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DLN: 93493068009060

Form 990

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)

2008

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 08-01-2008 and ending 07-31-2009 D Employer identification number C Name of organization PIONEER MONTESSORI SCHOOL B Check if applicable Please use IRS 82-0360653 Address change label or Doing Business As E Telephone number Name change print or type. See (208) 726-9060 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$ 930,676 Instruc-PO BOX 1809 Termination tions. Amended return City or town, state or country, and ZIP + 4 KETCHUM, ID 83340 Application pending Name and address of Principal Officer **H(a)** Is this a group return for ART DAVES affiliates? PO BOX 1809 KETCHUM, ID 83340 H(b) Are all affiliates included? (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► PIONEERMONTESSORISCHOOL ORG L Year of Formation 1991 M State of legal domicile ID Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets 9 Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 0 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 22 Total number of employees (Part V, line 2a) . Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b b **Prior Year Current Year** 67,564 8 Contributions and grants (Part VIII, line 1h) . . 104,121 9 Program service revenue (Part VIII, line 2g) . . 721,125 763,779 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 18,009 729 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,713 62,047 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 907,411 930,676 59,480 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 588,376 675,634 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{37,038}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 335,571 265,034 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 923,947 1,000,148 18 Revenue less expenses Subtract line 18 from line 12 19 -16,536 -69,472 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 618,894 2,243,718 21 1,764,501 Total liabilities (Part X, line 26) 70,205 22 Net assets or fund balances Subtract line 21 from line 20 548,689 479,217 Part II 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 **Please** Sign Signature of officer Here ART DAVES PRESIDENT Type or print name and title Check if Preparer's PTIN (See Gen Inst) Date Preparer's 2010-03-09 CHRISTY A MCPHERSON CPA signature Paid empolyed 🕨 🦵 Preparer's MCPHERSON & KEPPLER CPAS LLC Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 PO BOX 3402 Phone no (208) 726-2741 HAILEY, ID 833333402

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

Cat No 11282Y

Additional Data

Software ID: Software Version:

EIN: 82-0360653

Name: PIONEER MONTESSORI SCHOOL

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

PIONEER MONTESSORI SCHOOL, FOLLOWING THE VISION OF DR. MARIA MONTESSORI, PROVIDES EDUCATION FOR LIFE BY NOURISHING EVERY CHILD'S LIFETIME LOVE OF LEARNING. OUR AGE APPROPRIATE ENVIRONMENTS ARE DESIGNED TO TEACH TO THE WHOLE CHILD AND EMPOWER EACH STUDENT TO REALIZE HIS OR HER OWN POTENTIAL. PIONEER MONTESSORI SCHOOL RECOGNIZES AND NURTURES THE CHILD'S INDIVIDUAL ACADEMIC NEEDS WHILE FOLLOWING THE CHILD'S INNATE DESIRE TO CREATE HIS OR HERSELF. WE PROMOTE THE ACQUISITION OF SKILLS BY PROVIDING A COOPERATIVE ENVIRONMENT WHERE EACH STUDENT'S WORK IS BOTH SELF-DIRECTED AND TEACHER GUIDED, THUS DEVELOPING THE CHILD'S INDEPENDENT THINKING SKILLS. AT PIONEER MONTESSORI SCHOOL WE STRIVE TO CULTIVATE COMPASSION, INSTILL CONFIDENCE AND AWAKEN CONSCIOUSNESS FOR ONESELF, OTHERS AND THE WORLD THAT SURROUNDS US.

Part III Statement of Program Service Accomplishments (See the instructions.)

