- if	line 41 is more than lin	ie 38	44		l
			ŀ		
		. 51 5	ŀ		
Caution: If there is an amount on either)4i 50:	4/6	
	4-Year Aver	aging Period Under S		· '	
(Some organizatio	4-Year Averans that made a section	aging Period Under S 501(h) election do not have	to complete a	all of the five columns below	v
(Some organizatio	4-Year Averans that made a section	aging Period Under S	to complete a	all of the five columns below	v
(Some organizatio	4-Year Averans that made a section	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag	e to complete a e 13 of the ins	all of the five columns below	v
(Some organizatio	4-Year Averans that made a section	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag	e to complete a e 13 of the ins	all of the five columns below structions)	v (e)
· -	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu	to complete a e 13 of the insures During 4	all of the five columns below structions) -Year Averaging Period	
(Some organizatio	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organizatio	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) Lobbying nontaxable amount	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization) Calendar year (or fiscal year beginning in) ▶	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ▶ Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ▶ Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization Calendar year (or fiscal year beginning in) ▶ Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 450%)	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)
(Some organization) Calendar year (or Fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of	4-Year Averans that made a section See the instructions for	aging Period Under S 501(h) election do not have r lines 45 through 50 on pag Lobbying Expenditu (b)	to complete a e 13 of the ins ures During 4 (c)	all of the five columns below structions) -Year Averaging Period (d)	(e)

attempt to influence public opinion on a legislative matter or referendum, through the use of

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement	giving a detailed	description of the lobby	ring activities
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Yes	No	Amount
<u></u>		
-		
-		
	•	

Schedule A (Form 990 or 990-EZ) 2007

		990 or 990-EZ) 2007							Р	age 7
Pi		Information Rega Exempt Organiza	_				ns and Relationships With Noncl	naritable		
 51							n any other organization described in sectio			
							ating to political organizations?			
а	Transfers fro	om the reporting organiz	zation to a no	onchantab	le exempt organization	on of			Yes	No
	(i) Cash							51a(i)	<u> </u>	X
	(ii) Other	assets						a(ii)	<u> </u>	X
b	Other transa									
		or exchanges of assets						<u>b(i)</u>	+	X
		ases of assets from a n			organization			b(ii)	+	X
	• •	I of facilities, equipment oursement arrangement	•	seis				b(iii) b(iv)	+	X
		or loan guarantees	15					b(v)	+ -	X
		mance of services or m	nembership o	or fundrais	sing solicitations			b(vi)		X
С		acılıtıes, equipment, mai	-		•			С		Х
d	If the answe	r to any of the above is	"Yes," comp	lete the fo	ollowing schedule Co	lumn	(b) should always show the fair market value	ue of the		
	goods, other	assets, or services giv	en by the rep	porting org	ganization If the orga	nızatı	ion received less than fair <mark>market value in a</mark>	ny		
	transaction of	or sharing arrangement	, show in col	umn (d) th	ne value of the goods	, othe	er assets, or services received			
	(a) Line no	(b) Amount involved	Name of	f noncharita	(c) ible exempt organization		(d) Description of transfers, transactions, ar	nd charing arrange	monte	
N/		Amount involved	Name of	THORICIAITIA			Description of transfers, transactions, ar		nents	
N/	<u> </u>									
				 						
•										
<u> </u>										
										_
	 							·		
52a	Is the organi	ization directly or indired	ctly affiliated	with, or re	lated to, one or more	tax-o	exempt organizations			
	•	section 501(c) of the C	•				· -	▶ □ \	res 3	No
b	If "Yes," con	plete the following scho	edule	•						
	_	(a)		İ .	(b)		(c)			
		Name of organization			Type of organization		Description of relation	nship		
	N/A									
										
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MSA MONTESSORI SCHOOL OF ANDERSON 57-0570198 FYE: 7/31/2008

Federal Statements

181	statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers	II, Line 25a - Compens	ation of Current Officers
Name	Program Services	Management & General	Fundraising
EXPENSES	vs-	‹ ›	v ₂
COMPENSATION	26,500	20,000	
TOTAL	\$ 26,500	\$ 50,000	0 %

