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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

Firm's name

Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Use Only

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning كالسار 2014, and ending Tune, 2015 Check if applicable: C Name of organization D Employer identification number Childrens Doing business as 03-0351617 Address change Montessori choolNumber and street (or P O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 603.64 Initial return 5606 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 338 427.33 - Nei Hampshire Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Tyes X No (same as above) Jeannette Westelman H(b) Are all subordinates included? Yes No. 501(c)(3) ☐ 501(c) (If "No," attach a list. (see instructions) Tax-exempt status: Website: ▶ montessor i harvarenh. ora www. H(c) Group exemption number ▶ L Year of formation. 1996 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: In This small areschool/kinder -blowing in the main the shilosophy of Activities & Governance Maria Montesori children develop independence Social Sensitivity and interest in Isarning While broadening cultural horizons and environmental Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2014 (Part V-line 2a) 5 5 Q 6 Total number of volunteers (estimate if necessary) . . 6 O Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-Ti, line 34 177 7b 0 Prior Year **Current Year** REANNED WAR 0 & 2016 Contributions and grants (Part VIII, line 1h). 7515 593. €.2 Revenue 9 Program service revenue (Part VIII, line 2g) ۵۵ 10 Investment income (Part VIII, column (A), lines 3, 4, and 7,d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 152.501 12 Total revenue-add lines 8 through 11 (must equal Part VIII; column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 289 041.79 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 55729.11 62025 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3 50 029.56 19 Revenue less expenses. Subtract line 18 from line 12 (28090.37 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 37a3 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 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. Sign Signature of officer Here <u>school</u> 1996 Kaces Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check [] If self-employed Preparer

Cat No. 11282Y

Firm's EIN ▶

Phone no.

9-30

Yes 🔲 No

Form **990** (2014)

	0 (2014) Montesson School in Norwich (2014) 03-0351617 Page 2
Part I	II Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1_	Briefly describe the organization's mission: The organization is a small preschool and kindergarte
	Gllowing in the main the educational Philosophy of Maria Montesson. The school of Maria Montesson.
7	nd wheest is learning. The school is committed to broadening cultural hor
	of encouraging environmental awareness within the entire school commu
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ \$1550,00 including grants of \$) (Revenue \$ 110312,07)
	Helf-day Montesson program Montay-hough Friday
	2:30-12:30-
	(19 children, 175 days/year)
4b	(Code:) (Expenses \$ 151296 To including grants of \$) (Revenue \$ 204 657.93)
	Full-day Montessori program Monday through Thursday
	8:3d - 3:00 plus - Friday 8:30 - 12:30
	(235 ahildren 175 days/year)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► \$ 232 846. To Form 990 (2014)
	Form 390 (2014)

			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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	^	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>~</u> %
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		¥
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>×</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	×	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		× _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>^</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
	100 to line 200, and the organization attach a copy of its addited illiancial statements to this return?		n 99 0	(2014)
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	77 77	, ik "	-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		× ×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," complete Schedule R,			
38	Part VI	37 38	×	<u>×</u>
	· · · · · · · · · · · · · · · · · · ·	For	n 990	(2014)

Form	990	(2014)	

Montesson School in Norwick (2014) 03-0351617 Page 5

Part	V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		N/A
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20	×	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a)
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u>×</u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 3D		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
h	·	- 40		_
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ار
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨ <u>-</u> _	-	- '
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	-	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ '''		_
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations. Enter:			\vdash
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			Į
С	Enter the amount of reserves on hand		L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u></u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	1 -