the prior Form 99 or 99 or 99 or 127 is a first program services on Schadule 0 Jid the organization cease conducting or make significant changes in how it conducts any program services? Yes F No If Yes, describe these changes on Schadule 0 Lescribe the exempt purpose a chievements for each of the organization's three largest program services by expenses Section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses) 4 45-844 (mounting ignates of \$9,480) (Revenue \$}) THE VISION OF PROFERS MONTHSSOUT PROGRAM, MOTHER THORNING THE PROFESSOR SCHOOL IS TO FORTER THE PROVIDENTMENT OF A COMPLETE HUMAN RENG CRIMITED TO THE PROGRAMM, SIXTY STUDENTS WERE DIROLLED IN THE 13 NORTHER TO 3 YEARS OLD PROGRAMM, SIXTY STUDENTS WERE PROVIDED IN THE SHORTER TO 3 YEARS OLD PROGRAMM, SIXTY STUDENTS WERE PROVIDED IN THE SHORTER TO 3 YEARS OLD PROGRAMM, SIXTY STUDENTS WERE PROVIDED IN THE SHEMENLED IN THE SHEMENLARY OF YEARS TO 12 YEARS OLD PROGRAMM THIRTTEN OF THOSE CHILDREN RECEIVED SCHOLARSHIPS TOWARDS THERE TUTLED. 46 (Code) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	1	Briefly describe the organization	OH S ITHSSION			
the proof Form 990 or 990-E2? If "Yes No If "Yes Secrete these new services on Schedule 0 Did the organization cease conducting or make significant changes in how it conducts any program services? If "Yes No If "Yes	See A	Addıtıonal Data Table				
3 Did the organization cease conducting or make significant changes in how it conducts any program services (Pics, "describe these changes on Schedule O 4 Describe the exempt purpose a chievements for each of the organizations' three largest program services by expenses Section 501(x)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 48,544 michiging grants of \$ 59,469) (Revenue \$) THE VISION OF PROMERS MICHIGINE TO STEET THE DEVELOPMENT OF A COMPLET HUMBING DEBUGGENITED TO THE ENVIRONMENT, ADAPTED HIS OR HEST TIME, PLACE AND CULTURE TWENTY STUDENTS WERE ENROLLED IN THE "18 MOTHER TO 3 YEARS OLD" PROGRAM, SIXTY STUDENTS WERE ENROLLED IN THE "18 MOTHER TO 3 YEARS OLD" PROGRAM, SIXTY STUDENTS WERE ENROLLED IN THE "LEMENTARY 6 YEARS OLD PROGRAM, THIRTERY OF THOSE CHILDREN A CETUPO SCHOLARSHIPS TOWARDS THEIR THIRD. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)	2			ram services during the y	ear which were not listed on	┌ Yes ┌ No
services?		If "Yes," describe these ne	ew services on Schedule (0		
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 40 (Code) (Expenses \$ 845,844 including grants of \$ 59,480) (Revenue \$) THE VISION OF PRONCER MONTESSORI SCHOOL IS TO FOSTER THE DEVELOPMENT OF A COMPLETE HUMAN BEING SERVITED TO THE ENVIRONMENT, ADAPTED THIS OR HER TIME, PLACE AND CULTURE TIWENTY STUDENTS WERE PERFOLLED IN THE 13 HOWINTS TO 3 TRANS OLD? PROGRAM, SINT'S TUDENTS WERE ERROLLED IN THE 13 HOWINTS TO 3 TRANS OLD? PROGRAM, SINT'S TUDENTS WERE ERROLLED IN THE 14 HOWINTS TO 3 TRANS OLD? PROGRAM, SINT'S TUDENTS WERE ERROLLED IN THE 15 TO 6 YEARS OLD? PROGRAM HIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY ON THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY-TWO STUDENTS WERE ERROLLED IN THE 15 THE THIRTY OF YEARS OLD? PROGRAM THIRTY OF THE 15 THE THIRTY OF THE 15 THE THIRTY OF THE 15 THE 1	3	-	e conducting or make sigr	nıfıcant changes ın how ıt 	conducts any program	┌ Yes ┌ No
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 845,844 including grants of \$ 59,860) (Revenue \$) The OHIER MOTIFICATION OF THE PROGRAM		If "Yes," describe these ch	hanges on Schedule O			
HE VISION OF PIONEEM MONTESSORI SCHOOL IS TO POSTER THE DEVELOPENINT OF A COMPLETE HUMAN BEING OBLIENTED THE ENTRY AUDITOR WERE ENROLLED IN THE "\$ INDIRED STREET STUDENTS WERE ENROLLED IN THE "\$ INDIRED STREET STUDENTS WERE ENROLLED IN THE "BLEMENTARY O YEARS OLD" PROGRAM, SIND YEARS OLD" PROGRAM, SIND YEARS OLD "PROGRAM, SIND YEARS OLD" PROGRAM, SIND YEARS OLD "PROGRAM THREE OF THOSE CHILDREN RECEIVED SCHOLARSHIPS TOWARDS THEIR TUITION 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4	Section 501(c)(3) and (4)	organizations and 4947 ((a)(1) trusts are required	to report the amount of grants	
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(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)						
4e Total program service expenses \$ 845,844 <i>Must equal Part IX, Line 25, column (B).</i>	4d	• •	•	•) (Revenue \$)
	4e	Total program service ex	penses \$ 8	45,844 Must equal Part	IX, Line 25, column (B).	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

PIONEER MONTESSORI SCHOOL, FOLLOWING THE VISION OF DR. MARIA MONTESSORI, PROVIDES EDUCATION FOR LIFE BY NOURISHING EVERY CHILD'S LIFETIME LOVE OF LEARNING. OUR AGE APPROPRIATE ENVIRONMENTS ARE DESIGNED TO TEACH TO THE WHOLE CHILD AND EMPOWER EACH STUDENT TO REALIZE HIS OR HER OWN POTENTIAL. PIONEER MONTESSORI SCHOOL RECOGNIZES AND NURTURES THE CHILD'S INDIVIDUAL ACADEMIC NEEDS WHILE FOLLOWING THE CHILD'S INNATE DESIRE TO CREATE HIS OR HERSELF. WE PROMOTE THE ACQUISITION OF SKILLS BY PROVIDING A COOPERATIVE ENVIRONMENT WHERE EACH STUDENT'S WORK IS BOTH SELF-DIRECTED AND TEACHER GUIDED, THUS DEVELOPING THE CHILD'S INDEPENDENT THINKING SKILLS. AT PIONEER MONTESSORI SCHOOL WE STRIVE TO CULTIVATE COMPASSION, INSTILL CONFIDENCE AND AWAKEN CONSCIOUSNESS FOR ONESELF, OTHERS AND THE WORLD THAT SURROUNDS US.

