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DLN: 93493090006147

OMB No 1545-0047

Open to Public Inspection

# Form 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

A F	ortho 2011	F colondar year artay year beginning 07 01 2015 and ending 06 20 201				
		5 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-201  C Name of organization		D Emple	ver id	lentification number
	eck if applica ddress changi	MONTICELLO ACADEMY INC			-	
	ame change			20-4	3038	/4
In	itial return	Doing business as				
FI		Number and street (or P O box if mail is not delivered to street address) Room/suil	-е	E Teleph	one nu	ımber
	/terminated nended returr	2782 SOUTH CORPORATE PARK DRIVE		(801	417	-8040
<u> </u>	plication pen	ding City or town, state or province, country, and ZIP or foreign postal code				
		WEST VALLEY CITY, UT 84120		<b>G</b> Gross	receipt	s \$ 4,824,577
		F Name and address of principal officer	H(a) Is	this a group	retu	rn for
		JOEL COLEMAN 2782 SOUTH CORPORATE PARK DRIVE		bordinates?		☐ Yes 🗸
		WEST VALLEY, UT 84120		o e all subord	ınates	5 Eves E Ne
I Ta	x-exempt sta	atus	ind	cluded?		Yes   No   Yes   No   No   No   No   No   No   No   N
J W	ebsite: 🕨	WWW MONTICELLOACADEMY NET		roup exemp		
K For	n of organiza	tion    Corporation    Trust    Association    Other ▶	L Year o	f formation 2	006	<b>M</b> State of legal domicile UT
Pa	rt I S	ummary				
		describe the organization's mission or most significant activities				
Governance	A HIG VALUI RESPO PHYSI TO EN	ITSSION OF MONTICELLO ACADEMY IS TO PROVIDE A SUPERIOR ED H PRIORITY ON ACADEMIC ACHIEVEMENT AND COLLEGE PREPARATES OF HARD WORK AND STRONG MORAL CHARACTER, 3)ENCOURAGID NSIBILITIES TO INFLUENCE THE EDUCATION OF THEIR CHILDREN, ECAL EDUCATION COMPONENTS TO THE SCHOOL CURRICULUM, 5) LIHANCE INSTRUCTION AND LEARNING, 6)ASSISTING STUDENTS TO IDENCE, SKILLS, AND A LIFELONG LOVE OF LEARNING	ION, 2)F( NG PARE 4) RESTO JTILIZINO	OSTERING NTS TO RES ORING STRE G STATE-O	TRAD SUME ONG . F-THI	DITIONAL AMERICAN THEIR RIGHTS AND ART, MUSIC, AND E-ART TECHNOLOGY
Ven						
ŝ						
<b>න්</b> ග	2 Chec	k this box ▶ ┌─ if the organization discontinued its operations or disposed o	f more tha	n 25% of it	s net	assets
Activities &					1 -	1
Ę.		per of voting members of the governing body (Part VI, line 1a)			3	3
ď		per of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	3 84
		number of volunteers (estimate if necessary)			6	100
		unrelated business revenue from Part VIII, column (C), line 12		7a	0	
		related business taxable income from Form 990-T, line 34		7b		
			Р	rior Year		Current Year
	<b>8</b> Co	intributions and grants (Part VIII, line 1h)		4,535	362	4,678,740
Ę	<b>9</b> Pro	ogram service revenue (Part VIII, line 2g)		140	282	131,727
Ravenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		9	544	13,318
<u>~</u>		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	!	4,685	188	4,823,785
-	12 13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1–3)				0
		nefits paid to or for members (Part IX, column (A), line 4)				0
		laries, other compensation, employee benefits (Part IX, column (A), lines		2,854	120	2,820,266
Expenses		10)		2,634	,120	
8		ofessional fundraising fees (Part IX, column (A), line 11e)				0
ă		tal fundraising expenses (Part IX, column (D), line 25) ▶13,563				
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,597	$\rightarrow$	1,555,942
		tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12		4,451, 233,	$\rightarrow$	4,376,208
- 8	19 Re	venue less expenses Subtract fine 10 non fine 12	-		$\neg$	447,577
5 S			Beginnin	g of Current	Year	End of Year
Net Assets or Fund Balances	<b>20</b> To	tal assets (Part X, line 16)		11,224		11,580,989
<b>a b</b>		tal liabilities (Part X, line 26)		10,949	719	10,859,001
		t assets or fund balances Subtract line 21 from line 20				
		<b>ignature Block</b> of perjury, I declare that I have examined this return, ir				
	•	ind belief, it is true, correct, and complete. Declaration o				
prepa	rer has an	y knowledge				
		**** **				
Sigr	· │▶∶	Signature of officer				
_	1					

Sign	
Horo	

JOEL COLEMAN SECRETARY
Type or print name and title

## **Paid Preparer Use Only**

Print/Type preparer's name M PAUL WINWARD CPA Preparer's signature M PAUL WINWARD CP Firm's name > SQUIRE & COMPANY PC Firm's address ► 1329 SOUTH 800 EAST OREM, UT 840977737

