## 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B)  Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LOU BLANCHARD	40.00									
PREVIOUS DIRECTOR		<u> </u>	_	X		_		174,302.	0.	0.
(2) DR. MIKE SACKEN	1.00									
PRESIDENT		X				_	_	0.	0.	0.
(3) KATHY EHMANN-CLARDY	1.00									_
SECRETARY	4 00	X	-	-	-	ļ	<del> </del>	0.	0.	0.
(4) ANTHONY JOHNSON	1.00									
BOARD MEMBER	1 00	X	$\vdash$	-	H		⊢	0.	0.	0.
(5) ROGER DOSS	1.00									
BOARD MEMBER	1.00	X	$\vdash$		-	├	-	0.	0.	0.
(6) CAYDEN BOZEMAN		X						0.	0.	0.
BOARD MEMBER	1.00	^	$\vdash$		$\vdash$			0.	0.	0.
(7) COLTON BOZEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(8) DION BROOKS	1.00	<u> </u>	-	$\vdash$	$\vdash$		$\vdash$		0.	- 0
BOARD MEMBER	1.00	x						0.	0.	0.
(9) PAULINE HARTLEY	1.00	-								•
BOARD MEMBER		X						0.	0.	0.
(10) MARLA MAY	1.00	-								
BOARD MEMBER		X			1			0.	0.	0.
		-								
		-								

CLIENT'S COPY

# THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization

for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\_SEP 1$  , 2022, and ending AUG 31 , 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

U

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

**EIN or SSN** 

75-1336797

MID-CITIES LEARNING CENTER, INC. Name and title of officer or person subject to tax JAMES WHITFIELD

DIRECTOR

Part I	Type of	Return and	Return	Information
--------	---------	------------	--------	-------------

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X_	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,314,890.
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b	
	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b	
	Form 8038-CP check here		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
art	II Declaration and S	ignat	ure	Authorization of Officer or Person Subject to Tax		
nder	penalties of perjury, I declare that	at X	l ar	n an officer of the above entity or 🔲 I am a person subject to tax with res	pect t	o (name
entit	v)			. (EIN) and that I have	э ехаг	nined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	onė	box	only

X I authorize	Freemon,	Shapard	&	Story	to enter my PIN	13560
				ERO firm name		Enter five numbers, be do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Signature of officer or person subject to tax Part III **Certification and Authentication** 

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning SEP 1, 2022 and ending AUG 31, 2023

Open to Public Inspection

В	Check if	C Name of organization		D Employer identific	ation number				
	Addres	MID-CITIES LEARNING CENTER, INC.	- 1						
늗	change	Dallan baseliness as	$\dashv$	75-133679	27				
F	change _lnitial		m/suite	E Telephone number					
占	return Final	12500 S. PIPELINE ROAD							
_	return/ termin- ated			(817) 283-1771 G Gross receipts \$ 3,314,890					
Г	Amend		1	H(a) Is this a group re					
Η	return Application			for subordinates'					
_	pendin	same as C above		H(b) Are all subordinates in					
7	Tay.eye	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		ist. See instructions				
	Websit			H(c) Group exemption					
			L Year o		State of legal domicile: TX				
	art I	Summary		1579	724 - 18 - 1 - N				
	1	Briefly describe the organization's mission or most significant activities: SUPPORT	T SE	RVICES & EN	RICHMENT				
Activities & Governance		PROGRAMS FOR THE PRIMARY AND SECONDARY SCHO							
- E		Check this box If the organization discontinued its operations or disposed of		than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		2242	9				
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	44				
Việt.		Total number of volunteers (estimate if necessary)			15				
Cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
			20.00	Prior Year	Current Year				
9	8	Contributions and grants (Part VIII, line 1h)		8,751.	12,220.				
nua	9	Program service revenue (Part VIII, line 2g)		3,012,467.	3,298,758.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,589.	3,912.				
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,061,807.	3,314,890.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	91	Benefits paid to or for members (Part IX, column (A), fine 4)		0.	0.				
60	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		2,779,943. 2,717,					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×	b	Total fundraising expenses (Part IX, column (D), line 25)	•		664 465				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		656,627.	661,165.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,436,570.	3,378,301.				
. 60	19	Revenue less expenses. Subtract line 18 from line 12		-374,763.	-63,411.				
Net Assets or				ginning of Current Year	End of Year				
SS S	20	Total assets (Part X, line 16)		3,866,575.	3,784,760.				
et A	21	Total liabilities (Part X, line 26)	-	259,847.	241,443.				
啬	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,606,728.	3,543,317.				
-		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	d ctatam	ante and to the hest of m	cknowledge and belief it is				
	70.000	t, and complete. Declaration of preparer (other than officer) is based on all information of which p			kilowicoge and belief, it is				
uuc	, correc	t, and complete. Decial attor of preparer (other than officer) is based on an information of which p	bichaici	nas any knowledge.					
Ci-		Signature of officer		Date					
Sig		JAMES WHITFIELD, DIRECTOR							
He	re	Type or print name and title							
		Print/Type preparer's name Prepager's signature	10	Date Check	PTIN				
Pai	d	H. Ted Neeb, CPA	را ر	11/14/13 if self-employs					
Pre	5-0706311								
	Only	Firm's name Freemon, Shapard & Story / Firm's address 2088 Zihlman Road		Firm's EIN 7					
	<b>y</b>	Windthorst, TX 76389		Phone no. ( 9	40)423-6226				
Ma	v the If	RS discuss this return with the preparer shown above? See instructions		1	X Yes No				
		1 UA For Denomination But Making and the congrete instructions			Form 990 (2022)				

Form	m 990 (2022) MID-CITIES LEARNING CENTER, INC.	75-1336797 Page 2
_	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO MINIMIZE OR PREVENT LEARNING DISABILITIES THROUGH IND	IVIDUALIZED
	CURRICULUMS FOR STUDENTS AND PARENTS. CHARTER SCHOOL WIT	
	STUDENTS.	III 321
	PIODEMID:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Tes A NO
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LA No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	MID-CITIES LEARNING CENTER, INC. OPERATES A CHARTER SCHOOL	
	SUPPORT, ENRICHMENT PROGRAMS, TESTING, & DIAGNOSTICS FOR	LEARNING
	DIFFERENCES AND PARENT EDUCATION.	
		<u></u>
		F.E. 19
4b	(Code:) (Expenses \$	s )
		<u> </u>
7400		
4c	(Code:) (Expenses \$	\$)
		1,000 - 1,000 00
	10 - 25 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	2007 CONTROL OF THE STATE OF TH	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
40	Total program service expenses 3 . 154 . 260 .	

Form **990** (2022)

- b

Form 990 (2022) MID-CITIES LEARNING CENTER, INC.

Part 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	X	
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		- 21
3		3	1	х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
**	during the tax year? If "Yes," complete Schedule C, Part II	4		x
=	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		A
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	_	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			FEE
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			2
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	inger (control)	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	0.000
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		ĺ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
-1	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
	Composite generalisment entre activity committy of international controlled by a distribution of the international controlled by a distribution of			

Form 990 (2022) MID-CITIES LEARNING CENTER, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		,,			
	Schedule J	23	Х	-		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If *Yes,* answer lines 24b through 24d and complete					
		24a	- 2	х		
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
_	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	١				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		. 0			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21				
20	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-	1.000			
-	"Yes," complete Schedule L, Part IV					
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV					
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
00	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	Α.		
04	Part V, line 1	34	x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	, =	8 - E		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100				
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?					
Dec	Note: All Form 990 filers are required to complete Schedule 0	38	X			
Pal	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					
- in	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No		
		4				
b		1				
	(gambling) winnings to prize winners?	1c	DHIESHI)			

Form 990 (2022) MID-CITIES LEARNING CENTER, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			THE
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			100
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			182
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			13.5
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		18	
	amounts due or received from them.)			4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b		9.0	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		1 8	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			87
	organization is licensed to issue qualified health plans 13b		TW?	
	Enter the amount of reserves on hand	li iii		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

MID-CITIES LEARNING CENTER. INC. 75-1336797 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No. 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7**b 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? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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 filing the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply Another's website W Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

STEPHANIE KAIMANA, FINANCE DIRECTOR - (817) 283-1771

12500 S. PIPELINE RD., EULESS, TX

Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employee	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	,			ition			Reportable	Reportable	Es	timat	ed
		hours per					than		compensation	compensation	an	nount	of
		week	offi	cer an	d a d	lirecto	r/trus	tee)	from	from related		other	
		(list any	ctor						the	organizations	com	pensa	ation
		hours for	dwdua trustee or director				20		organization	(W·2/1099-MISC/	fe	om th	e
		related	tee	nstitutional trustee			esea		(W-2/1099-MISC/	1099-NEC)	org	anizat	tion
		organizations	trus	ᄪ		oyee	[종		1099-NEC)		an	d relat	ted
		below	en piv	ig i	 	lg ma	loye(	je je			orga	anizati	ions
		line)	ğ	ııst	Officer	Key employee	Highest compensated employee	Former					
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			-										
1b	Subtotal								174,302.	0	<del></del>		0.
	Total from continuation sheets to Part V								0.	0			0.
	Total (add lines 1b and 1c)								174,302.	- 0	.		0.
2	Total number of individuals (including but								eceived more than \$100	.000 of reportable			
	compensation from the organization						,			,-,-			1
	Ompondation from the organization					_			<u> </u>			Yes	No
	Did the experiention list any ferrors officer	dirontar tarat		lease.		Java		منطء	best compensated amon	lavas an			
3	Did the organization list any former officer			кеу	emp	поуе	e, o	rng	mest compensated emp	lioyee on		VIER	v
	line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the s			-					·	the organization	1		EII.
	and related organizations greater than \$15	50,000? If "Yes,	* co	mpl	ete :	Sch	edul	e J I	for such individual		4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	y uni	elat	ed organization or indivi	dual for services	U. II		
	rendered to the organization? If "Yes," cor	nplete Schedul	e J	for s	uch	per	son		*********		5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of	ompensated in	den	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of compen	sation	from	
	the organization. Report compensation for												
	(A)	the date learly		01101	9	,,,,,,,,,	0			, car.	- 10	C)	
	Name and busines	s address	BT/	ON	GI.				(B) Description of s	ervices	ا Compe		n
			TA	OTAT	٠						-		
								$\dashv$					
	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, , , , , , , , , , , , , , , , , , ,	. 9		1.4	41	ų.						
2	Total number of independent contractors	-	not l	mite	d to			stec	above) who received n	nore than			
	\$100,000 of compensation from the organ	ization					0						