art TV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12		N o
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		N o
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	30		
		28a		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		Information Returns. Enter -0- if not applicable					
			1a	o			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	_		
	_	ng (gambling) winnings to prize winners?	•		1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> nents filed for the calendar year ending with or within the year covered by this					
	return		2a	22			
ь	If at le	ı east one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retui	rn.	2b	Yes	
3а		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
		17	• •		3a		No
		s," has it filed a Form 990-T for this year? <i>If</i> " <i>No," provide an explanation in Sch</i> e			3b		
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		int)?		, or other intelleral	4a		No
b	If"Vo	s," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.	-	-			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited i	tax sh	nelter transaction?	5b		Νο
	If "Ye	s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a	t Entil	ty Regarding Prohibited			
Ī		helter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		No
b	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were r	not tax deductible?			6b		
7	Organ	zations that may receive deductible contributions under section 170(c).					
а		ne organization provide goods or services in exchange for any quid pro quo conf	trıbut	ion of \$75 or	7a		Νo
				10	_ .	1	I
		s," did the organization notify the donor of the value of the goods or services pr			7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei		· ·	7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				
-	11 10	s, material number of Forms of 202 med during the year.					
e		ne organization, during the year, receive any funds, directly or indirectly, to pay					
		it contract?			7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g		l contributions of qualified intellectual property, did the organization file Form 8		•	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as	76		N. a
8	•	ed?		ction E00(a)/3)	7h		No
0		orting organizations. Did the supporting organizations maintaining donor advised runds a					
	exces	s business holdings at any time during the		, , , ,	8		No
							<u> </u>
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a		No
b		ne organization make a distribution to a donor, donor advisor, or related person	?.		9b		No
10		n 501(c)(7) organizations. Enter		1			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ies					
11	Section	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	446				
	agains	st amounts due or received from them)..........[11b	l			
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b	I			ĺ

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 0			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
•1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TARYN SMITH
211 SECOND AVENUE
KETCHUM, ID 83340
(208) 726-9060

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ART DAVES, PRESIDENT	7	Х		Х				0	0	0
JODY MOSS , VICE PRES	3	Х		Х				0	0	0
LISA GRIFFITH , DIRECTOR	10	Х						0	0	0
CHRIS ROOT, DIRECTOR	5	Х						0	0	0
ROB MCGOWAN, DIRECTOR	3	Х						0	0	0
CRAIG MAXWELL, DIRECTOR	7	Х						0	0	0
CHRISSY GOVE , DIRECTOR	3	Х						0	0	0
PER LINFORS , DIRECTOR	3	Х						0	0	0
HETHER HOLTER , TREASURER	3	X		Х				0	0	0
ELIZABETH WEEKES , HEAD/SCHOOL	45			Х				70,812	0	2,832
										_
-										

Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	o at Institutional Trustee	(che	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
							\vdash			
1b Total							•	70,812		2,832

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization▶

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
	·	
7 Total number of independent contractors (including those in 1) who received more than \$	100 000 in compensation	

Part Statement of Revenue VIII

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
grants rounts	1a b	Federated campaigns 1a Membership dues		Kevenue		512, 513, 01 514
ns, gifts, similar am	c d e	Related organizations 1d Government grants (contributions) 1e				
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 10,698				
	h	Total (Add lines 1a-1f)	104,121			
Program Serwce Revenue	2a b c d	TUITION-SCHOOL YEAR FORFEITED TUITION DEPOSITS TUITION-SUMMER	760,165 2,577 1,037	760,165 2,577 1,037		
ogram Sen	e f	All other program service revenue				
<u>~</u>	g 3	Total. Add lines 2a-2f				
	4	other similar amounts)	729			729
	5 6a	Royalties				
	b c d	Less rental expenses Rental income or (loss) Net rental income or (loss)				
	7a	(i) Securities (ii) Other Gross amount from sales of assets other				
	b c	than inventory Less cost or other basis and sales expenses Gain or (loss)				
	d 8a	Net gain or (loss) Gross income from fundraising				
Other Revenue		s 60,672 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000				
ther	b c	Net income or (loss) from fundraising events	60,672			60,672
3	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000				
	b c	Less direct expensesb Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
	11a b	REIMB EXPENSES - MUSIC SPACE	1,375			1,375
	c d e	All other revenue Total. Add lines 11a-11d				
	12	\$ 1,375 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	930,676	763,779		62,776

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
n od	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	430	430		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	59,050	59,050		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16		22,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,644	40,504	29,458	3,682
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	445,833	390,486		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	113,481	107,195	6,286	
10	Payroll taxes	42,676	35,663	6,723	290
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	1,870		1,870	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	35,712	7,923	3,669	24,120
12	Advertising and promotion	5,850	5,850		
13	Office expenses	7,277	220	7,057	
14	Information technology	3,414		3,414	
15	Royalties				
16	Occupancy	68,753	65,450	3,303	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	31,749	31,749		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,767	24,767		
23	Insurance	6,452	6,452		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	STAFF CONTINUED EDUCATION	43,924	43,785	139	
ь	ELEMENTARY EXPENSES	10,979	10,979		
c	CLASSROOM SUPPLIES	10,656	10,656		
d	FUND-RAISING EXPENSES	7,251			7,251
e	PARENT EDUCATION	2,743	2,743		·
f	All other expenses	3,637	1,942		1,695
25	Total functional expenses. Add lines 1 through 24f	1,000,148	845,844	117,266	37,038
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-,,			3,,,550