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

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist 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 (see instructions)?	2		No
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	1	No
	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 2	<b>11</b> c		No
	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	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(וו)? If "Yes," complete Schedule E 🎏	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

t IV	<b>Checklist of Required Schedule</b>	<b>s</b> (continued
Did th	e organization report more than \$5,000 o	f grants or oth

Par 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

ner assistance to any domestic organization or

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's

22 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23

21

24a

24b

24c

24d

25a

25h

26

27

28a

28h

**28**c

29

30

31

32

33

34

35a

35h

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37

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Yes

Yes

Yes

Yes

Form 990 (2015)

Nο

Nο

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Nο

Nο

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Νo

Nο

Νo

Nο

Nο

Νo

Yes

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   3		163	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
-		g (gambling) winnings to prize winners?	<b>1</b> c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
b	•	east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.I	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		int)?	4a		No
b		s," enter the name of the foreign country <b>&gt;</b>			
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	•	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	1		No
		s," to line 5a or 5b, did the organization file Form 8886-T?	5b		
-	II 1 C	5, to mid but on only and the organization menoring to one of the first of the firs	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	6a		No
b		s," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).			
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and essprovided to the payor?	7a		No
b		s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		ie organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
		rm 8282?	7c		No
a	IT "Ye	s," indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	<b>7</b> g		
_	Form :	1098-C?	7h		
8	Did a	coring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
_		the year?	8		
		e sponsoring organization make any taxable distributions under section 4966?	9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a		tion fees and capital contributions included on Part VIII, line 12   10a			
		receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facılıtı	ı	1	'	
11		on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
U		st amounts due or received from them )			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the			
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for	_		
h		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	13a		
U		ch the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand			
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	n 990 (2015)			Page (				
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8 describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		)b belo	w, ✓				
Se	ection A. Governing Body and Management		• •	🗸				
	section At Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	3	103	110				
	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							
b	Enter the number of voting members included in line 1a, above, who are independent  1b	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	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	Yes					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?	7 <b>a</b>		No				
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
a The governing body?								
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at torganization's mailing address? If "Yes," provide the names and addresses in Schedule O	the <b>9</b>		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Interna	I Reven	ue Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill the form?	ıng <b>11a</b>		No				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri In Schedule O how this was done	<i>be</i> <b>12</b> c	Yes					
13	Did the organization have a written whistleblower policy?	13		No				
14	Did the organization have a written document retention and destruction policy?	. 14		No				
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	17						
а	The organization's CEO, Executive Director, or top management official	15a	Yes					

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

**b** Other officers or key employees of the organization .

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 made these available. Check all that apply

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records >RED APPLE FINANCIAL 433 NORTH 1500 WEST MARRIOTTSLATERVILLE, UT 84404 (801) 394-4140

15b

**16**a

16b

Yes

Νo

Part VII

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	any	current officer, d	irector, or truste	e	
(A) Name and Title	(B) A verage hours per week (list any hours for related	person is both an officer and a director/trustee)					ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) MICHAEL SMITH	2 00	×		×				0	0	0	
CHAIR				^				<u> </u>			
(2) JOEL COLEMAN SECRETARY	2 00	×		x				0	0	0	
(3) MARTELL WINTERS	2 00	,,									
TRUSTEE		X						0	0	0	
(4) GREGORY COX	40 00	[		X				70 070	0	5 022	
EXECUTIVE DI								78,078	0	5,922	
										Form <b>990</b> (2015)	

art VII	Section A. Officers,	Directors,	Trustees, K	ey Employees,	and Highest	Compensated	Employees (	(continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total										
c Total from continuation sheed Total (add lines 1b and 1c)	-					. •		78,078		5,922

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

- 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 .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such
  - ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

## 4 Νo 5 Νo

Yes

3

No

Νo

## Section B. Independent Contractors

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

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							
<b>(A)</b> Name and business address	(B) Description of services	(C) Compensation					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >

Form 99							Page <b>9</b>
Part V	1111	Statement of Revenue					_
		Check if Schedule O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	ь	Membership dues 1b					
	С	Fundraising events 1c					
	d	Related organizations 1d					
i, G	e	Government grants (contributions) 1e	4,661,572				
ons Si	f	All other contributions, gifts, grants, and <b>1f</b>	17,168				
tributio Other	•	similar amounts not included above					
ıtı 101	g	Noncash contributions included in lines 1a-1f \$					
Cont and	h	Total. Add lines 1a-1f	· · · •	4,678,740			
<u> </u>			Business Code				
Program Service Revenue	2a	SCHOOL LUNCH		87,542	87,542		
å	b	SCHOOL ACTIVITIES AND FEES		44,185	44,185		
MCE	C						
₹ *	d e						
ram	f	All other program service revenue					
√og							
	g 3	<b>Total.</b> Add lines 2a-2f Investment income (including dividen		131,727			
		and other similar amounts)	•	14,110			14,110
	4	Income from investment of tax-exempt bond	` ` ` <b>.</b>				
	5	Royalties	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
	_	expenses Rental income					
	d	or (loss)  Net rental income or (loss)	<u> </u>				
	ľ	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and	792				
	_	sales expenses Gain or (loss)	-792				
	c d	Net gain or (loss)		-792	-792		
/enne	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c)	,				
Other Revenue		See Part IV, line 18					
Off	b c	Less direct expenses <b>b</b> Net income or (loss) from fundraising	events				
		Gross income from gaming activities See Part IV, line 19	events p				
	l	Less direct expenses b  Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .	P				
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of invo	entory ▶				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c d	All other revenue					
	e	Total. Add lines 11a-11d	•				
	12	<b>Total revenue.</b> See Instructions .					
				4,823,785	130,935		14,110

## Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	85,000	74,903	10,000	97
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	1,963,042	1,884,267	78,733	42
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	365,196	365,196		
9	Other employee benefits	254,018	252,905	1,073	40
10	Payroll taxes				
		153,010	153,010		
11	Fees for services (non-employees)	102 217		100 217	
a	Management	103,217		103,217	
b	Legal	1,235		1,235 14,000	
c d	Accounting	14,000		14,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				-
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	83,414	27,750	55,664	
12	Advertising and promotion	1,059		1,059	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	115,449	101,503	13,773	173
17	Travel	12,430	12,430		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,708	14,708		
20	Interest	420,818	380,599	38,778	1,441
21	Payments to affiliates	260.127	240.007	10.521	
22 23	Depreciation, depletion, and amortization	268,127	248,907	18,531 9,943	689
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)	23,854	13,904	9,943	7
а	FOOD	246,073	246,073		
b	SUPPLIES AND MATERIALS	116,528	99,489	5,965	11,074
С	TEXTBOOKS AND EQUIPMENT	105,472	105,472		
d	REPAIRS AND MAINTENANCE	19,792	16,563	3,229	
е	All other expenses	9,766		9,766	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,376,208	3,997,679	364,966	13,563
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Dart Y	Ralance	Shoo

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lin	e in th	s Part X			· · · · <u>· · </u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			570,486	1	562,866
	2	Savings and temporary cash investments			1,706,732	2	2,014,476
	3	Pledges and grants receivable, net			19,681	3	35,890
	4	Accounts receivable, net			1,136	4	1,537
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	mplete			5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of second voluntary employees' beneficiary organizations (see institution of Schedule L	c)(3)(E ection	3), and 501(c)(9)		6	
SS	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	50
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,975,486			
	ь	Less accumulated depreciation	10b	2,227,590	7,848,793	10c	7,747,896
	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	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,077,302	15	1,218,274
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			11,224,130	16	11,580,989
	17	Accounts payable and accrued expenses			374,617	17	579,499
	18	Grants payable				18	
	19	Deferred revenue			15,757	19	28,435
	20	Tax-exempt bond liabilities			10,380,000	20	10,080,000
	21	Escrow or custodial account liability Complete Part IV o				21	, ,
abilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis	directo	rs, trustees,			
<u></u>		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 pai	ties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
			•		179,345	25	171,067
	26	Total liabilities. Add lines 17 through 25	•		10,949,719	26	10,859,001
ces		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ▶ ∣	<b>√</b> and complete			
<u>ਛ</u>	27	Unrestricted net assets			274,411	27	721,988
Ba	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34.	eck he	re ▶			
Ş	30	Capital stock or trust principal, or current funds				30	
<b>5 S E</b>	31	Paid-in or capital surplus, or land, building or equipment f	und			31	
Ă	32	Retained earnings, endowment, accumulated income, or c	ther fu	ınds		32	
Net	33	Total net assets or fund balances			274,411	33	721,988
	34	Total liabilities and net assets/fund balances			11,224,130	34	11,580,989
							F 000 (201E)

Both consolidated and separate basis

Both consolidated and separate basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on 2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2015)

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DLN: 93493090006147 OMB No 1545-0047

**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.

**Employer identification number** 

Schedule A (Form 990 or 990-EZ) 2015

hospital's name, city, and state \_\_

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

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

MONTICELLO ACADEMY INC

990EZ)