		Check if Schedule O	conta	ins a respo	nse (	or note to any lin	ne in this Part VIII			
	-	Oligonii Galiadala G	00.710		100		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a						
들듯			CEGALO.	77771						
SE		Fundraising events								
i ii			55.00	222						
SE SE		Government grants (cont								
S S	f	All other contributions, gifts,								
E E		similar amounts not included	_			12,220.				
팔	q	Noncash contributions included in								
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f					12,220.	eria e de la compa		
						<b>Business Code</b>				
e l	2 a	TEA REVENUE				900099	3,020,499.	3,020,499.		
Ž	b	STATE PROGRAM	I R	EVENUE	288	900099		193,353.		
Sell		FEDERAL REVEN		170		900099	73,205.			
e a	d	LOCAL REVENUE			12	900099	11,701.			
Program Service Revenue	е				- 55	_		1		
	f	All other program service	rever	านе	- 17					
	g	Total. Add lines 2a-2f				***************************************	3,298,758.	The Control		
$\neg$	3	Investment income (inclu								
		other similar amounts)					3,912.	3,912.		
- 1	4	Income from investment								
	5	Royalties								
				(i) Real		(ii) Personal			The second	
	6 a	Gross rents	6a				See Inching			
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c							
	d	Net rental income or (loss	s)					(1975) - 12 - 10	and the second	
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
2		and sales expenses	7b							
Revenue	c	Gain or (loss)	7c	- 34-37077	12.10.3					
8	d	Net gain or (loss)				18.3		0720 07-0		
ther	8 a	Gross income from fundraisi	ing ev	ents (not					THE LOCAL TRANSPORT	
ŏ		including \$		of						
		contributions reported or	ı line	1c). See						
		Part IV, line 18			8a		1200-101			
		Less: direct expenses			8b					
	C	Net income or (loss) from	fund	raising ever	ts					
	9 a	Gross income from gamir	ng ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses	********	enemonaria.	9b					
		Net income or (loss) from	_	_	3					227 1744
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold 10b						Harrie III		
_	С	Net income or (loss) from	sales	s of inventor	У					
2						Business Code	MATERIAL MATERIAL SEA		100, 100 100	
Miscellaneous Revenue	11 a				_					-
lan	b					No.				
Rev	C				_			-	1	-
Ξ̈́		All other revenue					-			
100		Total. Add lines 11a-11d				***************************************	2 244 000	2 200 550		
	12	Total revenue. See instructi	ons				15,314,890.	3,302,670.	0.	0.

# Form 990 (2022) MID-CITIES LEARNING CENTER, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			Year Table	
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			m d'agreeme de la	michina di Ibalia
	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	174,302.	122,011.	52,291.	
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	2,132,002.	2,047,201.	84,801.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	237,411.	228,241.	9,170.	
10	Payroll taxes	173,421.	162,743.	10,678.	
11	Fees for services (nonemployees):				
a	Management	Sec. 1			
b	Legal	4,975.		4,975.	
C	Accounting	17,600.		17,600.	
d	Lobbying				
е	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), amount, list line 11g expenses on Sch 0.)		Vi		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<u></u>			
15	Royalties				
16	Occupancy	6,078.		6,078.	
17	Travel	4,057.	4,057.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		160 116		
22	Depreciation, depletion, and amortization	162,446.	162,446.	2 4 2 4	
23	Insurance	25,827.	22,636.	3,191.	
24	Other expenses. Itemize expenses not covered above, (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	110,524.	109,032.	1,492.	
h	PROFESSIONAL FEES	92,426.	91,851.	575.	
	UTILITIES	85,033.	76,530.	8,503.	
d	MAINTENANCE & REPAIRS	64,248.	64,248.	0,3031	
6	All other expenses	87,951.	63,264.	24,687.	
25	Total functional expenses. Add lines 1 through 24e	3,378,301.	3,154,260.	224,041.	0.
26	Joint costs. Complete this line only if the organization		2,222,2001		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	UTIECK TIEFE If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,205,630. 1,408,450. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 232,764. Accounts receivable, net 4 282,204. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 4,605,131 basis. Complete Part VI of Schedule D 10a 2,308,205. 2,296,926. b Less: accumulated depreciation 10b 2,225,361. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 3,866,575. 3,784,760. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 7,280. 15,069. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 226,374. 252,567. 25 of Schedule D 241,443. 259,847. Total liabilities, Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 272,877. 284,576 27 27 Net assets without donor restrictions Net assets with donor restrictions 3,322,152. 3,270,440. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 3,606,728. 3,543,317. 32 Total net assets or fund balances 32

Total liabilities and net assets/fund balances

3,784,760. Form **990** (2022)

3,866,575.

	1990 (2022) MID-CITIES LEARNING CENTER, INC.	75-13	<u> 36797</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				10-10 W
	Check if Schedule O contains a response or note to any line in this Part XI			11111	
			2 21	1 0	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,37		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,60	o , 7	28.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,54	3,3	<u>17.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	Thirt		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		310.160		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				H
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci		235		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				-
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		- 00		
.,	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	1	
	or about of overall with our opinions of and describe any steps taken to undergo soon addits			990	(2022)
					(/

#### **SCHEDULE A**

(Form 990)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** MID-CITIES LEARNING CENTER 75-1336797 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2022 MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	_	
(Complete only if yo	ou checked the box on line 5, 7,	or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify unde	r the tests listed below, please	complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1		
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions			e Kommer			
,	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,						
	calumn /6						
6	Public support. Subtract line 5 from line 4.				Purst Senganin		
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(B) 2013	(0) 2020	(4) 2021	(6)2022	ti) rotas
	Gross income from interest,				<del> </del>		
0	,				1		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u></u>
	Total support. Add lines 7 through 10	-1-1-1				40	
	Gross receipts from related activities			c at cost and		12	
13	First 5 years. If the Form 990 is for the						
Sa	organization, check this box and stop ction C. Computation of Publ						Terrorio
	Public support percentage for 2022 (			column (ft)		14	%
	Public support percentage for 2022 (						%
	33 1/3% support test - 2022. If the					\	
Iba							
	stop here. The organization qualifies 33 1/3% support test - 2021. If the	as a publicly SUP,	porteu organizatio	line 12 or 16a on	d line 15 ic 22 1/2	% or more check the	nis hox
t							
47.	and stop here. The organization qua 10% -facts-and-circumstances tes						
1/8	and if the organization meets the fact						
	_						
	meets the facts-and-circumstances to	_				17a, and line 15 is	
t	10% -facts-and-circumstances tes						10% Of
	more, and if the organization meets the						
	organization meets the facts-and-circ		-				H
18	Private foundation. If the organization	on ala not check a	Dox on line 13, 1	oa, 100, 1/a, or 1	/ D, CRECK THIS DOX	and see instruction	<u>                                     </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				-		
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	Î					
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				Ì		
3 received from disqualified persons		<u> </u>	<u> </u>			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	T THE HOLD				Hammilan Y	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6				_		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	_					
<b>b</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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				1		
14 First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publ						of 600
15 Public support percentage for 2022 (I		-	column (f))		15	%
16 Public support percentage from 2021					16	9/
Section D. Computation of Inves						
17 Investment income percentage for 20	•	•	line 13, column (f)	)		%
18 Investment income percentage from 2					18	9/
19a 33 1/3% support tests - 2022. If the	_					7 is not
more than 33 1/3%, check this box as	•				500000000000000000000000000000000000000	
b 33 1/3% support tests - 2021. If the	=					
line 18 is not more than 33 1/3%, che					-	
ALL MEINSTE TOURGSTION IT THE OTHER 1791/0	o om norcheck a r	normane la 19	a or iyo check	THE PART AND SEA II	ESCHUCTIONS	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a toan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

		Yes	No
	1		
-	2	TELE	Agurana)
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	3b	11:00	
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			10.5
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	9b	Jun 1	
	9c	111	4
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	10-		
ŀ	10a		
	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			(TEA)
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			# 1
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	100000	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	163	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ne 1		
	Did the organization operate for the benefit of any supported organization other than the supported		100	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	<b>建</b> 公县		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	A STATE		
	supervised, or controlled the supporting organization.	2	STATE OF	
	tion C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10 July 19	162	140
	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).	District of the last of the la	11000	Ball I
	tion D. All Type III Supporting Organizations			
	don 217th Type in cupperting of guinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	11 11750	162	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			4000
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	10:		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	MA SECTION		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b>- 1</b>		li de com
		12.138		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	and an extended	1000	III (
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2	S.L.	
	significant voice in the organization's investment policies and in directing the use of the organization's		Yall	
			11170	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		JULIE SE	
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc	-411		
	The organization satisfied the Activities Test. Complete line 2 below.	nonsj.		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		laan imatuu atid	1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	(see mstructio	$\overline{}$	A1-
			Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	144		
	how the organization was responsive to those supported organizations, and how the organization determined	0.	-	177
	that these activities constituted substantially all of its activities.	2a	Alleman	
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	BJUHEC:	1111
	Parent of Supported Organizations. Answer lines 3a and 3b below.			00
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		11315	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		5233
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>A</b> 1	199	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

8	Minimum Asset Amount (add line 7 to line 6)	8	
ect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	iii guidillett
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	LX = LIPHING   = 1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	La Tasaba	
	emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-function	nally integrated Type III s	upporting organization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

MID-CITIES LEARNING CENTER, INC.