149,504

98,677

21,479

1,974,058

2,243,718

3,977

77,467

(B) End of year

2

3 4

5

10c 11

12

13 14

15 16

17

19 20 21

22 23 24

Form	n 990 (2008)			
Pa	rt X	Balance Sheet			
					(A)
	1	Cash—non-interest-bearing			Beginning of year 12,882
	2	Savings and temporary cash investments			12,002
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net	17,872		
	5	Receivables from current and former officers, directors, trustees, k other related parties Complete Part II of Schedule L	17,072		
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of Sci			
	7	Notes and loans receivable, net			
	8	Inventories for sale or use			
90	9	Prepaid expenses and deferred charges			130,159
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	2.216.840	
-	ь	Less accumulated depreciation Complete Part VI of	10b	242,782	- 457,981
	11	Investments—publicly traded securities			
	12	Investments—other securities See Part IV , line 11 $\it Complete Part Schedule D$			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part of Schedule D$.	VIII		
	14	Intangible assets			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			618,894
	17	Accounts payable and accrued expenses .			4,133
	18	Grants payable			
	19	Deferred revenue			66,072
	20	Tax-exempt bond liabilities			
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D			
Liabilit	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ï		persons Complete Part II of Schedule L		•	
	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable			
	25	Other liabilities Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25			70,205
ės —		Organizations that follow SFAS 117, check here ▶	e line	es 27	
Balance	27	Unrestricted net assets			548,689
<u> </u>	28	Temporarily restricted net assets			,

25	Other liabilities Complete Part X of Schedule D		25	1,683,057
26	Total liabilities. Add lines 17 through 25	70,205	26	1,764,501
	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	548,689	27	479,217
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	548,689	33	479,217
34	Total liabilities and net assets/fund balances	618,894	34	2,243,718

Net Assets or Fund

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
С	If "Yes" to lines 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		
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?	3a		
L.	76 W // d.d.d.b	24		

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As Filed Data -

DLN: 93493068009060

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

PIONE	ER MOI	NTESSORI SCH	OOL								
								82	-036065	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L 70(b)(1)((A)(i).		
2	<u>~</u>	A school d	escribed in Sec	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Г	An organiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unit desc	rıbed ın
				(Complete Part II)			·				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7		•	_	ally receives a substantial p						n the gene	eral public
	•)(1)(A)(vi) (Complete Par		• •				J	•
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	Ė		•	ally receives (1) more than		•	•	ntribution	ıs, membe	rship fees	, and gross
		_		lated to its exempt functions					•		. •
		•		estment income and unrelate	-		•	, ,	•		
				on after June 30, 1975 See						•	
10	Г		=	and operated exclusively to					•	e instruc	tions)
11	Г	_	=	and operated exclusively fo	-		-				•
	·			orted organizations describe							
		_		type of supporting organiza					h	_	
	_	•	• •				nally Integ		d	' ''	III - Other
e	J	•	-	rtify that the organization is			•			•	· ·
		section 50		agers and other than one or	more publ	iiciy suppo	orted orga	nizations (uescribed	in section	1 5 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
		check this									Γ
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following pe		r indirectly controls, either a	alone or to	nether wi	th nersons	describe	d in (ii)		Yes No
			•	ng body of the the supported		_	ролоот		~ (<i>)</i>	11g	
			· -	erson described in (i) above	_					11g(
			•	ty of a person described in (hove?				11g(
h		• •		mation about the organizatio			sunnorts			9(,
••		. TO TIME CITE			019	,	- 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	. ,	(described on lines 1-9	1	ation in	1	nızatıon	I	atıon ın	support?
	Orgar	nization		above or IRC section		listed in) of your		rganızed	
				(See Instructions))		verning ment?	supp	ort?	In the	US?	
							Vac	No	Vaa	No	1
					Yes	No	Yes	No	Yes	No	
											i

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	•				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 line 1-3							
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
Ü	4							
To	otal Support		•	•				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources Net income from unrelated business							
9	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 IV)							
11	Total Support (Add lines 7 through 10)					<u> </u>	ı	
12	Gross receipts from related activities, etc	(See instructio	ns)			12		
13	First Five Years. If the Form 990 is for the	-	irst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)	(3)	_
	organization, check this box and stop here							► □
	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (fl)		14		
	Public Support Percentage for 2007 Sched		•					
					2 4 /20/	15		
16a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as		,		3 1/3% or more,	спеск	this box	▶ □
ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	or more	. check th	·
_	box and stop here. The organization qualifi						,	▶ □
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and lin	e 14 ıs 10	•
	more, and if the organization meets the "fa							
	organization meets the "facts and circums							▶ ┌
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "facthe organization meets the "facts and circu		·					_
18	Private Foundation. If the organization did		=	•			-	F-1
	instructions	chock the b		,,,,,,,,,	z. b, check this		500	▶ □

Pa	Support Schedule for O (Complete only if you ched				(2)		
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
_	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
٥	line 6)						
To	tal Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2001	(2) 2003	(4) 2000	(4) 2007	(5) 2000	(1) 10141
	Gross income from interest, dividends,						
10a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)				<u> </u>		
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	itax year as a 5	01(c)(3) organi	·
	check this box and stop here						►
	moutation of Dublic Cuspert Page	ontago					
	mputation of Public Support Perc		dad bu lina 12 a	alumn (f))		T T	
15	Public Support Percentage for 2008 (line		•	orumni (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV - ,	A, line 27g			16	
Co	mputation of Investment Income						
17	Investment Income Percentage for 2008 (lıne 10c column	(f) divided by lii	ne 13 column (f))	17	
18	Investment Income Percentage from 2007	18					

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

►□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** PIONEER MONTESSORI SCHOOL