	0(2014) Montesson School in Norwich (2014) 03-635			Page 6
art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
cti	on A. Governing Body and Management			<u> </u>
			Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ĺ
Ь	Enter the number of voting members included in line 1a, above, who are independent . 1b			
	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		×
;	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		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		X_
а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ů		×
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
3	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	90	_	İ
a b	The governing body?	8a 8b	×	N
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			, 4-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
cti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		40	Yes	No
a b	Did the organization have local chapters, branches, or affiliates?	10a		- ×
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		×
,	Did the organization have a written document retention and destruction policy?	14		×
5	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?			
a	The organization's CEO, Executive Director, or top management official	15a 15b	×	-
b	Other officers or key employees of the organization	150	<u> </u>	
sa s		ļ)
	with a taxable entity during the year?	16a	<u> </u>	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	465	[
~+:	on C. Disclosure	16b	<u></u>	NA
ULI	List the states with which a copy of this Form 990 is required to be filed True tham Ashire			
,		501	c)(3)s	only)
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	, 50 1	(-)(-)-	
7 3	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretable of the conflict of interpretable or the conflict of the c			y, and
}	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recommendation.	erest	polic	y, and
)	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest cords	polic: : ►	

Form 990 (2014) Montesser's	Saha	- 1			ما	C1. >	انم،	- (2014)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	51617 Page 7
Part VII Compensation of Officers, Dire	ectors, Tr	uste	es,	Ke	y E	mplo	ye	es, Highest (Compensated	Employees, and
Independent Contractors					-			_		
Check if Schedule O contains a re										<u> </u>
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required	to be liste	ed. H	еро	rt c	om	pensa	atior	n for the caler	idar year ending	with or within the
organization's tax year. • List all of the organization's current office				4	wha	thar .	مطن	iduals or orac	nizationa) roga	dless of amount o
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mper	nsati	ion i	was	paid		-		diess of altiount o
 List all of the organization's current key em 										
 List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations. 										
 List all of the organization's former office \$100,000 of reportable compensation from the c 	-					-			mployees who i	received more than
 List all of the organization's former directorganization, more than \$10,000 of reportable control 	ompensatio	n fro	m th	ne o	rgar	nizatio	on a	nd any related	organizations.	
List persons in the following order: individu compensated employees; and former such person		s or	dire	ecto	rs;	instif	tutic	onal trustees;	officers; key e	employees; highes
Check this box if neither the organization nor	any relate	d org	aniz			mpe	nsa	ted any curren	t officer, director	, or trustee.
				_ (0	-					
(A)	(B)	(don	ot ch	Posi ieck		than c	one	(D)	(E)	(F)
Name and Title	Average hours per	Average box, unless person is both an Ri							Reportable compensation from	Estimated amount of
	week (list any		_				-	compensation from	related	other
	hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	ţ	, a	ğ	yst c	9	(W-2/1099-MISC)	(** = ********,	organization
	below dotted line)	٦	iel t		oye	- omp				and related organizations
	,	8	uste		"	ensa				3
			ğ			e e				
	20+10									
(1) Tranette Westelman	40wkg		×		×	×	4	61000.00		
theat of school			Ļ			^		@1500.A		
(2) Brian Doyk Chair of board	1hc	×		×				- 0 -		
(3) Karen Poage	160							_		
Sometany of board		X	<u> </u>	×			L	- 0-		
(4) John Ruth	الم	X		×			ļ			
Treasurer of board (5) Beth times Trustee/ director (6) Stephanie McCarll Trustee/ director		1	<u> </u>	^	ļ			- 0-		
(5) Beth Ames	1/2 /	×								
- laster director	1/ / -	 ^	├	├-	-		 	-0-		<u> </u>
10) Ottobare Mecall	\ 3 VC	\times						-0-		
17 Kinbaty Millings	1/2 hr	-	\vdash	-	-		├			<u> </u>
m Kimberly Millimen	1.7.L.IV	Y						-0-		
(8) Adresse teraxa	1/2 hr.		T	\vdash	-		t			
Instee / director	į	l X						- 0-		
(8) Adrence Peraxa Instee / director (9) Ellen Rock more	1/2 hr									
Inustee/directal		<u> </u>		$oxed{oxed}$		L	_	-0-		
(10)		1]	1				1	1	

(12)