Employer identification number 75-1336797

Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total accept on the set of second	(a) Donor advised funds	(b) runus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in w	viting that the goeste held in denovative	inad funds
3	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
		donor advisor, or for any other purpos	Yes No
Pa			
1			
	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a	Introduction of the second of
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial states	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	22446704 (2792-2474)	<b>\$</b>

		IES LEARNI			Othor		33679		ge 2
-	t III Organizations Maintaining C		· ·					iued)	_
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that i	make sig	nificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	C		change program	ו				
b	Scholarly research	e	e Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	ı's exem	pt purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other	similar a	ssets	5-(1)		
_	to be sold to raise funds rather than to be m						Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "Y	es" on F	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						162	L	NO
IJ	ii res, explain the analigement in Fait XIII	and complete the to	mowing table.				Amoun	-	_
_	Desirates belonce					4.	7 1110011		
	Beginning balance							-	_
	Additions during the year								
е	Distributions during the year								-
Ţ	Ending balance						1		
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.							- 14	
Pai	t V Endowment Funds. Complete		r	T .			.t.] 4 x F	b	a a a la
		(a) Current year	(b) Prior year	(c) Iwo years	раск (с	i) Three years ba	CK (e) FOU	years t	Jack
1a	Beginning of year balance						5		
b	Contributions			-					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								- 50
f	Administrative expenses								
g	End of year balance						930		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
	Permanent endowment	%	_						
	1 84 9	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	ed for the	9			
	organization by:						1	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R	?					
4	Describe in Part XIII the intended uses of the								
Par			ownicht tarias.						
	Complete if the organization answere		0. Part IV. line 11a.	See Form 990.	Part X. li	ne 10.			
	Description of property			st or other		cumulated	(d) Boo	k valuo	_
	Description of property	(a) Cost or o		s (other)		eciation	(0) 000	k value	,
		<u> </u>		· · ·	debi	eciation	0	1 20	) E
	Land			81,385.	2 1	26 400		1,38	
	Buildings		4,3	46,997.	4,1	36,402.	2,21	0,55	10.
	Leasehold improvements			86 840		F4 600		4 0	4 .
	Equipment		1	76,749.	1	71,803.		4,94	fp.
	Other								_
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			2,29	6,92	26.

Schedule D (Form 990) 2022

	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	-		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		With West of Bridge Santy and In	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets.  Complete if the organization answered "Yes" of	n Form 990, Part IV, line escription	a 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) E		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1)  (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" of (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4)		a 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)		a 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) E  (1)  (2)  (3)  (4)  (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX   Other Assets.   Complete if the organization answered "Yes" (a)   E	escription		(b) Book value
Complete if the organization answered "Yes" (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	escription		
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a)	escription		
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Proposition of liability.	escription		
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Proposition of liability.	escription		. (b) Book value
Complete if the organization answered "Yes" (a) E  (1)  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) ACCRUED WAGES PAYABLE	escription		(b) Book value
Complete if the organization answered "Yes" (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) ACCRUED WAGES PAYABLE (3) DUE TO STUDENT GROUPS	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES PAYABLE	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) ACCRUED WAGES PAYABLE (3) DUE TO STUDENT GROUPS	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" or (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) ACCRUED WAGES PAYABLE (3) DUE TO STUDENT GROUPS (4) ACCRUED EXPENSES	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" of (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) ACCRUED WAGES PAYABLE (3) DUE TO STUDENT GROUPS (4) ACCRUED EXPENSES (5)	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2) ACCRUED WAGES PAYABLE  (3) DUE TO STUDENT GROUPS  (4) ACCRUED EXPENSES  (5)  (6)	escription		(b) Book value 197,874 12,714
Complete if the organization answered "Yes" of (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of 1.  (a) Description of liability  (1) Federal income taxes  (2) ACCRUED WAGES PAYABLE  (3) DUE TO STUDENT GROUPS  (4) ACCRUED EXPENSES  (5)  (6)  (7)	escription		

Sche	edule D (Form 990) 2022 MID-CITIES LEARNING CENT	TER, INC.	75-1	336797 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			3,314,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d			9 10	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,314,890.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)	4b	gg. fii	
C	A CASA CAN AND AND AND AND AND AND AND AND AND A		4c	0.
- 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,314,890.
	rt XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements			3,378,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	- 10 m	2a	1	
Ь			2,500	
	Other losses			
4	Other (Describe in Part XIII.)	2.003-207		
u o	Add lines 2a through 2d	30000	2e	0.
2	Subtract line 2e from line 1			3,378,301.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,370,301.
4		1401	122	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b		*********	1000	0
	Add lines 4a and 4b			3,378,301.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	,	5	3,3/0,301.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		rait v, ille 4, rait	A, iiile 2, Fait Ai,
_				

#### SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

### **Schools**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MID-CITIES LEARNING CENTER, INC.

75-1336797

Employer identification number

Pai			797	
	<u>                                     </u>		1	1
			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	_
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			Ш
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	X	
	NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT IN			
	HANDBOOK.			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	1
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1.00		T
	with student admissions, programs, and scholarships?	4c	X	ı
А	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	T
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	-70	1	
				1
	Does the organization discriminate by race in any way with respect to:			
3	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
	Students' rights or privileges?	5a 5b		1
2	Students' rights or privileges? Admissions policies?			
0	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5b		
c	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c		
b c d	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d		
b c d	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f 5g		
b d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g	X	
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990) 2022

Schedule E (Form 990) 2022 MID-CITIES LEARNING CENTER, INC. 75-1336/9/ Page 2  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
Line 6 - Explanation of Government Financial Aid:
THE ORGANIZATION RECEIVED STATE AND FEDERAL MONIES RELATIVE TO THE
OPERATION OF A TEXAS CHARTER SCHOOL. THESE GRANTS AND ENTITLEMENTS HAVE
BEEN REFLECTED AS PROGRAM SERVICE REVENUE.

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Schedule J (Form 990) 2022

Department of the Treasury Internal Revenue Service Name of the organization

MID-CITIES LEARNING CENTER,

Employer identification number 75-1336797

Pa	rt I Questions Regarding Compensation		e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela com	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	111277,00		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1971	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	- 12		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee		8	
			TIE	
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
*	organization or a related organization:			
	Described a second of the seco	4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	41		X
C		4.		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
			1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1503		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Title		
	contingent on the revenues of:		88 90	v
a	The organization?	5a	-	X
Ь	Any related organization?	5b	1000	X
	If "Yes" on line 5a or 5b, describe in Part III.	Table 1		li iii
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	-	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	11186		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			-
	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		1	

Regulations section 53.4958-6(c)?

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

INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	2 and/or 1099-MISC compensation	and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LOU BLANCHARD	Ξ	174,302.	0.0	0.	0	0	174,302.	0
-51	≘	0.	0	.0	0.	.0	0	.0
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							Schedu	Schedule J (Form 990) 2022

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 

MID-CITIES LEARNING CENTER, INC.	75-1336797
Form 990, Part VI, Section B, line 11b:	
A CERTIFIED PUBLIC ACCOUNTANT PREPARES THE FEDERAL FORM 9	90 WITH ASSISTANCE
FROM MANAGEMENT. THE BOARD OF DIRECTORS AND MANAGEMENT R	EVIEW THE 990
PRIOR TO SUBMISSION.	
Form 990, Part VI, Section C, Line 18:	
MID-CITIES LEARNING CENTER, INC. MAKES IT'S 990 AVAILABLE	TO THE PUBLIC
UPON REQUEST.	
Form 990, Part VI, Section C, Line 19:	
MID-CITIES LEARNING CENTER, INC. MAKES IT'S GOVERNING DOC	UMENTS AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•
	Name

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Partl

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

MID-CITIES LEARNING CENTER, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

75-1336797

lling				(g) Section 512(b)(13) controlled entity?	SS No		×	_
(f) Direct controlling entity			related tax-exempt	(f) Direct controlling Sec	Yes	IES	LEARNING CENTER,	
(e) End-of-year assets			one or more			MID-CITIES	LEARNIN INC.	
			secause it had	(e) Public charity status (if section	501(c)(3))			
(d) Total income			, Part IV, line 34, t	(d) Exempt Code section			501(c)(3)	
(c) Legal domicile (state or foreign country)			nswered "Yes" on Form 990	(c) Legal domicile (state or foreign country)			Texas	
(b) Primary activity			tions. Complete if the organization ar	(b) Primary activity		***	EDUCATION	
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	(a) Name, address, and EIN of related organization		TREETOPS INTERNATIONAL SCHOOLS, INC	75-2711732, 12500 S. PIPELINE ROAD, EULESS. TX 76040	

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

Schedule R (Form 990) 2022

75-1336797

Page 2

Schedule R (Form 990) 2022 MID-CITIES LEARNING CENTER, INC.