			82-0360653	11.
Pai	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9	Advised Funds or Other Similar Fundants	ids or Accounts. Complete if	the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate Contributions to (during year)	28,090	76,0	031
3	Aggregate Grants from (during year)	59,050	4	430
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		advised Yes 7	No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		ay be 	No
Par		e if the organization answered "Yes" to F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of an his Preservation of certif	storically importantly land area fied historic structure	
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	illified conservation contribution in the form of		
а	Total number of conservation easements		Held at the End of the Y	rear
ь			2b	
c	Total acreage restricted by conservation easemer		2c 2c	
d	Number of conservation easements on a certified	• •	2d	
	Number of conservation easements included in (c)		<u> </u>	
3	Number of conservation easements modified, trans the taxable year ►	ierrea, reieasea, extiliguistiea, or terifililatea c	by the organization during	
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ons, and Yes V	No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the ye	ear ►	
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the year	r > \$	
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sectio	on ∀es 	No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial st		
Part	Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures, or "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or research i	ın furtherance of public service,	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research in fu	· · · · · · · · · · · · · · · · · · ·	
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	
	(ii) Assets included in Form 990, Part X		► \$	
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	,	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	

Cat No 52283D

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collections of	Art, HIS	tuii	<u>cai ireasu</u>	ies, oi otile	i Silililai ASS	C15 (C	ontinuea j
3	Using the organization's accession and other records, checitems (check all that apply)	k any of th	ne fol	lowing that are	e a significant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exch	nange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and e	xplain hov	w the	v further the o	rganization's ex	empt purpose in		
•	Part XIV	.хртанн но		, raremor end o	- gamzacion o ax	ompt parpose m		
5	During the year, did the organization solicit or receive donat assets to be sold to raise funds rather than to be maintained		,			ılar	Yes	√ No
Par	t IV Trust, Escrow and Custodial Arrangemen	· ·				-		
	Part IV, line 9, or reported an amount on Forn							
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	ermediary	for c	ontributions o	r other assets 1		Yes	✓ No
b	If "Yes," explain why in Part XIV and complete the following	j table						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X	(, line 21?				Γ	Yes	▼ No
b	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete if the organiza							
	(a)Current Yea	ir (b)) Prior	Year (c)Two	Years Back (d)	Three Years Back (e) Four Y	'ears Back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance h	eld as						
а	Board designated or quasi-endowment							
ь	·							
_	Permanent endowment =-							
_	Permanent endowment ►							
c 3a	Term endowment ►	anızatıon	that a	are held and a	dministered for	the		
c 3a		anızatıon	that a	are held and a	dmınıstered for	the	Yes	No
	Term endowment ► Are there endowment funds not in the possession of the org		that a	are held and a	dmınıstered for	the 3a(i)	+	No No
3a	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations							
3a b	Term endowment Are there endowment funds not in the possession of the orgorganization by (i) unrelated organizations	 uıred on S	 Sched	 		3a(i)		No
3a b 4	Term endowment Are there endowment funds not in the possession of the orgoganization by (i) unrelated organizations	 urred on S	Schec	 Jule R?		3a(i)		N o
3a b 4	Term endowment Are there endowment funds not in the possession of the orgorganization by (i) unrelated organizations	 urred on S	Schedent fu		rt X, line 10.	3a(i)		N o
3a b 4	Term endowment Are there endowment funds not in the possession of the orgoganization by (i) unrelated organizations	 urred on S	Schedent fu	 Jule R?		3a(i)		N o
b 4 Par	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations	 urred on S	Schedent fu	Jule R?	nrt X, line 10.	3a(i) 3b		No No No
3a b 4 Par	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations	 urred on S	Schedent fu	Jule R?	nrt X, line 10.	3a(i) 3b		No No No
3a b 4 Par 1a l b 6	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations	 urred on S	Schedent fu	Jule R?	nrt X, line 10.	3a(i) 3b		No No No
3a b 4 Par 1a l b f c l	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations	 urred on S	Schedent fu	Jule R?	nrt X, line 10.	3a(i) 3b		No No No
3a b 4 Par 1a l b 6 c l d 6 e 0	Term endowment Are there endowment funds not in the possession of the org organization by (i) unrelated organizations	uired on S s endowment. S	Schedent fu Gee F (a) bas	dule R?	(b)Cost or other basis (other)	(c) Depreciation		No No No

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products		2223, 3,14 01	· · · · · · · · · · · · · · · · · · ·
Closely-held equity interests			
Other			
o mer			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
MOUNTAIN WEST BANK MORTGAGE	1,683,057		
······································	2,555,557		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,683,057		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

ONE	EER MONTESSORI SCHOOL				
		32-0360653		VEC	NO
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain	ıram, ın a way			
	THE POLICY IS PUBLISHED IN THE LOCAL NEWSPAPER AT LEAST ANNUALLY		3	Yes	
4	Does the organization maintain the following?		1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially nobasis?	nondiscriminatory	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pul- with student admissions, programs, and scholarships?	olic dealing	4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separ	rate statement)			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
ŀ	Admissions policies?		5b		Νo
•	Employment of faculty or administrative staff?		5с		Νo
C	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
ç	Athletic programs?		5g		Νo
ł	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a sepa	arate statement)	5h_		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a		Νo
ŀ	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 (
	at Day, Drag 75 50 1075 3 C B 597 cayoring regist nondicarimination? If "No " attack an aya!	anation	. 7	1 V 0 0 1	