Part I

マ

2

Treasury

Department of the

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

20-4303874

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

Open to Public Inspection

5	Г	170(b)(1)(A)(iv). (Co	omplete Part I	I )	•		y a governmental unit d	lescribed in <b>section</b>				
6 7		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)  A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)										
8 9 10 11		An organization that receipts from activitie from gross investmen organization after Jun An organization organization organione or more publicly sthe box in lines 11a th Type I. A supporting o	normally recenter related to it income and it income and it is 30,1975 Sized and operatived and operatived organization open(s) the power	ves (1) more than 33 s exempt functions—s unrelated business tax eesection 509(a)(2). Ited exclusively to tes ited exclusively for the nizations described in at describes the type of the regularly appoint o	1/3% of its sup ubject to certa kable income (I (Complete Parit for public safe benefit of, to section 509 (as supporting or controlled by relect a major	port from contain exceptions less section 5 till ) ety See section perform the full (1) or section rganization and its supported	ributions, membership, and (2) no more than 11 tax) from businesse on 509(a)(4). Inctions of, or to carry on 509(a)(2) See section decomplete lines 11e, 1 organization(s), typical tors or trustees of the	331/3% of its support is acquired by the ut the purposes of n 509(a)(3). Check if, and 11g ly by giving the				
b	Г _	Type II. A supporting management of the su must complete Part IV	organization s pporting orgar <b>/, Sections A</b> a	upervised or controlle nization vested in the s and C.	d in connection same persons t	that control or	orted organization(s), be manage the supported	organization(s) <b>You</b>				
c d e	Г Г	supported organization Type III non-function not functionally integra (see instructions) You	n(s) (see instr ally integrated ated The orga u must comple organization re	uctions) You must co d. A supporting organi inization generally mu- ite Part IV, Sections A ceived a written deter	mplete Part IV zation operated st satisfy a dis and D, and Pa mination from t	7, Sections A, I d in connection tribution requi rt V. the IRS that it	n, and functionally integ ), and E. I with its supported org rement and an attentiv IS a Type I, Type II, T	anization(s) that is eness requirement				
f g	Ente	r the number of supporto Provide the following in	ed organizatio	ns			· · · · · · · · · <u> </u>					
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Isted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota	]											
		vork Reduction Act Noti	ice see the In	structions for Form 99	00 or 990F7	Cat No 11	285F					

	edule A (Form 990 or 990-EZ) 2015						Page 2
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion tans to qu	dilly dilder the	tests listed bei	ow, picase con	iipiete i ai t III.	,
	Calendar year						T
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
-	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						
4	to the organization without charge						
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions						
5	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						
51	ection B. Total Support				1	1	
(or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
0	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						
.0	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
4	VI) Total support. Add lines 7						
-	through 10						
.2	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
.3	First five years.If the Form 990 is f	for the organizati	on's first, second	. third, fourth, or	fifth tax vear as a	section 501(c)(	3 ) organization.
-	check this box and <b>stop here</b>		•		,	` ',	- , - · g - · · · · ,
S	ection C. Computation of Pul	olic Support F	Percentage				
4	Public support percentage for 2015			11. column (f))		14	
.5	Public support percentage for 2014	•		,, , , , , , , , , , , , , , , , ,			
						15	
. <del>o</del> a	<b>33 1/3% support test—2015.</b> If the	2		·	iine 14 is 33 1/3%	or more, check	- —
h	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the				and line 15 is 31	3 1/3% or more o	heck this
	box and <b>stop here.</b> The organization	9			, and fine 15 is 5.	5 1/5 /0 OI IIIOIC, C	▶ □
72	10%-facts-and-circumstances test				ne 13 16a or 16	h and line 14	
. , a	is 10% or more, and if the organiza	_				•	
	in Part VI how the organization mee						orted
	organization						▶ □
h	10%-facts-and-circumstances test	<b>—2014.</b> If the ora	anization did not o	heck a box on lir	ne 13, 16a, 16b	or 17a, and line	F 1
-	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza					-	cly
	supported organization					•	´ ▶ □
.8	<b>Private foundation.</b> If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a.	or 17b, check this	s box and see	- 1
	instructions			. , ,	,		▶┌
							<del>-</del> 1

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
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						
7	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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. , ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c	)(3) organization.
	check this box and <b>stop here</b>	or the organization	511 5 111 5 C <sub>1</sub> 5 C C O 11 C	, cilii a, loai cili, oi l	men can year as e	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from	•	• •	•		18	
	· -				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- <del>-</del>
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶   3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dili / dili	on ara not check	a DOX OH HHE 14		.ck unis dux and	ace instruction	o <b>=</b> "

#### Part IV 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, V

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		Yes	No
2	describe the designation If historic and continuing relationship, explain  Did the organization have any supported organization that does not have an IRS determination of status under	1		
	section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	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 $509(a)(2)$ ?	3b		
c	If "Yes," describe in <b>Part VI</b> when and how the organization made the determination  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 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?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	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 <b>Part VI</b> .	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 II 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 <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
c	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 <b>Part VI</b> .	<b>9</b> c		
0a	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	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described 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		
c	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		

Part IV Supporting Organizations (continued)

	,			9	9		(	
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?  f "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	<b>Organizations</b>
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
<b>Section</b>	υ.	~II I V	n = r + r	JUDDU	u ciiia	Oluai	IIZALIVIIS

			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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- 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 (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
<b>b</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 <b>Part VI</b> 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.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage 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)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
<del></del>		Schodulo A	/Form 990 or 990-F7) (2015

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DLN: 93493090006147

## OMB No 1545-0047

Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

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

Open to Public

	ME OF THE OFGANIZATION NTICELLO ACADEMY INC				oyer identification number
	rt I Organizations Maintaining Donor	. Advised Funds on (	Othor Cimiler For		303874
e	Organizations Maintaining Donor Complete if the organization answere			nus c	or Accounts.
		(a) Donor advised funds	•	(b)	Funds and other accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_		r advis	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization a	answered "Yes" on	Form	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	ie organization (check all	that apply)		
	Preservation of land for public use (e.g., recr	eation or			
	education)  Protection of natural habitat		Preservation of an		cally important land area
	Preservation of open space		Preservation of a C	erune	a mistoric structure
2	Complete lines 2a through 2d if the organization	held a qualified conservat	ion contribution in the	e form	of a conservation
_	easement on the last day of the tax year	neia a quannea conscivat	ion contribution in the	C IOIIII	of a conscivation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme		<u> </u>	2b	
c	Number of conservation easements on a certified		` '	<b>2</b> c	
d	Number of conservation easements included in (or historic structure listed in the National Register	.) acquired after 8/17/06,	and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extingi	uished, or terminated	by the	e organization during the
	tax year ▶				
1	Number of states where property subject to cons	ervation easement is loca	ted ▶	_	
5	Does the organization have a written policy regar	ding the periodic monitori	ng, inspection, handli	ng of	
	violations, and enforcement of the conservation e	easements it holds?			☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vic	lations, and enforcing	g cons	ervation easements during the
_	A mount of expenses incurred in monitoring, inspe	ecting handling of violatio	ns and enforcing cor	nserva	ition easements during the year
,	<b>▶</b> \$	ocing, namaning or moratio	, aa ee.eg ee.		aring the year
3	Does each conservation easement reported on lii	ne 2(d) above satisfy the	requirements of secti	on 17	0(h)(4)
	(B)(I) and section $170(h)(4)(B)(II)^{7}$				☐ Yes ☐ No
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org			•
ar	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Histori		r Oth	er Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not t assets held for public exl	o report in its revenu nibition, education, or	resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ext	•		
(	(i) Revenue included on Form 990, Part VIII, line 1	1	•	<b>\$</b>	
(i	ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, he following amounts required to be reported under S		ner sımılar assets for		
а	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$
b	Assets included in Form 990, Part X				<b>&gt;</b> \$

**e** Oth<u>er . .</u>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

	Overnientiens Maintaining	Collections of	Aut Lini	howies	I Tro	2011200 011	Athor Cimilar A	raye Z
Fell	Organizations Maintaining (continued)	Collections of A	Art, HIS	torica	ıı ırea	asures, or t	otner Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords, che	eck an	y of the	following that	are a significant us	se of its
а	Public exhibition		d	$\Gamma$	Loan or	exchange pro-	grams	
b	Scholarly research		е		Other			
c	Preservation for future generations							
4	Provide a description of the organization'	s collections and ex	plain how	they f	urther t	he organizatio	n's exempt purpose	e in
5	During the year, did the organization soli assets to be sold to raise funds rather th							s No
Par	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 9	90, P	art IV,	line 9, or re	•	<u>'</u>
1a	Is the organization an agent, trustee, cus	todian or other inte	rmediary :	for con	itributio	ns or other as:	sets not	es No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the foll	owing i	tahle		An	nount
c	Beginning balance	are XIII and comple	te the lon	owning	abic	10		
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance					1f	+	
<b>2</b> a	Did the organization include an amount o	n Form 990, Part X,	line 21, f	or esci	row or c	ــــــا ustodıal accou	int liability? 🖂 🗸	s No
	J	, ,	,				, l 16	3   NO
b	If "Yes," explain the arrangement in Part	XIII Check here if	the expla	nation	has bee	en provided in	Part XIII	
Pa	rt V Endowment Funds. Comple	te if the organiza	tion ansv	wered	"Yes"	to Form 990	, Part IV, line 10	
		(a)Current year	<b>(b)</b> Prio	r year	b (c	<b>)</b> Two years back	(d)Three years back	(e)Four years back
<b>1</b> a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and 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	current vear end ba	lance (line	1 a. c	olumn (	a)) held as		
а	Board designated or quasi-endowment ▶	,	(	3, -		,,		
ь	Permanent endowment >							
c	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 2c	should equal 100%						
3а	Are there endowment funds not in the pos organization by	ssession of the orga	nızatıon t	hat are	held ar	nd administere	d for the	Yes No
	(i) unrelated organizations			•		•		a(i)
	(ii) related organizations					•	<del></del>	a(ii)
ь 4	If "Yes" on 3a(II), are the related organize Describe in Part XIII the intended uses of							3b
	rt VI Land, Buildings, and Equip		endowine	inc rune	<u> </u>			
_	Complete if the organization a		Form 99	0, Pa	rt IV, l	ine <u>1</u> 1a.See	Form 990, Part	X, line 10.
	Description of property		Cos	(a)	er basıs	(b) Cost or other ba (other)	Accumulated	(d)Book value
1a	Land					1,475,8	13	1,475,813
b	Buildings					7,564,6	91 1,686,2	96 5,878,395
c	Leasehold improvements					369,7	44,3	70 325,374
d	Equipment					565,2	496,9	24 68,314