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. Part III

General or Percentage managing ownership 2 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes No altocations?  $\varepsilon$ Share of end-of-year assets <u>6</u> Share of total іпсоте Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
i Direct controlling entity (c)
Legal
domicite
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization

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. Part IV

	in San Care San								1
(a)	(q)	(0)	(p)	(e)		(6)	(F)	8	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	olling	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	- E (3)
		country		or trust)		assets		Yes	ν N
	1								
					·				
						i			
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Schedule R (Form 990) 2022

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			<u>+</u>	×
b Gift, grant, or capital contribution to related organization(s)				<b>P</b>	×
Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				19	×
			据型设计 医液性性结核 计设备 医结核性 医动物 医乳球菌素 医克里斯氏 医克里斯氏 医克里斯氏 医克里斯氏 医克里斯氏 医克里斯氏 医克克斯氏试验检试验检试验检检验检验检验检验检验检验检验检验检验检验检验检验检验检验检验		>
e Loans or loan guarantees by related organization(s)		***************************************		ψ	4
f Dividends from related organization(s)				=	×
		100 11 11 11 11 11 11 11 11 11 11 11 11		Ç	×
g Sale of assets to related organization(s)		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TRANSPORT N			4   2
h Purchase of assets from related organization(s)				무	*
i Exchange of assets with related organization(s)				<b>;=</b>	×
j Lease of facilities, equipment, or other assets to related organization(s)				F	×
k Lease of facilities, equipment, or other assets from related organization(s)		***************************************		*	×
<ol> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ol>	anization(s)		100000000000000000000000000000000000000	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	×
	ion(s)			£	×
				9	×
p. Reimbursement paid to related organization(s) for expenses		22		10	×
				19	×
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				+	×
				15	×
1	who must complete t	his line, including covered	relationships and transaction thresholds.	55	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)				:	
(2)					
8					7
(4)					
(5)					
(9)					
232163 09-14-22			Schedu	Schedule R (Form 990) 2022	990) 2022

Page 4

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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	Sion for certain inve	estment partnersnips.	ŀ						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income par (related, unrelated, excluded from tax under sections 512-514)	Are all Are all Are all Sulf (c) Sulf (c) (3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropertionate allocations?	(h) (i) (ii) (k) Dispropor- Dispr	General or managing partner?	(k) Percentage ownership
			E .							
								Schedule	R (Form	Schedule R (Form 990) 2022

Provide additional information for response				
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	NV 27 29 20			
77.07.				

Asset No.	Description	Date Acquired	Method	Life	ران م	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
							25		2		Cepreciaion	cybellse		Depreciation
-	LAND	07/01/79	ы		100	75,000.				75,000.			· ·	
m	3 LAND IMPROVEMENTS	07/01/79	н			6,385.				6,385.			0	
4	LOWER SCHOOL BLDG & IMPROVEMENTS	07/01/79	SL	40.00	16	113,477.				113,477.	113,477.		0	113,477
	MIDDLE SCHOOL BLDG &				8									
ιn	IMPROVEMENTS	01/01/80	SL	40.00	16	209,905.				209,905.	209,905.		0.	209,905
41	PLAYGROUND EQUIPMENT	06/30/02	SL	7.00	16	10,462.				10,462.	10,462.	THE RESIDENCE OF THE PERSON OF	0	10,462
<b>4</b> 3	COMPUTER SYSTEM	08/31/06 SL	SL	7.00	16	8,140.				8,140,	8,140.		0	8,140
44 00	48 NEW SCHOOL PHONE SYSTEM	08/08/07	SL	7.00	16	10,924.				10,924.	10,924.	100	0.	10,924
49	STONE FLOORING - SCHOOL FACILITY	07/27/07	SI	7.00	16	48,172.				48,172.	48,172.		0.	48,172
50	ELECTRONIC SIGN	04/04/07	SL	7.00	16	26,713.				26,713.	26,713.		0	26,713
51	IRRIGATION SYSTEM/LANDSCAPING	04/19/07	SL	7.00	16	7,450.				7,450.	7,450.		0	7,450
ນ	GYM FLOOR	07/14/09	SI	7.00	16	24,999.				24,999.	24,999.		.0	24,999
56	SERVER	04/06/09	SL	7.00	16	6,226.				6,226.	6,226.		0.	6,226
57	PLAYGROUND EQUIPMENT	06/15/09	SI	7.00	16	9,421.				9,421.	9,421.		0.	9,421
η. 00	WATER FOUNTAIN	03/14/10	SL	7.00	16	5,327.				5,327.	5,327.		0	5,327.
09	TILE AND CARPET FOR PORTABLE BUILDINGS	06/10/10	SL	7.00	16	12,314.				12,314.	12,314.		0	12,314
61	KINDER BUILDING MANAGED CART WITH 24	07/21/10 SL	N.	7.00	9 1	15,808.				15,808.	15,808.		.0	15,808
62		03/11/10	SL	5.00	16	17,499.				17,499.	17,499.		0	17,499
63	63 LAWN TRACTOR	09/02/09	Sī	5.00	16	7 786				7,786.	7,786.		0	7,786

		1					-	Continu 170	* *************************************	oje o	o circuit	, message	V ************************************	Coding
Asset No.	Description	Date Acquired	Method	Life	Noc>	Cost Or Basis	Excl Excl	Expense	Reduction In Basis	Depreciation	Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
LC VC	METAL COVERING-ELEMENTARY	08/12/11	ZIS	10,00	16	29 590				29 590.	29 590		0	29 590
	CHARLING TO THE THEORY WITH THE THE									•				H
68	FLEM, BUILDING	11/02/11	SI	7.00	16	8,150.				8,150,	8,150.		0	8,150
0	FIBER DATA DROPS FROM MS TO	08/14/12	Ė	7 00	9	14 706				14 706	14 706		c	14 706
	HV	71/21/00		2	4	, , , ,								
70	WIRELESS CONTROLLER	04/16/12	SL	7.00	16	10,265.				10,265.	10,265.		0	10,265
71	MANAGED CART WITH 24 COMPUTERS	04/16/12	SI	5.00	16	18,209.				18,209.	18,209.		0	18,209
12	MANAGED CART WITH 24	04/16/12	I.S.	200	16	1 769.				1 769.	1.769.		0	1,769
	Manager Cape With 13				_									
73	COMPUTERS	05/23/12	SL	5.00	16	7,159.				7,159.	7,159.		0	7,159
75	FIRE ALARM SYSTEM	07/09/13	SI	7.00	16	9,414.				9,414.	9,414.		0	9,414
76	SERVER	07/22/13	SL	7.00	16	7,874.	Į			7,874.	7,874.	19	0.	7,87
77	WIRELESS PHONE SYSTEM	08/28/14	SI	7.00	16	34,889.				34,889.	34,889.		0	34,88
79	CHAIN LINK FENCES-KINDER	07/03/14	SL	7.00	16	11,623.				11,623.	11,623.		0.	11,623
	* 990 Page 10 Total Other					769,656.				769,656.	688,271.		0	688,271
	Program Services													
- 71	FOLK ART BUILDING	66/30/90	SI	40.00	9 1	45,953.				45,953.	26,615.		1,149.	27,764
w	DANCE STUDIO	09/30/93	7S	40.00	16	1,000.	9			1,000.	854.	110	25.	879
7	GYM	04/01/89	SI	40.00	16	68,420.				68,420.	59,094.		1,710.	60,804
00	TEMP. CLASS BUILDINGS (2)	12/31/97	TS	40.00	16	62,679.			THE REAL PROPERTY.	62,679.	39,436.		1,567.	41,003
15	15 FOLK ARTS BUILDING 1999-2000 05/22/00	05/22/00	SL	40.00	79	55,177.				55,177.	30,692.		1,380.	32,072

Form	Form 990 Page 10		ľ	ľ	ŀ		990							
Asset No.	Description	Date Acquired M	Method	Life	Λοεν Νοεν ο ο	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	26 BUILDINGS	66/08/10	SL	40.00	10	1,110				1,110.	643.		28	671.
77	27 RAM TECH BUILDING	07/31/00	SL	40.00	16	39,901				39,901.	22,029.		997.	23,026.
m	30 MODULAR CLASSROOM	12/11/00 8	SL	40.00	16	52,044				52,044.	28,299.		1,301.	29,600.
m 	31 MODULAR CLASSROOM	10/03/00	ST	40.00	16	74,089				74,089.	40,594.		1,853.	42,447.
m	34 CARETAKER'S MOBILE HOME	05/15/03	SL	40.00	16	18,050				18,050.	8,799.		451.	9,250.
6	35 AIR CONDITIONING UNITS	08/22/03	SL	40.00	16	17,300				17,300.	8,434.		432.	8,866.
m 	36 PARKING LOT	10/09/03	SL	20.00	16	7,700.	j			7,700.	7,283.		385.	7,668.
m	BUILDING IMPROVEMENT - 37 MODULAR BUILDING	06/15/04	75	40.00	16	16,500				16,500.	7,477.		412.	7,889.
m	38 PARKING LOT	06/11/05	SL	20.00	19	57,590.				57,590.	49,552.		2,879.	52,431.
М	39 FOOTBRIDGE	06/29/05	SI	25.00	16	25,203				25,203.	17,306.		1,008.	18,314.
4	40 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	45,463				45,463.	17,143.		1,137.	18,280.
4	42 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	739,301				739,301.	278,778.		18,483,	297,261.
4	44 BUILDING - SCHOOL FACILITY	08/31/07	SL	40.00	9	70,07				70,077.	26,279.		1,752.	28,031.
41	45 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	78,722				78,722.	29,521.		1,968.	31,489.
4	46 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	16,449				16,449.	6,203.		411,	6,614.
4	47 BUILDING - SCHOOL FACILITY	08/31/07	SL	40.00	16	708,500				708,500.	267,164.		17,712.	284,876.
ın	53 BUILDING - SCHOOL FACILITY	08/31/08	SL	40.00	16	7,049				7,049.	2,643.		176.	2,819.
ιń	54 KINDER BUILDING ROOF REPAIRS	11/19/07	SL	40.00	16	11,295				11,295.	4,236.		282.	4,518.
228111	228111 04-01-22					(D) - Asset disposed	pesods			ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	ilization Deduc	tion, GO Zone