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DLN: 93493068009060

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service	lines 17, 18	, or 19, and by orga	nizations that e	nter more than \$15,000 on Fo	rm 990-EZ, line 6a.	Inspection				
Name of the organizati PIONEER MONTESSO						tification number				
		2			82-0360653					
Part I Fundrai	sing Activities.	complete if th	e organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.				
	•	sed funds throug	h any of the	following activities Ch						
a Mail solicitat				·	non-government grants					
b Email solicita				g Solicitation of g	government grants					
d In-person so				g j Special luliulai	sing events					
	Tre reactions									
				lividual (including office ction with professional i		Г _{Yes} Г _{No}				
				ers) pursuant to agreem 0-EZ filers are not requ						
(1) Name of males	. dozel	fund	(iii) Dıd raiser have	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
(i) Name of indiv or entity (fundra	Ι (11) Δ	ctivity	ustody or ontrol of tributions?							
		Ye	s No		, ,					
Total			<u> </u>							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

ANUAL SPRING F (event type) 1 Gross receipts 60,672 7,579 68,21 2 Less Charitable contributions 7,579 7,579 60,619 2 Cless Charitable contributions 60,672 7,579 60,619 3 Gross revenue (line 1 60,672 60,61) 5 Non-cash Prizes 7 Non-cash Prizes 66,619 4 Cesh Prizes 66 Rent/facility costs 67 Non-cash Prizes 7 Non-cash Prizes 7 Non-cash Prizes 7 Non-cash Prizes 7 Non-cash Prizes 8 Direct expenses summary Add lines 4 through 7 in column (d) 1 Non-cash Prizes 8 Non-cash Prizes 8 Non-cash Prizes 8 Non-cash Prizes 9 Non-cash Prizes		rt II	Fundraising Events. Com more than \$15,000 on Form	990-EZ, line 6a. List e	events with gross rece			'	
Contain number Cont				(a) Event #1	(b) Event #2	(c) Other Events	(Add co	l (a) th	
1 Scross receipts						(total number)	C	ol (c))	
3 Gross revenue (line 1 60,672	Φ.	1	Gross receipts	60,672	7,579	,		6	8,251
3 Gross revenue (line 1 60,672	evei	2	Less Charitable		7,579				7,579
5 Non-cash Prizes	~	3	Gross revenue (line 1	60,672				6	0,672
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 1 and 7 in column (d). 9 Enter the state(s) in which the organization operate gaming activities in each of these states? 10 No such a reganization operate gaming licenses revoked, suspended or terminated during the tax year? 10 Does the organization operate gaming activities with nonmembers? 11 Seminary Combine lines 1 and 7 in column (d). 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 If "No," Explain 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 If "No," Explain 10 Does the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 If "No," Explain operate gaming activities with nonmembers? 16 If "No," Explain operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities w		4	Cash Prizes						
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 1 and 7 in column (d). 9 Enter the state(s) in which the organization operate gaming activities in each of these states? 10 No such a reganization operate gaming licenses revoked, suspended or terminated during the tax year? 10 Does the organization operate gaming activities with nonmembers? 11 Seminary Combine lines 1 and 7 in column (d). 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 If "No," Explain 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 If "No," Explain 10 Does the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 If "No," Explain operate gaming activities with nonmembers? 16 If "No," Explain operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities w	ses	5	Non-cash Prizes						
9 Net income summary Combine lines 3 and 8 in column (d). Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization line state of the set at the state (s) in which the organization operate gaming activities in each of these states? Gaming the tax year? Gaming the tax year? Gaming the first or a member of a partnership or other entity Gaming the first or	cben	6	Rent/Facility costs						
9 Net income summary Combine lines 3 and 8 in column (d). Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization line state of the set at the state (s) in which the organization operate gaming activities in each of these states? Gaming the tax year? Gaming the tax year? Gaming the first or a member of a partnership or other entity Gaming the first or	ம ர	7	Other direct expenses						
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ald Coll (a) through coll (c) through coll (c) (a) through coll (c) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ald Coll (a) through coll (c) (a) through coll (c) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ald Coll (a) through coll (c) (a) through coll (c) (a) through coll (c) (c) therefore the coll (a) through coll (c) (a) through coll (c) (c) therefore the coll (a) through coll (c) (a) through coll (c) (c) therefore the coll (c) through coll (c) (c) therefore the coll (c) through coll (c) (c) therefore the coll (c) through coll (c) (c) through coll (c) (c) through coll (c) through coll (c) (c) through coll (c) (c) through coll (c) through coll (c)	ĒΘ	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)				
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add (a) Inrough col (c) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add (a) Inrough col (c) (a) Inrough col (c) (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) Other gaming (Add (a) Inrough col (c) Other gaming (Add (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) Other gaming		9	Net income summary Combine li	nes 3 and 8 ın column (d)				6	0,672
bingo/progressive bingo 1 Gross revenue	Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	re thar	1
1 Gross revenue	evenue			(a) Bingo	bingo/progressive	(c) O ther gaming	(d) Tota	ıl gamıng hrough co	(Add ol (c))
3 Non-cash prizes	~	1	Gross revenue						
6 Volunteer labor	မှ	2	Cash prizes						
6 Volunteer labor	pens	3	Non-cash prizes						
6 Volunteer labor	<u>ন</u> ত	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	_ □	5	Other direct expenses						
7 Direct expense summary Add lines 2 through 5 in column (d)		6	Volunteer labor		'	_			
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add line	,	, ,	.			
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		R	Net daming income summary Com	hine lines 1 and 7 in coli	ımn (d)				
Is the organization licensed to operate gaming activities in each of these states?			Net gaming meanic summary con	bine inies I and 7 in cold	(u)			Yes	No
b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 11 Does the organization operate gaming activities with nonmembers?	9								
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 11 Does the organization operate gaming activities with nonmembers?	а			gaming activities in each	n of these states?		· 9a		
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	b	If"l	No," Explain						
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?			611						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				icenses revoked, suspen	ded or terminated during	the tax year?	10a	1	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_							
	11	Doe	es the organization operate gaming	activities with nonmembe	rs?		11		
	12								