7,747,896

. . . ▶

	Investments—Other Securities.	Complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or categor (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives			
(2)Closely- (3)Other	-held equity interests			
	nn (b) must equal Form 990, Part X, col (B) line 12			
Part VIII	Investments—Program Related. Complete if the organization answer	red 'Yes' on Form 9	90, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX	Other Assets. Complete if the organiza		n Form 990, Part IV, line	11d See Form 990, Part X, line 15
(1) BOND I	(a) De	scription		<b>(b)</b> Book value 756,449
(2) DUE FR	OM MONTICELLO ACAD PROPERTIES			461,825
	mn (b) must equal Form 990, Part X, col (B) lir Other Liabilities. Complete if the o	•	end 'Vas' on Form 000	▶ 1,218,274
PailA	See Form 990, Part X, line 25.			raitiv, iiile lie oi iii.
1.	(a) Description of liability	(b) Book val	ne	
Federal inc	ome taxes			
BOND PRE	MIUM	171	,067	
<u> </u>		17.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	nn (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	,067	
	for uncertain tax positions In Part XIII, pron's liability for uncertain tax positions unde			

Schedule D (Form 990) 2015

	Total revenue, gains, and other	zation answered 'Yes' on				1	
	A mounts included on line 1 but						
		· ·	•	1 - 1			
1	Net unrealized gains (losses) o			2a			
1	Donated services and use of fa			2b			
	Recoveries of prior year grants			2c			
	Other (Describe in Part XIII )			2d			
	Add lines <b>2a</b> through <b>2d</b>					2e	
	Subtract line <b>2e</b> from line <b>1</b> .				•	3	
	Amounts included on Form 990			1 . 1			
	Investment expenses not inclu	•	•	4a			
ı	Other (Describe in Part XIII )			4b			
	Add lines <b>4a</b> and <b>4b</b>				•	4c	
	Total revenue Add lines 3 and					5	
П	Complete if the organi	penses per Audited Fi zation answered 'Yes' on	n Form 990, F	Part IV, line 12	a. ·	s per	Keturn.
	Total expenses and losses per					1	
	Amounts included on line 1 but	not on Form 990, Part IX, li	ine 25				
	Donated services and use of fa	cilities		2a			
	Prior year adjustments			2b			
	Other losses			2c			
	Other (Describe in Part XIII)			2d			
	Add lines <b>2a</b> through <b>2d</b>					2e	
	Subtract line <b>2e</b> from line <b>1</b> .					3	
	Amounts included on Form 990	, Part IX, line 25, but not on	ı lıne <b>1:</b>				
	Investment expenses not inclu	,	•	. 4a			
)	Other (Describe in Part XIII )			4b			
	Add lines <b>4a</b> and <b>4b</b>					4c	
	Total expenses Add lines 3 an	d <b>4c.</b> (This must equal Form	990, Part I, lir	ne 18 )		5	
	<u>'</u>						
rov	Supplemental Info ide the descriptions required for F V, line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Par					de any additional
rov Part	Supplemental Info	Part II, lines 3, 5, and 9, Par					de any additional

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Informatio	n (continued)	
Return Reference	Explanation	

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#### **SCHEDULE E** Schools (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-F7.

Treasury Internal Revenue Service

Department of the

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

Name of the organization Employer identification number MONTICELLO ACADEMY INC 20-4303874 Part I YES NO 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? Yes 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? Yes 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 Nο Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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

Yes

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
SCHEDULE E, LINE 3	THE SCHOOL IS EXCUSED FROM FORMAL COMPLIANCE OF REV PROC 75-50 AS LONG AS ITS CHARTER A GREEMENT WITH THE STATE OF UTAH REMAINS IN EFFECT
COUEDINE E LINE C	THE COLOGIA DECENTES FEDERAL AND STATE FUNDS FOR OPERATIONS

SCHEDULE E. LINE 6 THE SCHOOL RECEIVES FEDERAL AND STATE FUNDS FOR OPERATIONS.