3rm 95	Form 990 Page 10			ľ										
Asset No.	Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9.2	ELEMENTARY ROOF SYSTEM	03/17/10	TS	40.00	16	14,600				14,600.	4,745.		365.	5,110.
64	FRENCH DRAIN	12/02/10	SL	15.00	16	11,187				11,187.	8,949.		746.	9,695,
99	ELEMENTARY BUILDING REMODEL	08/09/11	SL	15.00	116	123,558				123,558,	97,774.		8,237.	106,011.
74	74 KINDER BUILDING OFFICE	07/22/13	SL	40.00	16	12,345				12,345.	2,803.		309.	3,112,
78	CLASSROOM ADDITION-GYM	08/21/14	TS	40.00	16	54,951				54,951.	11,105.		1,374.	12,479
80	FOOTBRIDGE KINDER	08/20/14	SL	10.00	16	5,684				5,684.	4,594.		569.	5,163
81	CONCRETE PATIOS, SIDEWALKS, RETAINING WALLS	08/03/15	SL	20.00	16	32,025				32,025.	11,342.		1,601.	12,943
8 2	ROCK WALL, SEWER CREEK CROSSING 4" LINE	08/04/15	ZS	15.00	16	23,659				23,659.	11,172.		1,577.	12,749
84	LAND CLEARING	11/18/15	SL	20.00	16	13,000				13,000.	4,442.		650.	5,092
85	PAGODA REHAB-ELECTRICAL	05/10/16	SL	15.00	16	056'6				9,950.	4,201.		663.	4,864
98	NEW CARPET 3 CLASSROOMS IN TRAILER	06/22/16	7S	7.00	16	9,340				9,340.	8,339.		1,001.	9,340
87	GABION WALL	07/14/16	SL	15.00	1.6	156,360				156,360.	64,281.		10,424.	74,705
00 00	PAGODA REHAB, FENCE, DECK	07/27/16	SL	7.00	16	7,920		6		7,920.	6,977.		943.	7,920
68	TRAILER RENOVATION TO CLASSROOMS	06/22/16	SL	15.00	16	5,610				5,610.	2,338.		374.	2,712
90	RENOVATIONS NEW CLASSROOMS ELEM, BUILDING	08/31/16	SL	15.00	16	34,370				34,370.	13,748.		2,291.	16,039
91	RENOVATION-PAINTING	07/26/16	Sī	7.00	16	1,350				1,350.	1,189.		161.	1,350
92	SHI INTERNET HUBS (INTERNET NEW BUILDINGS)	05/27/16	SL	7.00	16	4,923				4,923.	4,454.		469	4,923
93	93 FIBER NEW ELEMENTARY	08/30/16 SL	SL	7.00	16	32,144				32,144.	27,552.		4,592.	32,144

228111 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

BYO PLAYGROUND         Date Acquired Acquired Nethod         Method         Life         Cost Or Basis P.// Exclosed         Water Road           NEW ROAD         08/31/18         SL         7.00         16         11,664.           PAGODA RENOVATION         03/31/18         SL         15.00         16         232,728.           WATER MAIN         04/13/18         SL         15.00         16         25,149.           WIRELESS SYSTEM         04/20/18         SL         7.00         16         23,818.	Life	No.		Section 179	Poduction In	Dania Ear	Occipation	Current		
BYO PLAYGROUND 08/25/16 SL 7.00 16 11 NEW ROAD 08/31/18 SL 15.00 16 232 PAGODA RENOVATION 03/31/18 SL 15.00 16 23 WATER MAIN 04/13/18 SL 15.00 16 25 WIRELESS SYSTEM 04/20/18 SL 7.00 16 23	_		_	Expense	Basis	Depreciation	Accumulated Depreciation	Sec 179 Expense	Current Year Deduction	Accumulated Depreciation
NEW ROAD  PAGODA RENOVATION  03/31/18 SL 15.00 16 23,  WATER MAIN  04/20/18 SL 15.00 16 25,  WIRELESS SYSTEM  04/20/18 SL 7.00 16 23,			1,664.			11,664.	.866, 6		1,666.	11,664.
PAGODA RENOVATION 03/31/18 SL 15.00 16 23, WATER MAIN 04/13/18 SL 15.00 16 25, WIRELESS SYSTEM 04/20/18 SL 7.00 16 23, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	8::	9	32,728.			232,728.	62,061.		15,515.	77,576.
WATER MAIN  04/13/18 SL 15.00 16 25,  WIRELESS SYSTEM  04/20/18 SL 7.00 16 23,						23,794.	7,006.		1,586	8,592.
WIRELESS SYSTEM 04/20/18 SL 7.00 16 23,81		100				25,149.	7,405.		1,677.	9,082.
21 00 t 00 t 00 t 00 to			3,81			23,818.	15,028.		3,402.	18,430.
, od 100.	SL 7.00	16	16,571.			16,571.	10,455.		2,367.	12,822.
100 FIBER ALL BUILDINGS 08/24/18 SL 7.00 16 41,776.			11,776.			41,776.	23,872.		5,968,	29,840.
101 CACHE SERVER 08/24/18 SL 7.00 16 15,301.			ın'			15,301.	8,743.		2,186.	10,929.
102 SECURITY CAMERA SYSTEM 03/04/19 SL 7.00 16 8,998.		16				8,998.	3,856,		1,286.	5,142.
103 BRIDGE 08/31/19 SL 25.00 16 170,120.		THE ST	70,120.			170,120.	20,414.		6,805.	27,219.
104 ELEMENTARY ROOF REPAIRS 01/21/20 SL 40.00 16 18,062.	T		ထ		100	18,062.	1,167.		451.	1,618.
105 REPAIRS		vo	.0,186.			10,186.	615.		255.	870.
106 ELECTRONIC SIGN 06/01/20 SL 7.00 16 21,775.			11,775.			21,775.	. 666, 9		3,111.	10,110.
107 PORTABLES ROOF REPAIRS 04/22/20 SL 40.00 16 26,500.	ii k	vo	36,500.			26,500.	1,546.		662.	2,208.
108 PAINTING BUILDING 07/02/20 SL 40.00 16 27,751.	- 1	9	-			27,751.	1,503,		694.	2,197.
109 POND REBUILD 08/31/20 SL 15.00 16 13,000.						13,000.	1,733.		867.	2,600.
110 FRENCH DRAIN 08/28/20 SL 15.00 16 7,640.		16	7,640.			7,640.	1,019.		509.	1,528.
111 CLOUD BACKUP 01/10/20 SL 7.00 16 10,087.			0			10,087.	3,843,		1,441.	5,284.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 9	990 Page 10						990							
Asset No.	Description	Date Acquired	Method	Life	00 C >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
112	112 WALK BRIDGE	03/23/22	SL	10.00	16	9,755.	1			9,755.	406.		976.	1,382.
113	SECURITY LIGHTS	05/16/22	SL	10.00	16	17,425.				17,425.	436.		1,742.	2,178.
114	AIR CONDITIONER	05/23/22	SL	10.00	16	12,116.	initro Contain			12,116.	303.		1,212.	1,515.
115	BUILDING ACCESS CONTROL SYSTEM	08/16/22	SL	15.00	16	111,761.				111,761.			7,451.	7,451.
116	ENTRANCE WAY	08/22/22	SL	25.00	16	8,313.			3	8,313.	Olympia Charles		333.	333,
117	7 AIR CONDITIONER	08/23/22	SL	10.00	91	9,980,				9,980.			998.	998.
118	FIBER CABLES	11/29/22	SL	10.00	16	10,467.		TO STATE OF THE PARTY OF THE PA		10,467.			785.	785.
119	WATER MAIN REPAIRS	12/07/22	SL	25.00	91	23,299.				23,299,			669	689.
120	FLOORING/CROWN MOLDING	06/27/23	SL	10.00	10	9,300.			17 Y	9,300.			155.	155.
121	SEWER PROJECT	08/02/23	SL	25.00	16	40,000.				40,000.			0.	
122	PAINTING	08/10/23	SI	10.00	16	26,375.		CHANGE SOME		26,375.			0	
123	ACCESS CONTROL SYSTEM	01/13/23	SI	5.00	16	7,750.				7,750.			1,033.	1,033.
124	124 WINDOWS	02/24/23	SL	10.00	16	7,602.	1	Christian Photographic		7,602.			380.	380.
125	NINDOW FILM	03/31/23	SL	10.00	16	31,372.				31,372.			1,307.	1,307.
126	BULLET CAMERAS	04/23/23	SL	10.00	16	32,494.	-			32,494.			1,083,	1,083.
	* 990 Page 10 Total Program Services					3,835,477.				3,835,477.	1,457,487.		162,446.	1,619,933.
	* Grand Total 990 Page 10 Depr					4,605,133.				4,605,133.	2,145,758.		162,446.	2,308,204.
228111	228111 04-01-22								· ·	() !	(	0	0	