MSA MONTESSORI SCHOOL OF ANDERSON
57-0570198 Federal Statements

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Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total Expenses		Program Service		Mgt & General	Fund- Raising
EXPENSES			s		\$	•	\$
BAD DEBTS		9,01/				9,017	
BANK CHARGES							
BUS EXPENSE							
CLEANING							
CONTINUING EDUCATION							
DUES & SUBSCRIPTIONS							
EMPLOYEE DISCOUNTS							
EMPLOYEE MEDICAL INSURANCE EXTENDED DAY CARE EXPENSE							
FIELD TRIP EXPENSES		21,825		21,825			
INSURANCE		22,868		16,500		6,368	
LICENSING EXPENSE		,,,,,,,,,		10,000		0,500	
MISCELLANEOUS							
MISCELLANEOUS FURNISHINGS							
MULTICHILD DISCOUNTS							
OTHER		5,91/				5,917	
PAYMENT SCHEDULE DISCOUNTS							
PENSION PLAN EXPENSE							
PROFESSIONAL FEES		18,206		5,999		12,207	
PUBLIC RELATIONS		16,835				16,835	
SCHOLARSHIPS							
SUMMER PROGRAM UTILITIES		55,509		40,088		15 171	
	.—		_		. —	15,471	
TOTAL	\$	150,227	\$	84,412	\$	65,815	\$0

Federal Statements

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Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

MONTESSORI SCHOOL OF ANDERSON CONSISTS OF APPRX 215 STUDENTS RANGING IN AGE FROM SIX WEEKS OLD THROUGH 12"H GRADE. SCHOOL IS DIVIDED INTO FIVE SECTIONS: INFANT/TOUDLER, PRESCHOOL, ELEMENTARY, MIDDLE SCHOOL, AND HIGH SCHOOL. THE MONTESSORI SCHOOL REPRESENTS THE BEST OF EDUCATIONAL INNOVATION WITH ITS GOALS FIRMLY ROOTED IN THE MONTESSORT PHILOSOPHY. IT MAINTAINS HIGH MORAL STANDARDS THAT PROMOTE CONCEPTS SUCH AS SELF-DISCIPLINE, SELF-EVALUATION, SKILLS OF CONFLICT RESOLUTION, COOPERATION INSTEAD OF MEAVY COMPETITION, AND ACADEMIC EXCELLENCE. THE MONTESSORI SCHOOL OF ANDERSON HAS BEEN IN TXISTENCE FOR THIRTY YEARS AND HAS CONSISTENTLY OPERATED AS A NONPROFIT, TAX-EXEMPT ORGANIZATION ACCEPTING CONDUCTOR WITH ALL RELIGIOUS AND ETHNIC BACKGROUNDS. IT AUSO ACCEPTS CHILDREN WITH VARIOUS MILD TO MODERATE PHYSICAL, MENUAL, AND EMOTIONAL HANDICAPS. IT IS GOVERNED BY A THIRTEEN MEMBER BOARD OF TRUSTEES, AND IS ADMINISTERED BY AN OFFICE STAFF OF SEVEN. AN ADDITIONAL FULL TIME TEACHING/CARE-GIVING STAFF OF FORTHY-FOUR IMPLIFMENTS THE REST OF THE PROGRAM. SCHOLARSHIPS, DERIVED FROM VARIOUS FUNDRALSING WEFFORTS ON THE PART OF THE GENERAL PARENT BODY, ARE OFFICEND MACH YEAR TO FAMILIES NEEDING ASSISTANCE. CRITERIA FOR SCHECTION IS BASED ON OVERALL FINANCIAL NEED AND NUMBER OF CHIEDREN ENROLLED IN THE PROGRAM. NOTICE OF THE SCHOLARSHIP PROGRAM IS POSTED IN THE SPRING EACH YEAR AND APPLICATIONS ARE GIVEN TO ALL WHO REQUEST ONE. A COMMITTEE DISTRIBUTES SCHOLARSHIP MONIES AFTER REVIEWING THE APPLICATIONS. IN ADDITION, THERE ARE MANY OPPORTUNITIES FOR WAMLIES TO WORK AT SCHOOL, THUS PROVIDING AVENUES TO EARN EXTRA INCOME FOR THE PURPOSE OF OFFSETTING TUITION COSTS.