	90 (2014)	Montessori									(2014)	03-0				Page 8
Part	VII Sect	ion A. Officers, Directo	rs, Trust	ees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (d	continue	d)		
	Name and title Avera				(B) Average hours per (do not check more the box, unless person is officer and a director)						(D) Reportable compensation	(E) Reportabl compensation		Esti	(F) imated ount of	
				week (list any hours for related organizations below dotted (line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		comp fro orga and	ther ensation the nization related nization	n E
(15)																
(16)												<u>-</u> -				
(17)																
(18)		*****														
(19)										<u> </u>						
(20)																
(21)						_	ļ									
(22)														· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
(23)								 		 						
(24)																
(25)															<u>-</u> .	
1b	Sub-total				<u> </u>		<u></u>				61000.00					
C		n continuation sheets	to Part	VII, Sectio	n A					•	NA					
<u>d</u>				· · · ·			<u>. </u>	<u></u>		<u> </u>	61000.00					
2		ber of individuals (inclue compensation from the			d to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	of		
3		organization list any fo			tor c	or tr	ueta		kev e	mr	Novee or bigh	est compe	nsated		Yes	No
	employee	on line 1a? If "Yes," co	mplete S	Schedule J	for s	uch	indi	ividu	ıal					3		<u> </u>
4		dividual listed on line 1 on and related organi												4		
5		erson listed on line 1a r es rendered to the orga												5		
Section		pendent Contractors												1	L	1
1		this table for your five ation from the organizat														tax
		Name and but	A) siness add	iress	-						(B) Description of s	ervices	c	(C) compens		
-		- none	-							F						
	T-4-1			ma firmal in				11 11			The Part of the Pa					
2		nber of independent of more than \$100,000 of) tr	iose listed ab	ove) wno				

School in Norwich (2014) 03-0351617 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (D)
Revenue
excluded from tax
under sections
512-514 (C) Unrelated (A) Total revenue (B) Related or exempt function business revenue revenue 1a Federated campaigns . . . Contributions, Gifts, Grants and Other Similar Amounts 1a Membership dues 1b c Fundraising events 1c **d** Related organizations . . . 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f 13593.60 **Business Code** Program Service Revenue 611600 314970-0 2a All other program service revenue. 31496.00 Total. Add lines 2a-2f g Investment income (including dividends, interest, and other similar amounts) ▶ 16,23 Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (i) Real (ii) Personal 6a Gross rents . . **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory **b** Less: cost or other basis and sales expenses . Gain or (loss) . . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses Net income or (loss) from fundraising events С 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities . . ▶ Gross sales of inventory, less 10a returns and allowances . . . 260.00 (412.50 Less: cost of goods sold . . . ь Net income or (loss) from sales of inventory . . ▶ C152.50 Miscellaneous Revenue **Business Code** 11a b c All other revenue . . d **Total.** Add lines 11a–11d е Total revenue. See instructions.

Form 990 (2014)

Form 990 (2014)

Montesson School in Norwich (2014) 03-0351617

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 7274871 72748.72 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 167762.48 16776248 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10805.40 7554.12 3251.28 18399.11 12833.83 10 5565.28 11 Fees for services (non-employees): Management 911.50 911.50 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 5425.00 5425.00 1767.16 Advertising and promotion 1767.16 12 13 Office expenses 3971,23 3971.23 14 Information technology 296.99 296.97 15 24086.43 1003.60 16 Occupancy 2509003 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1077.71 1048 71 19 Conferences, conventions, and meetings . 29.00 20 21 Payments to affiliates 13835.53 1441a.01 576.48 22 Depreciation, depletion, and amortization . 23 8254.00 8254.60 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) state filing and other fees 276.00 276.co bank a coolent Service charges equipment renter (for concerts) Monteson Internetional (max) b 178.10 178.10 268.00 268.00 C 65.00 65.00 All other expenses Cover ReCover

Total functional expenses. Add lines 1 through 24e 32.60 32.60 331741.02 25 232846.70 98894.32 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

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

	ort X	Check if Schedule O contains a response or note to any line in this Par	tX		
		Great in Correctate of Contains a response of floto to any line in this ta	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	43498.54	1	58436.47
	2	Savings and temporary cash investments	118135.15	2	122300.12
- 1	3	Pledges and grants receivable, net		3	
Í	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	_		
ļ		Complete Part II of Schedule L		5_	
1	6	Loans and other receivables from other disqualified persons (as defined under section			
l		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	l		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹ ا	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	360. 15	9	
ŀ	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 513 713.30			
	b	Less: accumulated depreciation 10b 240 726.74	284783.12	10c	272986.56
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
ı	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	446776.96	16	453723.15
	17	Accounts payable and accrued expenses	5953.65	17	4300.22
	18	Grants payable		18	
	19	Deferred revenue		19	
- {	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
တ္က	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and			'
اچا		disqualified persons. Complete Part II of Schedule L	- '	22	'
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5953.65	26	4300.22
(A		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ce		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
מ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	440814.93	32	449547, 32
Š	33	Total net assets or fund balances	440814.93	33	449547.32
	34	Total liabilities and net assets/fund balances	446768.58	34	453841.54
					Form 990 (2014)

Form 99	012014) Montesson School in Horwich (2014) 03	-03	516	20	Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI			• •		<u>×</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33			. 33
2	Total expenses (must equal Part IX, column (A), line 25)	2	33			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>, द्वा</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	05	रास	. P3
5	Net unrealized gains (losses) on investments	5 6				
6	Donated services and use of facilities	7	<u> </u>			
7	Investment expenses					
8	Prior period adjustments	<u>8</u> 9		4.	.1.6	~~
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>. </u>	مد	46	08
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40	ريد ا		- , 1 c	+ 2=
	33, column (B))	10	7.	47	27	7.30
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •		: :	Yes	No.
	Accounting method used to prepare the Form 990: Cash Accrual Other		Г		163	NO
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			
	Schedule O.	Jidiii	"'			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
2a	If "Yes," check a box below to indicate whether the financial statements for the year were comp					
	reviewed on a separate basis, consolidated basis, or both:),,CG	·			ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					ļ
b	Were the organization's financial statements audited by an independent accountant?			2b		<u>ر</u> (
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant."	 ed on	a			_
	separate basis, consolidated basis, or both:		_			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersio	ıht			-
·	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				-	-
	Schedule O.		İ			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	- '		
-	the Single Audit Act and OMB Circular A-133?		.	За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo t	he	-		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	.	3b		
					~~	(2014)

SCHEDULE A (Form) 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Montessori School in Norwich 03-0351617 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2014 Montess	on Sch	m in loc	orwich	(2014)	03-035	1617 Page 2
Part	II Support Schedule for Organiza	itions Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		·				
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	j					
	on B. Total Support				•	•	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	•	n's first, secon				
Secti	on C. Computation of Public Suppor			· · · · ·			
14	Public support percentage for 2014 (line 6			11 column (fl)		14	%
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33	ns% or more, o	
b	331/3% support test—2013. If the organ check this box and stop here. The organi					e 15 is 33¹/3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization metals in Part VI how the organization meansurported organization	tion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check ti	his box and st	top here. a publicly
18	supported organization	d not check a		, 16a, 16b, 17a			

Schedu	ele A (Form 990 or 990-EZ) 2014 Mackas	· < .		N	(anul)	N2	/ .C 2
Part		e box on line	9 of Part I o	r if the organ	ization failed	to qualify und	
Secti	on A. Public Support			, _{[-}			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b			,	1		
Secti	on B. Total Support			 			<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						

	, , , , , , , , , , , , , , , , , , , ,	1-7	1-,	1-7		(-,	1 (-)
9	Amounts from line 6						
10a	Gross income from interest, dividends,				·		
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
C	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						1
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	_		i			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	ere		<u></u>			▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2014 (line						%
16	Public support percentage from 2013 Sc	hedule A, Part	III, line 15 .	<u></u>	<u></u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014	•	• •	•	` ''		<u>%</u>
18	Investment income percentage from 2013						<u>%</u>
19a	331/a% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box		=			_	_
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	tructions 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2014 Montesso	i School in Nonoich ((2014) 03-0351617	Page 4

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. ÁII	Supporting Organization	S

<u>ecti</u>	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	l	1	ł

determine whether the organization had excess business holdings.)