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Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Employer identification number

2015

DLN: 93493090006147 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization

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

MONTICELLO ACADEMY INC 20-4303874 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No UTAH CHARTER SCHOOL 87-0362454 95639TAE5 02-12-2014 10,670,000 PURCHASE OF LAND AND Х Х Х FINANCE AUTHORI SCHOOL BUILDINGS **Proceeds** Part II С D 9,042,460 2 Total proceeds of issue 3 10,860,381 1,317,523 6 Issuance costs from proceeds . . . . . . . . . . . . . . . . . . 500,398 8 9 10 11 12 13 2014 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . 15 Х Has the final allocation of proceeds been made? . . . . . . . . . . . Х 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Х **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bondΧ

D

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed								
prope									
С	Are there any research agreements that may result in private business use of bond- financed property?		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		•		•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		×						
Par	t IV Arbitrage								
	A			В		С		D	
	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	х							
2	If "No" to line 1, did the following apply?			•		•		•	
a	Rebate not due yet?	Х							
b	Exception to rebate?	Х							
С	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х							
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
							Cahadi	ile K (Form 9	200\ 201E

Α

В

С

	•								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds inv	vested in a guaranteed investment		×						
<b>b</b> Name of provider									
c Term of GIC			_		_				
	harbor for establishing the fair market								
	s invested beyond an available temporary		х						
7 Has the organization est the requirements of sect	ablished written procedures to monitor		X						
Part V Procedures To	Undertake Corrective Action								
		Α		В	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
that violations of federal and corrected through th	ablished written procedures to ensure tax requirements are timely identified ne voluntary closing agreement program if vailable under applicable regulations?		X						
Part VI Supplement	al Information. Provide additional inform	mation for res	onses to qu	iestions on S	chedule K (	see instructio	ns).	_	
Return Reference		Explanation							
UTAH CHARTER SCHOOL FINANCE AUTHORIT THE SCHOOL IS THE SOLE MEMBER OF 2782 SOUTH CORPORATE PARK DRIVE, LLC (LLC) THE SCHOOL SOLD THE LAND AND BUILDING TO LLC FOR THE SCHEDULE K - ADDITIONAL INFORMATION SCHOOL HAS ENTERED INTO A LEASE AGREEMENT FOR THE LAND AND BUILDING THE LEASE AGREEMENT REQUIRES THE SCHOOL TO LEASE THE LAND AND BUILDING FROM LLC WITH THE BASE RENT EQUAL TO THE ANNUAL BOND REPAYMENT (PRINCIPAL AND INTEREST)									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

(Form 990 or 990-EZ)

DLN: 93493090006147

### **Transactions with Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015

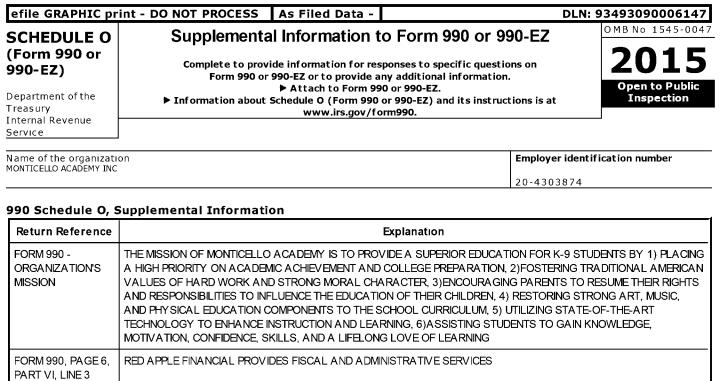
OMB No 1545-0047

Department of t Treasury Internal Revenu		▶I	nformation a	about Sche			) and its instru	ctions	is at				
Name of the	organizat							En	nploye	r identi	ificatio	n numbe	r
Part I E	vcoss R	onofit Tr	ansaction	e (section	F01/c)/2) c	action E01(c)	(4) and E01(c				only)		
												40b	
	The organization Locacobern (a) Section Solic (c)(3), section 501 (c)(4), and 501 (c)(29) organizations only)  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  (a) Name of disqualified person  (b) Relationship between disqualified person and organization organization managers or disqualified persons during the year under section  er the amount of tax incurred by organization managers or disqualified persons during the year under section  er the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  The office of the organization of the principal organization organization  To From (b) Relationship the two properties of the organization organization organization organization  To From (c) Organization organization organization  To From (d) Logic (d) Log												
					0	rganization			tran	saction		Yes	No
											-		
								+					
											+		
								+					
<b>2</b> Entert	he amount	of tax incu	irred by orga	nization ma	nagers or dis	squalified pers	sons during the	vear	under	section		'	
4958						•	_						
<b>3</b> Enter t	he amount	of tax, ıf aı	ny, on line 2	, above, rei	mbursed by t	he organizatio	n			<b>&gt;</b> \$			
Part II	Loans t	o and/o	r From In	terested	Persons.								
	Complete	ıf the orga	nızatıon ans	wered "Yes	" on Form 99		line 38a, or Fo	rm 99	0, Pai	rt IV, lır	ne 26, d	rıfthe	
	organızat	ion reporte	d an amount	on Form 99	90, Part X, lir	ne 5, 6, or 22							
(a) Name o	of <b>(b)</b> R	elationship	(c)	(d) Loan	to	(e)O riginal	(f)Balance	(g)	In	(h	1)	(i)Wr	tten
interested				1		1 ' ' '	due	defa	ult?			agreement?	
person	orga	anization	loan	organizatio	on <sup>7</sup>	amount				1 '			
				То	From			Yes No				Yes	No
											+		
Total Part III	Crants	ar Acciet		ofitina Tr	torostadi	Dorconc							
							rt IV, line 27						
		ted (b)	) Relationshi	p between					stanc	e <b>(e)</b>	Purpos	se of ass	ıstance
pe	erson	Inte	•										
			Organiza	tion									
										_			
							1						