Statement 4 - Form 990, Part III, Line e - Other Program Services

Description

INSTRUCTION AND STUDENT ACTIVITIES - SEE ATTACHED STMT

MSA .MONTESSORI SCHOOL OF ANDERSON

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Federal Statements

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Statement 5 - Form	990. Part IV	/. Line 54a - Publich	y Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	S	\$ 220,108	
TOTAL	\$ 0	\$ 220,108	

Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 2,562,300 s	934,499	\$ 2,615,881	\$ 1,012,448
TOTAL	\$ 2,562,300 s	934,499	\$ 2,615,881	\$ 1,012,448

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year		End of Year
DEFERRED REVENUE	\$ 306,784	\$_	380,396
TOTAL	\$ 306,784	\$	380,396

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of <u>Year</u>
NOTES PAYABLE	s 1,/5/,/55	\$ 1,716,397
ACCRUED PAYROLL	21,110	45,357
COMPENSATED ABSENCES	65,909	79,153
CURRENT PORTION OF DEBT	41,420	44,436
TOTAL	\$ 1,892,794	\$ 1,885,343

MSA MONTESSORI SCHOOL OF ANDERSON

'57-0570198[,] FYE: 7/31/2008 **Federal Statements**

Statement 9 - Form 990, Part IV-B - Other Expenses included on Return

Description	 Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 77,949
TOTAL	\$ 77,949

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MSA MONTESSORI SCHOOL OF ANDERSON 57-0570198 FYE: 7/31/2008	Federal Statements	atements		9/29/20	9/29/2010 8:07 AM
Statement 10 - Form 990, Par	t V-A	- List of Officers, Directors, Trustees, and Key Employees	, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KAREN HOLT 4505 MIDWAY ROAD WILLIAMSTON SC 29697	PRESIDENT	40	76,500	3,657	0
DANA HILL 1003 E. CALHOUN STREET ANDERSON SC 29621	VICE CHAIRMA	T	0	0	0
JENNY MCALISTER 114 FIELDSTONE WAY ANDERSON SC 29621	TREASURER	r .	0	0	0
BRUCE NORD 1004 THORNEHILL DRIVE ANDERSON SC 2962	BOARD MEMBER	, —I	()	O	()
CT CROMER 2.0. 30X 1447 ANDERSON SC 29622	3013 42323	v 1	()	()	()
KARON MEEHAN 1301 FIVE FORKS RD ANDERSON SC 29621	SOARD MEMBER	v 4	()	()	()
JOHN GUIDERA 314 SHORECREST DRIVE SENECA SC 29672	BOARD MEMBER	r -1	0	0	0
DAVID RODGERS 1016 WATERFORD CT ANDERSON SC 29621	BOARD MEMBER	, - 1	0	0	0
BRIAN MERRIMAN 2802 RAMBLING PATH ANDERSON SC 29621	BOARD MEMBER	1	0	0	0
					10

MSA MONTESSORI SCHOOL OF ANDERSON 57-0570198 FYE: 7/31/2008	Federal S	Federal Statements		9/29/20	9/29/2010 8:07 AM
Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	90, Part V-A - List Employees	of Officers, Directors (continued)	s, Trustees, and Key		·
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
OAD	BOARD MEMBER	1	0	0	0
MATT OTTO SUNDERMAN 401 JIM GARRETT ROAD BELTON SC 29627	BOARD MEMBER	П	0	0	0
JOHN STATHAKIS 404 BOULEVARD ANDERSON SC 29621	CHAIRMAN	Н	0	0	0
		O	C)	O	O
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MSA MONTESSORI SCHOOL OF ANDERSON

Federal Statements

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Statement 11 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

STUDENTS SELECTED TO RECEIVE SCHOLARSHIPS ARE DETERMINED ON A FINANCIAL NEED BASIS.

MSA MONTESSORI SCHOOL OF ANDERSON
'57-0570198'
FYE: 7/31/2008

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Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

Description

POLICY IS AVAILABLE AT ANNUAL MEETING OPEN "O COMMUNITY.