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

2008

DLN: 93493068009060

Department of the Treasury Internal Revenue Service Name of the organization

PIONEER MONTESSORI SCHOOL

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

						82-0360653	
Part I General Infor	mation on Grai	nts and Assistance	1			•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grar	nts or assistance?					F Yes □ I
Form 990, Part Part IV and Sch		ny recipient that rece tional space is		00. Check this box	tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_							
2 Enter total number of se organizations		-			•		
3 Enter total number of oth	ner organizations .						<u> </u>
For Paperwork Reduction Act No	tice, see the Instruct	tions for Form 990.		Cat No 500551	Р	Scl	nedule I (Form 990) 2008

	•	,										
Part III	Grants	s and Other	Assistance to	Individuals in	the United States.	Complete if the	organization a	answered "Y	es" on Form	າ 990,	Part IV, lır	ne 22.
	Use Sc	chedule I-1 (Form 990) if add	ditional space is r	needed.							

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	LINE 2	SCHOLARSHIPS SCHOLARSHIPS AWARDED ARE APPLIED DIRECTLY TO THE STUDENT'S TUITION ACCOUNT WITH THE SCHOOL DONATIONS TO OTHER ORGANIZATIONS ARE MADE IN NOMINAL AMOUNTS FOR GENERAL UNSPECIFIED USE

(f)Description of non-cash assistance

Software ID: Software Version:

EIN: 82-0360653

Name: PIONEER MONTESSORI SCHOOL

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance (b) Number of (c) A mount of (d) A mount of (e) Method of valuation

	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	
SCHOLARSHIP	2	12,200			
SCHOLARSHIP	1	2,800			
SCHOLARSHIP	1	6,900			
SCHOLARSHIP	1	4,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	3,800			
SCHOLARSHIP	1	3,650			
SCHOLARSHIP	1	5,500			
SCHOLARSHIP	1	1,700			
SCHOLARSHIP	1	7,500			
SCHOLARSHIP	1	6,000			
SCHOLARSHIP	1	4,000			

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DLN: 93493068009060

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Name of the organization PIONEER MONTESSORI SCHOOL						. ,			tion I	number				
Part I Excess Benefit Transac	tions (section 501	(c)(3)	and section 501	l (c)(2-036								
To be completed by organization									. Par	t V , lıne	40b			
										(c) Corr				
1 (a) Name of disqualifie	u person		(b) Des	cripti	on of transa	ection			Ì	Yes	No			
2 Enter the amount of tax imposed on	the organization mar	nagers	or disqualified pers	ons o	luring the y	earur	nder							
section 4958	_	-	· · · · · · · · · · · · · · · · · · ·				•	\$						
3 Enter the amount of tax, If any, on III	ne 2, above, reimburs	ed by	the organization .					\$						
Part III Loans to and/or From	Interested Per	sons												
To be completed by organiza			on Form 990, Part	IV, lı	ne 26, or Fo	orm 9	90-E	Z, Part	V, lır	ie 38a				
	(b) Loan to or							(1						
(a) Name of interested person and	from the	(c)	Original principal	(-1)-5		(e) In Approve				1			1	ritten ment?
purpose	organization?	` `	amount	(a)B	alance due	dela	uit	comm		1 -	ment			
	To From					Yes	No	Yes	No	Yes	No			
		-									1			
Total			🟲 \$											
Part IIII Grants or Assistance B	Benefitting Inter	ested	l Persons											
To be completed by orga	nizations that ansv	vered	"Yes" on Form 9	90, F	art IV, lır	ne 27	•							
(a) Name of interested person		•	ween interested pe	rson	(c)A m	ount c	of ara	nt or tv	pe of	assista	nce			
			organization		` '				•					
MAKENA GOVE	CHILD OF BOA										6,900			
ASHER MAXWELL LYLA MAXWELL											3,650			
LYLA MAXWELL	CHILD OF BOA	KD M	EMBE								4,000			
Part IV Business Transactions	Involving Inter	asta <i>r</i>	l Dersons											
To be completed by organ				90. F	Part IV. lır	ne 28	a. 28	b. or	28c.					
	(b) Relationsh			1	<u> </u>		-,	2 , 0.		(e) Sha	rına of			
(-) Name of other and a constant	between interes	•	(c) A mount of	:	(d) 5					organiz				
(a) Name of interested person	person and th		transaction		(d) Descr	iption	ortra	ansacti	ion	reven	ues?			
	organization	1								Yes	No			
	I		I	- 1										