Schedu Part	le A (Form 990 or 990-EZ) 2014 Mankeson School in Norwich (2014) 83-035	5161	7	Page 5
rart	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		.00	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Yes	No
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		·
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations	<u>'</u>		L
	on or the mosphering organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		١
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s 	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		; :
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 Montesson School in Norwin	<u>م</u> لـ	(2014) N2-N	351617 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	jan	izations	37101 . ago
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	,,,	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	· · · ·	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-in	tegrated Type III support	ing organization (see

instructions).

	A (Form 990 or 990-EZ) 2014 Vontesson Scho	of in Norwa	h (2014)	3-0351611 Page 7					
Part '	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish e	exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
4_	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6_	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
а									
b	+								
С									
d	I								
e	From 2013								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2014 distributable amount								
i	Carryover from 2009 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2014 from Section								
-	D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2014 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2015. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а									
b									
С									
d	Excess from 2013								
е	Excess from 2014								

chedule A (For	m 990 or 990-EZ) 2014 Montesso	in School in	Nonwich G	2014) 03-0	351617 Page 8
Part VI	m 990 or 990-EZ) 2014 Montesso Supplemental Information. P Part III, line 12. Also complete	rovide the explanat this part for any ad	tions required by ditional informati	Part II, line 10; Part on. (See instructions	II, line 17a or 17b; and s.)
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Part IV, line 6, 7, 6, 9, 10, 11a, 11b, 11c, 11c, 11c, 11t, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Mantesson School in Nowach 03-6351617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedu	le D (Form 990) 2014 Montesson	Leschool 1	i Norw	ch (2014	4) 0	3-035161	7 Page 2
Part	Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Otl	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	other records, o	heck any of the	ne follow	ring that are a sig	gnificant use of its
а	☐ Public exhibition		d □ l	oan or exchan	ae proar	ams	
b	☐ Scholarly research						
	☐ Preservation for future generations	<u>.</u>	• -				
4	Provide a description of the organizat		and explain he	w they further	the ora	anization's exemi	ot ouroose in Part
•	XIII.	5 55555	Carla Cripiani		5.9		pr. pa. peco a
5	During the year, did the organization	solicit or receive	donations of	art. historical t	reasures	s, or other similar	•
•	assets to be sold to raise funds rather						☐ Yes ☐ No
Part							
	Complete if the organization		s" to Form 99), Part IV, line	9, or r	eported an amo	ount on Form
	990, Part X, line 21.				•	•	
1a	Is the organization an agent, trustee,	custodian or of	her intermedia	y for contribu	tions or	other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the followi	ng table:			
				J		Arr	nount
С	Beginning balance				10		
d					1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour				ustodial	account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa						
	V Endowment Funds.						
	Complete if the organization	answered "Yes	s" to Form 99	0, Part IV, line	e 10.		
		(a) Current year 💥	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four years back 🗲
1a	Beginning of year balance	53172.99	48546.	63 4562	6.441	48957.46	46571.51
þ	Contributions						
С	Net investment earnings, gains, and						
	losses	2856.4	\$ 6821.	80 520	6.07	(874.36)	4972.19
d	Grants or scholarships	1879.3			1.72	2112.04	
е	Other expenditures for facilities and						
	programs]		
f	Administrative expenses	332.70	323.	16 33-	4.13	344.65	347.82
g	End of year balance	53817.30	53174	99 4254	6.63	45616.41	48957.46
2	Provide the estimated percentage of t Board designated or quasi-endowmer Permanent endowment	he current year e	nd balance (lin	e 1g, column (a	a)) held a	is: * Calend	ac usars
а	Board designated or quasi-endowmer	nt 🕨	%			Sout	10/30 DO13 31
b	Permanent endowment ▶ 100	%				مرداح,	201
С	Temporarily restricted endowment ▶						ασ,
	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	e possession of t	the organizatio	n that are held	and adı	ministered for the)
	organization by:						Yes No_
	(i) unrelated organizations						3a(i) ×
	(ii) related organizations						3a(ii) ×
þ	If "Yes" to 3a(ii), are the related organi						3b
4	Describe in Part XIII the intended uses		ion's endowme	nt funds.			
Parl			n	0 D-484 P) F 000 D)
	Complete if the organization				T		
	Description of property	(a) Cost or o		ost or other basis (other)		Accumulated preciation	(d) Book value
	Land			6000.00	हुद्धार के स्वर स्वर्थ के अन	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	86000.00
b	Buildings	<u> </u>		4073.00			43471.69
~	Leasehold improvements	•		1274330		178.83	21 564.47
d	Equipment			50 899.6c		946.00	ai 951.00
e	Other	:		LO O I POC	1 10	10.00	<u> </u>
	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part X. co.	umn (B), line 1	Oc.)	▶ ລ	72 986.56