Forms 990 / 990-EZ Return Summary

For calendar year 2007, or tax year beginning 8/01/07, and ending

7/31/08

57-0570198

MONTESSORI SCHOOL OF ANDERSON

Failure to file penalty

Net Asset / Fund Balance at Beginn	ning of Year			-87,753
Revenue				
Contributions		269,860		
Program service revenue	1.	979,665		
Investment income	·	979,665 16,663		
Capital gain / loss				
Special events	-	-		
Gross revenue				
Direct expenses				
Net income	 			
Other income		1,545		
Total revenue			2,267,733	
Expenses				•
Program services	1.	512,204		
Management and general		383,105		
Fundraising	-	196,603		
Payments to affiliates				
Total expenses			2,091,912	
Excess / (deficit)				175,821
Other changes Net Asset / Fund Ba	alance at End of Year			88,068
Reconciliation of R	evenue		Reconciliatio	n of Expenses
stal rayanya par tinanayal atatamanta	2 267 733	Lotal ov	nancae nor financial etate	monte 2 013 96
	2,267,733		penses per financial state	ements 2,013,96
ess	2,267,733	l_ess		ements2,013,96
ess Unrealized gains	2,267,733	Less Dor	nated services	ements2,013,96
ess Unrealized gains Donated services	2,267,733	Less Dor Prio	nated services or year adjustments	2,013,96
unrealized gains Donated services Recoveries	2,267,733	Less Dor Pna Los	nated services or year adjustments ses	2,013,96
Unrealized gains Donated services Recoveries Other	2,267,733	Less Dor Prio Los Oth	nated services or year adjustments ses	2,013,96
Unrealized gains Unrealized gains Donated services Recoveries Other	2,267,733	Less Dor Pno Los Oth Plus	nated services or year adjustments ses er	ements 2,013,96
Unrealized gains Unrealized gains Donated services Recoveries Other us Investment expenses	2,267,733	Less Dor Prio Los Oth Plus Inve	nated services or year adjustments ses er estment expenses	2,013,96
Unrealized gains Unrealized gains Donated services Recoveries Other Investment expenses Other		Less Dor Pno Los Oth Plus	nated services or year adjustments ses er estment expenses er	
Unrealized gains Unrealized gains Donated services Recoveries Other us Investment expenses	2,267,733	Less Dor Prio Los Oth Plus Inve	nated services or year adjustments ses er estment expenses	
Unrealized gains Unrealized gains Donated services Recoveries Other us Investment expenses Other		Less Dor Prio Los Oth Plus Inve	nated services or year adjustments ses er estment expenses er Total expenses per retur	
Unrealized gains Unrealized gains Donated services Recoveries Other us Investment expenses Other	2,267,733 Beginning	Less Dor Prio Los Oth Plus Invo	nated services or year adjustments ses er estment expenses er Total expenses per retur	n 2,091,91
Unrealized gains Unrealized gains Donated services Recoveries Other us Investment expenses Other	2,267,733 Beginning 2,128,157	Less Dorn Prio Los Oth Plus Invo Oth Balance Shed Ending 2,370,	nated services or year adjustments ses er estment expenses er Total expenses per retur et Differer	n 2,091,91
Unrealized gains Donated services Recoveries Other Units Investment expenses Other Total revenue per return	2,267,733 Beginning	Less Dor Prio Los Oth Plus Invo Oth Balance Shee Ending 2,370, 2,282,	nated services or year adjustments ses er estment expenses er Total expenses per retur Differer 891	2,091,91
Unrealized gains Donated services Recoveries Other us Investment expenses Other Total revenue per return Assets	2,267,733 Beginning 2,128,157	Less Dor Prio Los Oth Plus Invo Oth Balance Shee Ending 2,370, 2,282,	nated services or year adjustments ses er estment expenses er Total expenses per retur Differer 891	n 2,091,91
Unrealized gains Donated services Recoveries Other us Investment expenses Other Total revenue per return Assets Liabilities	Beginning 2,128,157 2,215,910	Less Dor Prio Los Oth Plus Invo Oth Balance Shee Ending 2,370, 2,282,	nated services or year adjustments ses er estment expenses er Total expenses per retur Differer 891	2,091,91
Unrealized gains Donated services Recoveries Other US Investment expenses Other Total revenue per return Assets Liabilities	Beginning 2,128,157 2,215,910	Less Dorn Prio Los Oth Plus Invo Oth Balance Shee Ending 2,370, 2,282, 88,	nated services or year adjustments ses er estment expenses er Total expenses per retur Differer 891	n 2,091,91
Unrealized gains Donated services Recoveries Other dus Investment expenses Other Total revenue per return Assets Liabilities	Beginning 2,128,157 2,215,910 -87,753	Less Dor Prio Los Oth Plus Invo Oth Balance Shee Ending 2,370, 2,282, 88,	pated services or year adjustments ses er estment expenses er Total expenses per retur et Differer 891 823 068 17	2,091,91