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DLN: 93493068009060

OMB No 1545-0047

2008

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SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization PIONEER MONTESSORI SCHOOL Employer identification number 82-0360653

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	WHOLE CHILD AND EMPOWER EACH STUDENT TO REALIZE HIS OR HER OWN POTENTIAL PIONEER MONTESSORI SCHOOL RECOGNIZES AND NURTURES THE CHILD'S INDIVIDUAL ACADEMIC NEEDS WHILE FOLLOWING THE CHILD'S INNATE DESIRE TO CREATE HIS OR HERSELF WE PROMOTE THE ACQUISITION OF SKILLS BY PROVIDING A COOPERATIVE ENVIRONMENT WHERE EACH STUDENT'S WORK IS BOTH SELF-DIRECTED AND TEACHER GUIDED, THUS DEVELOPING THE CHILD'S INDEPENDENT THINKING SKILLS AT PIONEER MONTESSORI SCHOOL WE STRIVE TO CULTIVATE COMPASSION, INSTILL CONFIDENCE AND AWAKEN CONSCIOUSNESS FOR ONESELF, OTHERS AND THE WORLD THAT SURROUNDS US

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO	FORM 990, PAGE 6, PART	A COPY OF THIS RETURN WAS PROVIDED TO THE BOARD OF
REVIEW FORM 990	VI, LINE 10	DIRECTORS BEFORE IT WAS FILED

Identifier Return Reference		Explanation				
ENFORCEMENT OF CONFLICTS POLICY	, ,	THE PIONEER MONTESSORI SCHOOL HAS NO CONFLICT OF INTEREST RELATIONSHIPS, THEREFORE THE POLICY IS BEING ENFORCED				

Identifier Return Reference		Explanation				
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION AND BENEFITS ANNUALLY FOR THE "HEAD OF SCHOOL"				

Identifier Return Reference		Explanation				
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION AND BENEFITS ANNUALLY FOR THE "HEAD OF SCHOOL"				

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DLN: 93493068009060

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

		See separate instruction	s. 🕨 Attach	to your tax	return.			Sequence No 67
Name(s) shown on return		Business or	activity to which	this form r	elates	Iden	tifyin	g number
PIONEER MONTESSORI	SCHOOL							
Dowl T	F. F		EPRECIATION			82-0	3606	53
	-	Certain Property Ur isted property, comple			mnlete	Dart I		
1 Maximum amount See					mpiece	, a, c 1.	1	250,000
		_						230,000
2 Total cost of section 179 property placed in service (see instructions)						2	22222	
3 Threshold cost of sect				uctions)			3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-				4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -0	0- If marrie	d filing			
separately, see instruc	tions						5	
								1
(a) D	escription of pro	perty		(business u	se (o	c) Elected	cost	
6				only)				-
								+
7 Listed property Enter	the amount from	lina 20		. 7				-
							_	
8 Total elected cost of s		•	umn (c), lines 6	and / .			8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .					9	
10 Carryover of disallowed		•			•		10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions			11	
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do not	enter more tha	n lıne 11			12	
13 Carryover of disallowed	d deduction to 2	009 Add lines 9 and 10	, less line 12	.▶ 13				
Note: Do not use Part .	II or Part III l	pelow for listed proper	rtv. Instead. u	se Part V.				
		Allowance and Othe				de listed pr	operty	(See instructions)
14 Special depreciation al							•	,
tax year (see instruction	•	, , , ,		, ,			14	
15 Property subject to sec	tion 168(f)(1)	election					15	
16 Other depreciation (inc	:ludina ACRS)						16	24,767
•		Do not include listed	property.) (Se	e instruct	ons.)			
TIMORO DO	p. 00.000 (.		ection A	o mon doc	01.01)			
17 MACRS deductions for	assets placed i			. 800			17	
18 If you are electing t	•	·	-		to one	or more		
general asset accou	· ,	•		•	to one	.▶□		
		Service During 20			Gene		recia	tion System
Section B Asse		(c) Basis for			- dene	rui bepi	CCIG	tion System
(-) Cl	(b) Month and	depreciation	(d) D					(\D
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Conve	ntıon	(f) Metho	d	(g) Depreciation deduction
property	service	use	period					acaaction
40. 2		only—see instructions)					-	
19a 3-year property							-	
b 5-year property							-+	
c 7 - year property							-+	
d 10-year property							-+	
e 15-year property							-	
f 20-year property			25			C //	-	
g 25-year property			25 yrs	NA NA		S/L	_	
h Residential rental property			27 5 yrs	MM		S/L	-+	
			27 5 yrs	MM		S/L	-	
i Nonresıdentıal real property			39 yrs	MM		S/L	-+	
	n C. Acceta Dis	and in Compies During 200	 	MM	ativa Da	S/L		
	C—Assets Plac	ced in Service During 200	o rax rear using	The Aiterr	ative De		Syste	em
20a Class life	1		12 455			S/L S/L	-	
b 12-year			12 yrs	ММ		•		
c 40-year Part IV Summar	<u>I</u> y (See instrud	tions)	40 yrs	141 141		S/L		
21 Listed property Enter		•					21	
• • •					• •		21	
22 Total. Add amounts fro		14 through 17, lines 19 urn Partnerships and S			ne 21 E	nter here	22	24,767
23 For assets shown abov						1		,
portion of the basis att		_	it year, enter the	23				
•								

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44