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	D (Form 990) 2014 Montessori School in Nor	wich (2014) C		351617 Page 4
Part		ents With Revenue per	Retur	n.
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1	
а	Net unrealized gains (losses) on investments	2a	4	
b	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c	4 1	
d	Other (Describe in Part XIII.)		4. 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l [
þ	Other (Describe in Part XIII.)	4b	ا 🗚 ا	
_C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 5	
Part			er net	um.
	Complete if the organization answered "Yes" to Form 990, I		11	
1	Total expenses and losses per audited financial statements		"	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1		
а	Donated services and use of facilities	2a	-	
þ	Prior year adjustments	2b	-{	
C	Other losses	2c	-l I	
d	Other (Describe in Part XIII.)	2d	ا 👡 ا	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l -l	
b	Other (Describe in Part XIII.)		ا 🗚 🖯	
c			4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<i>ie ro.)</i>	1 3 1	
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	od 4: Port IV lines 1b and 2	h: Part	V line 4: Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
۷, ، w	t Al, illies ad and 45, and 1 art All, illies ad and 45. Also somplete this part	to provide any dadatenan		
	Part I - 4 The intended uses a	Ethe soloci		الموسر بروال م
	TUT I THE INTERES USES O	I IUS DEVOO!		-Vaamineut
	Tunda 100000 bod	exactly - la Th		miceia
	Tunds correspond	zxaciiy io i	W	(())=235eet
	of the school. (See	a also 990 A	ho.ct	T-1 C. 1
				,et)
	Part III-1.)			

Schedule D (For	m 990) 2014	Montes	ട്ടാറ്	School	in	Horunch	(2014)	03-03-51617	Page 5
Part XIII	Suppler	nental Inform	nation (cor	ntinued)				03-0351617	
									
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	·	······							·

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						-,			

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Montessor, School in Norwich

Employer identification number

03-8357617

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	አ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	×	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	×	
_				,
4	Does the organization maintain the following?	.		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		<u>X</u> _
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	2	A
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	×	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	×	
•	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	- -	/-	
5	Ha) The school's success in enrolling a diverse student body (and start) is self evident to specific records labels or "counts," however are kept (or needed). Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		,
а	Students rights or privileges?	- 	 	
b	Admissions policies?	5b		*
С	Employment of faculty or administrative staff?	5c_	_	×
d	Scholarships or other financial assistance?	5d	_	<u>\</u>
е	Educational policies?	5e	_	×
f	Use of facilities?	5f	-	×
g	Athletic programs?	5g	\vdash	MA
h	Other extracumcular activities?	5h		X
		1		1

6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	₩	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	<u> </u>	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7		

Schedule E (F	orm 990 or 990-EZ) (2014	Montese	ori Sch	ool in No	rwich (2	014) 03-03	35161 TPage 2
Part II	orm 990 or 990-EZ) (2014 Supplemental II applicable. Also	nformation. Prov provide any othe	vide the explana er additional info	ations required to prmation (see ins	oy Part I, lines 3, structions).	4d, 5h, 6b, and	7, as
							
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Monkesson School in Norwich

Employer identification number 03-035(6)7

Part VI – line 9
Board members not reachable at the school:
Brian Doyle, chair of the board, 16 Downing Lane, Hanover, New Hampshire 03755
Karen Poage, secretary, 49 Langdon Street #3, Cambridge, Massachusetts 02138
John Ruth, treasurer, 23 Carriage Lane, Hanover, New Hampshire 03755
Beth Ames, 15 Downing Lane, Hanover, New Hampshire 03755
Stephanie McCaull, 28 Goddard Road, Norwich, Vermont 05055
Kimberly Milliman, 5 Rip Road, Hanover, New Hampshire 03755
Adrienne Peraza, 9 Conant Street, Hanover, New Hampshire 03755
Ellen Rockmore, 2 Storrs Road, Hanover, New Hampshire 03755
Part VI – line 11b
Every year since the school was founded, the 990 tax report has been prepared by Karen Poage,
Head of School from the school's incorporation untile her retirement at the end of Jue 2008 (end of fiscal
year 2007). Karen remains a member of the school's board of directors and has offered each year,
including this one, to prepare the 990 tax report.
Karen has had the close cooperation of now-retired Head of school Kim Milliman and of current
Head of school Jeannette Westelman to collect and process materials for the 990 report that are part of
the school's current records. When the 990 report has been completed (and sent), a full copy is sent at
once to the board treasurer. We expect he will review it at once and express any concerns immediately. In
the absence of concerns from the treasurer, copies of the 990 report have always been, and will again be,
made available to the remaining board members when the board next meets (normally in late spring),
and the report is reviewed with the board at that time (by the treasurer).
Part VI – line 15a
In the spring of 2009, near the end of the first school year not under the direction of the school's founding
Head, the board met in executive session to determine the salary of the new Head of School, based on
performance during her first year. The school was fortunate to have undergone a very carefully planned

succession process and the board was not at all disappointed in the performance of the long-associated
new Head. A similar annual review has happened again each year, most recently in April 2015, when the
board was once more evaluating a new Head, a person also long associated with the school in a carefully
worked-on succession. [Note: This formal evaluation process had not happened in earlier years because
the founding Head—in support of a newly developing school—had been able to volunteer a good deal of
her time without compensation. This unique situation of her own choosing would not be appropriate for a
new Head in a now well-established school.]
Part VI - line 15b
The budget for each upcoming academic year is porposed and approved in a preliminary fashion at
the board's fall meeting (one of two regular annual meetings) in October or November each year. This is
necessary primarily in order to set tuition rates as the admissions season begins, but teacher contracts
are also normally prepared in spring before the spring board meeting. The board considers comparative
material from other Montessori schools in the northeast and from local public and pribate non-
Montessori schools. An individual teacher's training and years of service are also factors in determining
salary. Over the years, the school has been very fortunate in having an exceptional teaching staff and
excellent retention, so board discussion has generally been very positive. A reasonable balancing of tuition
increases with salary increases contributes to salary limitation: teachers in most small private schools—
ours included—find their greatest rewards in other aspects of the eployment rather than exclusively in
salary.
Part VI – lines 18 and 19
Each successive Head of school has been made aware that 990 tax reports and certain other
documents must be available for public inspection. Records are filed in an orderly fashion at the school
and are therefore readily available should the Head receive an appropriate request. This has not yet
happened (February 2016).
Part XI - line 9
The change included on line 9 is the distribution for calendar year 2015 from the school's
endowment fund (Good Works Fund) held by the New Hampshire Charitable Foundation.