228111 04-01-22

(D) - Asset disposed

\*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Description	2.1	Form 990 Page 10			ļ	-		066								
red 4,416,474, 2,145,758.  188,659.  0. 188,659.  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Asset No.	Description	Date Acquired			o. G.U.	adjusted st Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis		Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
tired  188,659.  0. 4,416,474, p,145,758.  188,659.  0. 188,659.  0. 0. 0.  4,605,133.  2,306,229.  2,236,929.		Current Year Activity								100						
1188,659. 0. 188,659. 0. 4,605,133. 44,605,133. 2,145,758. 2,306,204. 2,306,929.		Beginning balance				4	174				,416,474.	,145,758			2,302,762.	
4,605,133, 0, 4,605,133, p,145,758.		Acquisitions					88,659.	Î		0	629	0.			5,442,	
4,605,133, 0,4,605,133, p,145,758, p, 204, p,		Dispositions/Retired					.0			0.	0.	0.			0.	
2,308,204 8,286,929		Ending balance				<u>4</u> ,	05,133.	į			,605,133.	,145,			2,308,204.	
5 ' 2 9 6		Ending accum depr						W.								
		Ending book value						- 1								
																Î
				-50												100
								TAXAB								

#### 4562 **4562**

Depreciation and Amortization (Including Information on Listed Property)

Go to www.irs.gov/Form4562 for instructions and the latest information.

lation on Listed Property)

Business or activity to which this form relates

990

2022 Attachment Sequence No. 179

Identifying number

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to your tax return.

MID-CITIES LEARNING CENTER, INC. Form 990 Page 10 75-1336797 Part | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,080,000. 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2,700,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter ·0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11, 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 162,446 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ..... Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in service period 19a 3-year property h 5-year property c 7-year property d 10-year property 15-year property е 20-year property f 25-year property 25 yrs. a MM S/L 27.5 yrs. Residential rental property 1 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L C 40 yrs. MM 40-year S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 162,446. Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr. ......

23

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

	1677	077770		-			_					4000	<b></b>	
Form 4562 (2022)	M.I.D erty (Include a	-CITIES	LLEA	RNIN(	3 CE	NTER	( <u>, 1</u>	.NC •	suspend for		75-	1336	79 <u>7</u>	Page 2
	e <b>rty</b> (include al it, recreation, d			ner venici	es, cer	tain airc	ran, ar	ia properi	y usea ro	or				
Note: For an	y vehicle for w	hich you are u	sing the	standard	l milea	ge rate d	or dedu	ucting leas	se expen	se, com	plete on	ly 24a,		
	s (a) through (d											. 1. 71 3		
	· - Depreciation				-		_	1	- 123		,		7	1
24a Do you have evidence to	1		ent use cl	aimed?	<u> </u>	es	_l No	24b If *Y	1		nce writt	ten?	」Yes L	No
(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depr	eciation	(f)		g)		h)	Elec	i) ted
Type of property (list vehicles first)	placed in	investment		Cost or ther basis		siness/inve	estment	Recovery period		thod/ rention		ciation ection	sectio	
	service	use percenta	le l			use onl		l .	1	1			CO	st
25 Special depreciation a							<i>a</i>							
used more than 50%										25				
26 Property used more th	nan 50% in a c	ualified busin	ess use:	:	-			_						
	1 1 1	-	6		-									
	111		6	1750	-	_			-		ļ			
			6											
27 Property used 50% or	r less in a quali	ified business	use:			3000					1			
	1 1 1		6		-				S/L·		1			
	111		6		_				S/L ·		-		1 = 1	
	111		%						S/L ·	-				
28 Add amounts in colun												-		
29 Add amounts in colun	n (i), line 26. E	nter here and	on line	7, page 1							**********	29		
		S	ection	B - Inform	nation	on Use	of Vel	hicles						
Complete this section for	vehicles used	by a sole prop	rietor, p	artner, or	other '	"more th	nan 5%	owner,	or related	d persor	n. If you	provided	l vehicles	š
to your employees, first ar	nswer the que	stions in Secti	on C to	see if you	meet a	an exce <sub>l</sub>	otion to	o complet	ing this s	ection f	or those	vehicles	S.	
			(	a)	(	b)		(c)	(	d)	(	e)	<b>(f</b>	)
30 Total business/investmen		-	Vel	hicle	Vel	hicle	١ ١	/ehicle	Vel	nicle	Vel	nicle	Vehi	icle
year (don't include comn	nuting miles)													
31 Total commuting miles	s driven during	the year					1							
32 Total other personal (r	noncommuting	) miles												
driven														
33 Total miles driven duri														
Add lines 30 through 3	32													
34 Was the vehicle availa	able for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?	?													
35 Was the vehicle used	primarily by a	more				ă,								
than 5% owner or rela	ated person?													
36 Is another vehicle ava	ilable for perso	onal												
use?		*******												
	Section C	- Questions t	or Emp	loyers W	no Pro	vide Ve	hicles	for Use b	y Their I	Employe	ees			
Answer these questions to	o determine if	you meet an e	xceptio	n to comp	leting :	Section	B for v	ehicles us	sed by er	nployee	s who a	ren't		
more than 5% owners or i	elated person	s												
37 Do you maintain a writ	tten policy stat	tement that pr	ohibits :	all person	al use	of vehic	es, inc	cluding co	mmuting	, by you	r		Yes	No
employees?														
38 Do you maintain a writ	tten policy stat	tement that pr	ohibits <sub>l</sub>	personal u	use of v	vehicles	excep	ot commu	ting, by y	our/				
employees? See the in	nstructions for	vehicles used	by cor	porate off	icers, c	directors	, or 19	6 or more	owners					
39 Do you treat all use of														
40 Do you provide more														
the use of the vehicles														
41 Do you meet the requ														
Note: If your answer t														
Part VI Amortization			., 2011									_		
(a)	)		(b)		(c)			(d)		(e)			(f)	
Description		Date	amortization begins		Amortizal amoun	ble t		Code section	1	Amortiza period or per	ntion	A.	mortization or this year	
42 Amortization of costs	that begins du	ring your 202		ar:										

43

44

43 Amortization of costs that began before your 2022 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

### - NEXT YEAR FEDERAL -

# MID-CITIES LEARNING CENTER, INC.

di

Description	Date Acquired	od Life	adjuste st Or Ba	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	070179L	and the second	00	The second second	75,000.		0
3LAND IMPROVEMENTS	70179		6,38		6,38		0
4LOWER SCHOOL BLDG & IMPROVEMENTS	70179S	0	, 47		,47	113,47	0
SMIDDLE SCHOOL BLDG & IMPROVEMENTS	101808	0.0	06'60		06'60	06'60	
41PLAYGROUND EQUIPMENT	630055	0.	0,46		0,46	10,46	
43COMPUTER SYSTEM	831068	0.	,140	The State of the S	8,14	8,14	0.
48NEW SCHOOL PHONE SYSTEM	8080	7.00	0,924		,92	10,924	
	727078	0.	,17		8,17	48,17	0.
	404078	0	6,71		6,71	26,71	
	41907S	0.	, 45		,45	7,45	0
	714098	0.	99		99	99	
	406098	0.	,22		, 22	6,22	0
57PLAYGROUND EOUIPMENT	615098	0	, 42		, 42	, 42	0.
58WATER FOUNTAIN	314108	0.	,32		,32	, 32	0.
AND CARPET FOR PORTABLE							
	061010SL	7.00	12,314.		12,314.	12,314.	0
WOOD PLANK FLOORING FOR KINDER							
61BUILDING	72110	0	,80		,80	15,80	0
62MANAGED CART WITH 24 COMPUTERS	031110SL	2.00	~		7,499		0
63LAWN TRACTOR	90208	.00	, 78		7,78	7,786	0
COVERING-ELEMENTARY PARKING	81211	0	, 59	The second second	, 59	, 59	0
FIBER CABLE FROM KINDER. TO ELEM.							
68BUILDING	10211	0	8,15		8,15	8,15	0
69FIBER DATA DROPS FROM MS TO HS	81412	0	,70		,70	14,70	0.
70WIRELESS CONTROLLER	41612	0	0,26	A	0,26	10,26	0
71 MANAGED CART WITH 24 COMPUTERS	4161	0	8,20		8,20	18,20	0
2MANAGED CART WITH 24 COMPUTERS	41612	0	, 76		,76	1,76	
73MANAGED CART WITH 13 COMPUTERS	52312	0.	,15		,15	7,15	0
ARM SYSTEM	70913	0.	41		,41	9,41	0.
	72213	0.	,87		,874	7,87	0.
77WIRELESS PHONE SYSTEM	082814SL	7.00	34,889.		4	34,889.	0
79CHAIN LINK FENCES-KINDER	70314S	0.	,62		,62	11,62	0
Page 10 Total Other			9,65		9,65	8,27	0
Drogram Sprviges			A THE PARTY OF				