Return Reference

<u> </u>		, , , , , , , , , , , , , , , , , , ,		T	
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	: zation's
				Yes	No
(1) MONTICELLO ACADEMY PROPERTIES	SHARED BOARD	nterested transaction and the zation	BUSINESS MGMT SVCS		No
Part V Supplemental Information		s on Schedule L (see ins	tructions)		

**Explanation** 



Return Reference Explanation

FORM 990, PAGE 6, PART VI. BUSINESS MANAGER AND EXECUTIVE DIRECTOR WILL REVIEW FORM 990 AND PRESENT A COPY TO THE

990 Schedule O, Supplemental Information

LINE 11B	BOARD OF DIRECTORS SUBSEQUENT TO FILING
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS DECLARE ANNUALLY ANY CONFLICTS OF INTEREST ITEMS INVOLVING ANY CONFLICT ARE NOTED IN THE BOARD MEETING MINUTES MEMBERS OF THE BOARD RECUSE THEMSELVES FROM VOTING ON ITEMS OF CONFLICTING INTEREST

990 Schedule O, Supplemental Information

Return Reference Explanation

SALARIES ARE COMPARED TO NEARBY SCHOOL DISTRICTS AND CHARTER SCHOOLS. THEN REVIEWED

LINE 15A	AND APPROVED BY THE BOARD
FORM 990, PAGE 6, PART VI,	SALARIES ARE COMPARED TO NEARBY SCHOOL DISTRICTS AND CHARTER SCHOOLS, THEN REVIEWED
LINE 15B	AND APPROVED BY THE BOARD

FORM 990, PAGE 6, PART VI.

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST JUST AS FORMS 990

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Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493090006147 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

(f)

Direct controlling

Department of the Treasury Internal Revenue Service

**SCHEDULE R** 

(Form 990)

➤ Attach to Form 990.

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

(d)

Total income

End-of-year assets

Inspection Name of the organization **Employer identification number** MONTICELLO ACADEMY INC 20-4303874 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I

Legal domicile (state

Primary activity

		or foreign country)			entity		
(1) 2782 SOUTH CORPORATE PARK DRIVE LLC 2782 SOUTH CORPORATE PARK DRIVE WEST VALLEY CITY, UT 84120	BLDG RENT	UT	744,650	8,995,427	MONTICELLO MONTICELLO ACADEMY INC		
Part II Identification of Related Tax-Exempt Org		f the organization a	nswered "Yes" o	n Form 990, Par	t IV, line 34 because i	t had on	е
or more related tax-exempt organizations duri  (a)  Name, address, and EIN of related organization	Ing the tax year.  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stal (if section 501(c)(	tus Direct controlling entity	Section (13) c en	( <b>g)</b> n 512(b) ontrolled itity?
(1)MONTICELLO ACADEMY PROPERTIES 2782 SOUTH CORPORATE PARK DRIVE	MGMT SVCS	UT	3	11B	MONTICELLO	Yes	No No
WEST VALLEY CITY, UT 84120 46-4786338							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	al Direct Predominant Income (related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	tt Predominant ling income(related, to y unrelated, excluded from tax under sections 512-	Share of	(g) Share of end-of-year assets	(h Disprop alloca	) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	<b>(k)</b> Percentage ownership
			311,			Yes	No		Yes	No		
Park TV Identification of Polated Organizations Toyoble s		 T							~~ -		D. J	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	
	_									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

f 1 During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
<b>b</b> Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)								
f Dividends from related organization(s)				1f	No			
g Sale of assets to related organization(s)				<b>1</b> g	No			
<b>h</b> Purchase of assets from related organization(s)				1h	No			
i Exchange of assets with related organization(s)				1i	No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No			
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No			
Performance of services or membership or fundraising solicitations for related organization(s)				11	No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m  Y	es			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No			
o Sharing of paid employees with related organization(s)				10	No			
p Reimbursement paid to related organization(s) for expenses				1p	No			
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r	No			
s Other transfer of cash or property from related organization(s)								
2 — If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction threshold	ls				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount inv	olved			
1)MONTICELLO ACADEMY PROPERTIES	М	103,217	AMOUNT PAID					
				_				
			Schedule F	(Form 9	90) 2015			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		total	tal end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 .					
	l .		<u> </u>			1				C-l	ll. D (5		2015				