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

### - NEXT YEAR FEDERAL -

# MID-CITIES LEARNING CENTER, INC.

Date Acquired Me	Method	Unadjusted Cost Or Basis	* Reduction In	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
00000	0	A E O E	Dasis	0	26 6	7
93093		1,00		1,000	87	1,143
40189	0.0	68,42		8,420	0,80	,71
23197	0.0	62,67		2,679	1,00	56
52200	0.0	55,177		5,177	2,07	,37
73099	0.0	1,110		,110	67	
73100	0.0	39,90		9,901	3,02	σ
21100	0.0	52,04		2,04	9,60	0
00300	0.0	74,08		4,08	2,44	,85
51503	0.0	18,05		8,05	,25	
822038	0.0	17,30	Seat 1970	7,30	,86	
0009038	0.0	7,70		,70	,66	
			The state of the s	The state of the s		
61504	0.0	16,50		6,50	, 88	$\leftarrow$
61705	0.0	57,59		7,59	2,43	88
62905	5.0	25,20		5,20	8,31	00'
83107	0.0	45,46	W-000	5,46	8,28	, 13
83107	0.0	739,30		9,30	7,26	18,483.
83107	0.0	70,07		0,07	8,03	,75
83107	0.0	78,72		8,72	1,48	96,
83107	0.0	16,44		6,44	6,61	41
83107	0.0	708,50		8,50	84,87	$\vdash$
831088	0.0	7,04		7,04	,81	<u></u>
119078	0.0	11,29		1,29	, 51	$\infty$
317108	0.0	14,60		4,60	11,	Q
202108	5.0	11,18		11,18	9,69	74
80911S	5.0	123,55		23,55	06,01	ന
72213	0.0	12,34		2,34	,11	0
8211	0.0	54,95		4,95	,47	-
8201	0.0	5,68		, 68	,16	
080315SL	20.00	32,02		2,02	2,94	1,601.
			The second second		i	
80415	2.0	23,65		3,65	2,74	1,577.
	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	63099SL 40189SL 40189SL 40189SL 4000 23197SL 73099SL 73109SL 6190SL 6100SL 6	63099SL 40189SL 40189SL 40189SL 40000 23197SL 52200SL 52200SL 73099SL 7309SL 730	63099SL 40.00 40.00 40.00 40.00 40.00 50.00 73100SL 40.00 73100SL 40.00 70.00 70.00 70.00 70.00 70.00 70.00 82203SL 40.00 7	63099SL 40189SL 401	6309 SL 40.00 45.953. Basis Deprendant Depre

(b)

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

### - NEXT YEAR FEDERAL -

# MID-CITIES LEARNING CENTER, INC.

10

ECTRICAL ASSROOMS ENCE, DEC CLASSROC CLASSROC CLASSROC CLASSROC ING SYSTEM INGS SYSTEM SYSTEM INGS SYSTEM INGS CONTROL CONTROL	Asset	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
IN TRAILER 062216SL 15.00 9,950. 9,340. 0,34	84	CAND CLEARING	11181	SL	0.0	3,00	CT. Spills (C. B.T.	3,00	, 09	650.
IN TRAILER 062216SL 7.00 9,340. 156,360. 74,705  "X. SSCROOMS 062216SL 15.00 156,360. 156,360. 74,705  "MS ELEM. 083116SL 15.00 34,370. 34,370. 16,039  UNET NEW 052716SL 7.00 4,923. 4,923. 4,923  083016SL 7.00 4,923. 4,923. 4,923  083016SL 7.00 32,144. 32,144. 32,144. 083016SL 7.00 23,724. 23,724. 32,144. 32,	821	PAGODA REHAB-ELECTRICAL	5101	SI	5.0	,950		,95	,864	9
THE CONTRICT NEW (197146SI 15.00 156,360. 156,360. 74,705 (19716SI 15.00 15,610. 5,610. 2,712 (19716SI 15.00 1,350. 1,350	8	3 CLASSROOMS	6221	SL	0.	,340		,340	,340	0
*** O72716SL 7.00 7,920. 7,920. 7,920. 7,920  ***ASSROOMS*** O62216SL 15.00 34,370. 16,039  O72616SL 7.00 1,350. 1	876	SABION WALL	7141	SL	5.0	56,360		56,360	4,705	10,424.
MS ELEM.  MS ELEM.  083116SL  15.00  1,350.  1	88	FENCE,	7271	SL	0.	,920		,920	,920	0.
MS ELEM.  083116SL 15.00 1,350. 1,350. 16.350. 11,322. 12,323. 12,323. 12,323. 12,323. 12,323. 12,323. 13,321. 13,303. 14,923. 14,923. 14,923. 11,644. 11,350. 11,350. 11,320. 11,320. 11,320. 11,320. 11,320. 11,320. 11,425. 11,11,761. 11,1761.	897	TRAILER RENOVATION TO CLASSROOMS	6221	SI	5.0	,61		,61	,712	374.
NRET NEW  083116SL 15.00 1,350. 1,380. 1,380	<u> </u>	RENOVATIONS NEW CLASSROOMS ELEM.								
NET NEW 072616SL 7.00 1,350. 1,321.8SL 7.00 1,1664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,664. 1,331.8SL 15.00 23,794. 23,794. 8,592. 042018SL 7.00 25,149. 25,149. 25,149. 18,430. 082418SL 7.00 21,571. 16,571. 12,327. 10,30419SL 7.00 41,776. 29,840. 8,998. 14,776. 29,840. 12,120SL 40.00 15,301. 10,120. 27,219. 10,120.	906	SUILDING	8311	ч	5.0	4,370		4,370	6,039	2,291.
NET NEW (52716SL 7.00 4,923. 4,923. 4,923. 4,923. 4,923. 682516SL 7.00 11,664. 123.728. 232,728. 723,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,728. 724,748. 724,7	911		7261	ч	0	,350	0	,350	,350	0
082716SL 7.00 4,923. 4,923. 4,923. 4,923. 083016SL 7.00 11,664. 11,614. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761. 11,761.	<u> </u>									
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083118SL 15.00 232,728. 232,728. 77,576 033118SL 15.00 23,794. 23,794. 8,592 041318SL 15.00 25,149. 25,149. 9,082 042018SL 7.00 25,149. 25,149. 9,082 04218SL 7.00 25,149. 25,149. 9,082 040218SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 41,776. 41,776. 29,840 083119SL 7.00 15,301. 15,301. 10,929 030419SL 7.00 18,062. 170,120. 17,310 012120SL 40.00 10,186. 10,1186. 10,1186. 042220SL 40.00 26,500. 26,500. 2,208 082820SL 40.00 26,500. 26,500. 2,208 082820SL 15.00 17,425. 17,425. 17,425. 17,425. 17,425. 17,425. 17,425. 11,761. 7,451. 11,761. 7,451. 11,761. 7,451.	94	3YO PLAYGROUND	82516	SL	0.	1,66		1,66	1,66	0
033118SL 15.00 23,794. 23,794. 8,592 041318SL 15.00 25,149. 25,149. 9,082 042018SL 7.00 25,149. 25,149. 25,149. 9,082 042018SL 7.00 16,571. 16,571. 12,822 082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 15,301. 15,301. 10,929 030419SL 7.00 18,062. 170,120. 15,301. 10,929 03119SL 25.00 170,120. 170,120. 27,219 012120SL 40.00 18,062. 16,86. 10,110 042220SL 40.00 26,500. 26,	951	VEW ROAD	83118	SI	5.0	32,72		32,72	7,57	,51
041318SL 15.00 25,149. 25,149. 9,082 042018SL 7.00 23,818. 23,818. 18,430 040218SL 7.00 16,571. 16,571. 12,822 082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 41,776. 15,301. 10,929 083119SL 25.00 170,120. 170,120. 170,120. 27,219 012120SL 40.00 18,062. 18,062. 1,618 012120SL 40.00 10,186. 10,186. 070220SL 40.00 26,500. 26,500. 26,500. 26,500. 26,500. 26,500. 26,500. 26,500. 26,500. 13,000. 27,751. 27,751. 27,751. 083120SL 15.00 13,000. 27,751. 27,751. 27,751. 083120SL 15.00 10,087. 17,640. 17,425. 17,425. 17,425. 17,116. 11,761. 17,116. 17,116.	196	PAGODA RENOVATION	33118	SL	5.0	3,79		3,794	, 59	58
042018SL 7.00 23,818. 23,818. 18,430 040218SL 7.00 16,571. 16,571. 12,822 082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 15,301. 15,301. 10,929 030419SL 7.00 15,301. 170,120. 170,120. 170,120. 18,981. 18,062. 1,618 031620SL 40.00 18,062. 18,062. 1,618 042220SL 40.00 21,775. 21,775. 10,110 042220SL 40.00 26,500. 26,500. 26,500. 2,208 070220SL 40.00 27,751. 27,751. 2,197 083120SL 15.00 13,000. 13,000. 2,640. 1,528 031622SL 10.00 9,755. 10,087. 5,284 03232SL 10.00 17,425. 17,425. 2,178 05232SL 10.00 12,116. 12,116. 1,515 SYSTEM 08162SL 15.00 111,761. 7,451	976	WATER MAIN	41318	SL	5.0	5,14		5,14	,08	,67
040218SL 7.00 16,571. 16,571. 12,822 082418SL 7.00 41,776. 29,840 082418SL 7.00 41,776. 41,776. 29,840 030419SL 7.00 8,998. 8,998. 5,142 083119SL 25.00 170,120. 170,120. 27,219 012120SL 40.00 18,062. 18,062. 1,618 060120SL 7.00 21,775. 21,775. 10,110 042220SL 40.00 26,500. 26,500. 2,208 070220SL 40.00 26,500. 26,500. 2,208 070220SL 40.00 27,751. 27,751. 2,197 083120SL 15.00 13,000. 13,000. 2,600 010,087. 10,087. 10,087. 10,087. 5,284 051622SL 10.00 17,425. 17,451. 2,116. 15.00 11,761. 1,515	986	WIRELESS SYSTEM	42018	SL	0	3,81		3,81	8,43	,40
082418SL 7.00 41,776. 41,776. 29,840 082418SL 7.00 15,301. 15,301. 10,929 030419SL 7.00 8,998. 8,998. 5,142 083119SL 25.00 170,120. 18,062. 18,062. 1,618 012120SL 40.00 10,186. 10,186. 27,719. 060120SL 40.00 21,775. 21,775. 10,110 042220SL 40.00 26,500. 26,500. 26,500. 2,508 070220SL 40.00 27,751. 27,751. 2,197 070220SL 40.00 27,751. 27,751. 2,197 083120SL 15.00 13,000. 13,000. 2,600 082820SL 15.00 10,087. 10,087. 5,284 011020SL 10.00 9,755. 17,425. 2,178 051322SL 10.00 17,425. 17,425. 2,178 051322SL 10.00 12,116. 12,116. 1,515 SYSTEM 081622SL 15.00 111,761. 7,451	999	CAMERA	40218	SL	0	6,571		6,57	2,82	,36
082418SL 7.00 15,301. 15,301. 10,929 030419SL 7.00 8,998. 8,998. 5,142 083119SL 7.00 18,062. 170,120. 27,219 012120SL 40.00 10,186. 10,186. 1,618 042220SL 40.00 21,775. 21,775. 10,110 070220SL 40.00 26,500. 26,500. 2,208 070220SL 40.00 27,751. 27,751. 2,197 083120SL 15.00 13,000. 13,000. 2,600 082820SL 15.00 10,087. 5,284 031322SL 10.00 9,755. 17,425. 17,425. 2,178 05162SL 10.00 17,425. 17,425. 2,178 08162SSL 10.00 12,116. 12,116. 1,515 08162SSL 15.00 111,761. 17,415. 17,451.	100	ALL BUILDI	82418	SL	0	1,776	1	1,776	9,840	96,
030419SL 7.00 8,998. 8,998. 5,142 083119SL 25.00 170,120. 18,062. 170,120. 27,219 012120SL 40.00 18,062. 18,062. 1,618 031620SL 40.00 21,775. 21,775. 10,110 042220SL 40.00 26,500. 26,500. 2,600 070220SL 40.00 27,751. 2,197 083120SL 15.00 13,000. 13,000. 2,600 082820SL 15.00 10,087. 10,087. 1,528 011020SL 10.00 9,755. 9,755. 1,382 051622SL 10.00 17,425. 17,425. 2,178 052322SL 10.00 12,116. 11,761. 7,451	101	CACHE SERVER	82418	SL	0.	5,301		5,301	0,929	,18
083119SL 25.00 170,120. 170,120. 27,219 012120SL 40.00 18,062. 18,062. 1,618 031620SL 40.00 10,186. 10,186. 10,186. 042220SL 40.00 21,775. 21,775. 10,110 070220SL 40.00 26,500. 26,500. 2,208 070220SL 40.00 27,751. 27,751. 2,197 083120SL 15.00 13,000. 13,000. 13,000. 2,600 082820SL 15.00 10,087. 10,000. 2,600 032322SL 10.00 9,755. 17,425. 17,425. 17,425. 2,178 051622SL 10.00 12,116. 12,116. 1,515 SYSTEM 081622SL 15.00 111,761. 111,761. 7,451	102	TY CAMERA	30419	SL	0.	8,998		8,998	5,142	28
O12120SL 40.00 18,062. 18,062. 1,61 031620SL 40.00 10,186. 10,186. 87 060120SL 7.00 21,775. 21,775. 10,11 042220SL 40.00 26,500. 26,500. 2,20 070220SL 40.00 27,751. 27,751. 2,19 083120SL 15.00 13,000. 13,000. 2,60 082820SL 15.00 7,640. 7,640. 1,52 011020SL 10.00 9,755. 10,087. 5,28 051622SL 10.00 9,755. 17,425. 17,425. 2,17 052322SL 10.00 17,425. 17,425. 2,17	103	SKIDGE	83119	SL	5.0	70,120		70,120	7,219	,80
**REPAIRS 031620SL 40.00 10,186. 10,186. 87 060120SL 7.00 21,775. 21,775. 10,11 042220SL 40.00 26,500. 26,500. 2,20 070220SL 40.00 27,751. 27,751. 2,19 083120SL 15.00 13,000. 13,000. 2,60 082820SL 15.00 7,640. 7,640. 1,52 011020SL 7.00 10,087. 10,087. 5,28 051622SL 10.00 17,425. 17,425. 2,17 SYSTEM 081622SL 15.00 111,761. 111,761. 7,45	104	ELEMENTARY ROOF REPAIRS	12120	SL	0.0	8,062		8,062	,61	LO.
060120SL 7.00 21,775. 21,775. 10,11 042220SL 40.00 26,500. 26,500. 2,20 070220SL 40.00 27,751. 27,751. 2,19 083120SL 15.00 7,640. 7,640. 13,000. 2,60 011020SL 7.00 10,087. 10,087. 5,28 032322SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 17,425. 17,425. 2,17	105	SLEMENTARY & HOSTEL ROOF REPAIRS	31620	SL	0.0	0,186		0,186	87	25
042220SL 40.00 26,500. 26,500. 2,20 070220SL 40.00 27,751. 27,751. 2,19 083120SL 15.00 13,000. 13,000. 2,60 082820SL 15.00 7,640. 7,640. 1,52 011020SL 7.00 10,087. 10,087. 5,28 051622SL 10.00 17,425. 1,38 05232SL 10.00 17,425. 1,38 05232SL 10.00 17,425. 1,38 05232SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 111,761. 7,45	106	SLECTRONIC SIGN	60120	SL	0	1,775		1,775	0,11	$\vdash$
070220SL 40.00 27,751. 27,751. 2,19 083120SL 15.00 13,000. 13,000. 2,60 082820SL 15.00 7,640. 7,640. 1,52 011020SL 7.00 10,087. 10,087. 5,28 032322SL 10.00 9,755. 9,755. 1,38 051622SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 111,761. 7,45	107	PORTABLES ROOF REPAIRS	42220	SL	0.0	6,500		6,500	,20	9
083120SL 15.00 13,000. 13,000. 2,60 082820SL 15.00 7,640. 7,640. 1,52 011020SL 10.00 9,755. 10,087. 5,28 051622SL 10.00 17,425. 17,425. 2,17 05232SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 111,761. 7,45	108	PAINTING BUILDING	70220	SL	0.0	7,751		7,751	, 19	S
082820SL 15.00 7,640. 7,640. 1,52 011020SL 7.00 10,087. 10,087. 5,28 032322SL 10.00 9,755. 9,755. 1,38 051622SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 7,45	109	POND REBUILD	83120	SL	5.0	3,00		3,000	, 60	6
011020SL 7.00 10,087. 10,087. 5,28 032322SL 10.00 9,755. 9,755. 1,38 051622SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 7,45	110	FRENCH DRAIN	82820	SL	5.0	,64		,640	,52	0
032322SL 10.00 9,755. 9,755. 1,38 051622SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 12,116. 12,116. 1,51 SYSTEM 081622SL 15.00 111,761. 7,45	111(	CLOUD BACKUP	11020	SL	0.	0,08		0,087	,28	4
CONTROL SYSTEM 081622SL 10.00 17,425. 17,425. 2,17 052322SL 10.00 12,116. 12,116. 1,51 15.00 111,761. 111,761. 7,45	1124	WALK BRIDGE	32322	SL	0.0	,75		,755	38	<u></u>
CONTROL SYSTEM 081622SL 15.00 111,761. 111,761. 7,45	1136	SECURITY LIGHTS	51622	SL	0.0	7,42		7,42	,17	,74
ACCESS CONTROL SYSTEM  08 16 22 SL  15.00  111,761.   111,761.   761.   7,45	114	AIR CONDITIONER	52322	SL	0.0	2,11	The state of the s	2,11	,51	1,212.
	115	ACCESS	81622	SL	5.0	1,7		1,76	,45	,45

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### - NEXT YEAR FEDERAL -

# MID-CITIES LEARNING CENTER, INC.

nt Of iation	621 621 621 621 621 621
Amount Of Depreciation	163, 163, 163, 163, 163, 163, 163, 163,
Accumulated Depreciation	333. 998. 785. 1,033. 1,307. 1,083. 2308204.
Basis For Depreciation	8,313. 10,467. 23,299. 9,300. 40,000. 7,750. 31,372. 32,494. 3835477. 4605133.
Reduction In Basis	
Unadjusted Cost Or Basis	8,313. 10,467. 23,299. 40,000. 26,375. 7,602. 31,372. 32,494. 32,494.
Life	172 172 172 173 173 173 173 173 173 173 173 173 173
Method	ISSI ISSI ISSI ISSI ISSI ISSI ISSI ISS
Date Acquired	00 11 10 10 10 10 10 10 10 10 10 10 10 1
Description	116ENTRANCE WAY 117AIR CONDITIONER 118FIBER CABLES 119WATER MAIN REPAIRS 120FLOORING/CROWN MOLDING 121SEWER PROJECT 121SEWER PROJECT 121SEWER PROJECT 123ACCESS CONTROL SYSTEM 124WINDOWS 125WINDOW FILM 126BULLET CAMERAS * 990 Page 10 Total Program Services * Grand Total 990 Page 10 Depr
Asset No.	02890128480 11111111111

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone