CLIENT'S COPY

Form 8879-EO

***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning $\underline{SEP} \ \underline{1}$, 2020, and ending $\underline{AUG} \ \underline{31}$, 20 $\underline{21}$ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

MID-CITIES LEARNING CENTER, INC.	75-1336797
Name and title of officer or person subject to tax	
LOU BLANCHARD	
DIRECTOR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with Dlank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter	
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	ed -0- on the
	2 202 502
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9)	1b 3,393,583.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	20
ta Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4h
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
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
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	(
Under penalties of perjury, I declare that 🗶 I am an officer of the above organization or 🔲 I am a person subj	ect to tax with respect to
name of organization), (EIN)	and that I have examined a cop
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the retroor receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its deapent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxonfidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a dentification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fundering the consent to electronic fundering the consent of the payment.	e electronic return. um to the IRS and n for any delay in esignated Financial e tax preparation account. To revoke to the payment uxes to receive personal
X authorize Freemon, Shapard & Story t	o enter my PIN 13560
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature electronically filed return. If I have indicated within this return that a copy of the return is being filed with a regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	copy of the return is being filed with ntioned ERO to enter my on the tax year 2020 state agency(ies)
ignature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY *** Part III Certification and Authentication	Date ▶
RO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 75959082322 Do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicate hat I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informater Providers for Business Returns.	
RO's signature Date	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	So

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

Auto	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
	porations required to file an income tax return other than Fo			s, REMIC	s, and trusts		
must u	se Form 7004 to request an extension of time to file incom	e tax retui	ns.				
Type o	Name of exempt organization or other filer, see instru	ctions.		Taxpayer identification number (TIN)			
	MID-CITIES LEARNING CENTER	, INC			75-133	6797	
File by th due date	Number, street, and room or suite no. If a P.O. box, s						
filing you return. S	* TYPOO D. ETERRITIE KOMD						
instructio	EULESS, TX 76040		·				
Enter t	he Return Code for the return that this application is for (file	e a separa	te application for each return)		·····	01]	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
	.720 (individual)	03	Form 4720 (other than individual)		· · · · · · · · · · · · · · · · · · ·	09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069			11	
romie	LOU BLANCHARD,		Form 8870		.	12	
• The	books are in the care of ► 12500 S. PIPELI			040			
	phone No. ► (817) 283-1771		Fax No. ▶	<u> </u>			
	e organization does not have an office or place of business	s in the Un					
	is is for a Group Return, enter the organization's four digit					oup, check this	
box 🕨			ch a list with the names and TINs of				
1	request an automatic 6-month extension of time until	.T11 7 3	y 15, 2022 , to file	the ever	npt organizatio	n votumo for	
	he organization named above. The extension is for the organization			ILIO EXELL	ipi organizatio	irreturn for	
	➤ calendar year or	211124110111	rictarri ior.				
	X tax year beginning SEP 1, 2020	. an	dending AUG 31, 2021				
		,			 ·		
2 l	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	F i nal retur	'n		
	Change in accounting period						
3a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less				
_	ny nonrefundable credits. See instructions.			3a	\$	0.	
	fthis application is for Forms 990-PF, 990-T, 4720, or 6069						
_	stimated tax payments made. Include any prior year overp	-		3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	-	' ' '			_	
ι	ising EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3c	\$	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)

Department of the Treasury Internal Revenue Service

Extended to July 15, 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)

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information.
or tax year beginning SEP 1, 2020 and ending AUG 31

Open to Public Inspection

<u>A I</u>	For the 2	2020 calendar year, or tax year beginning SEP 1, 2020	and er	nding A	<u>UG 31</u>	<u>l, 2021</u>	
В	Check if applicable:	C Name of organization			D Empl	loyer identific	cation number
	Address change Name					- 4000	
늗	∏Name change ∏Initial	Doing business as				5-13367	
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address)	Ro	oom/suite		hone number	
L	Final return/ termin-	12500 S. PIPELINE ROAD			3)	<u>317) 28:</u>	
_	ated Amended	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross		<u>3,861,502.</u>
F	_lreturn	EULESS, TA /0040				his a group re	
L	Applica- tion pending						? Yes X No
		Isame as c above			1		cluded? Yes No
			47(a)(1) or	527	1		list. See instructions
		: www.treetops.org		1- 14		oup exemption	
		rganization: X Corporation Trust Association Other ▶ Summary		L Year	ot tormatio	n: 19/4 M	State of legal domicile: TX
ستستسا		riefly describe the organization's mission or most significant activities:	STIDDO	PW CE	PUTCE	TALE S DE	ртсимеми
Activities & Governance		PROGRAMS FOR THE PRIMARY AND SECONDAR			IX A T C I	20 OC 17141	KTCIIIIENI
ä	_	heck this box If the organization discontinued its operations of			than 259	% of its net as	sets
ž							4
Ğ		umber of independent voting members of the governing body (Part VI, li					4
οğ Q		otal number of individuals employed in calendar year 2020 (Part V, line 2					42
ńtie	6 To	otal number of volunteers (estimate if necessary)	· · · · · · · · · · · · · · · · · · ·			6	2
cţi	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			• • • • • • • • • • • • • • • • • • • •	7a	0.
⋖		et unrelated business taxable income from Form 990-T, Part I, line 11					0.
	•				Prior	1	Current Year
ø	8 C	ontributions and grants (Part VIII, line 1h)	*****		1	14,187.	1,143.
Revenue		rogram service revenue (Part VIII, line 2g)			3,51	L0,168.	3,523,040.
ě	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			1	L9,427.	-130,600.
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), Iir			3,54	13,782.	3,393,583.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)				0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), line			<u>2,61</u>	L7,548.	2,735,432.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)				0.	0.
X		otal fundraising expenses (Part IX, column (D), line 25)		0.			
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				72,198.	704,703.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				39,746.	3,440,135.
<u> </u>	19 Re	evenue less expenses. Subtract line 18 from line 12	<u></u>			4,036.	<u>-46,552.</u>
ts o				Be		Current Year	End of Year
Sse	20 To	otal assets (Part X, line 16)				54,716.	4,230,463.
Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)				36,673.	248,972.
٦ P	22 Ne Ne	et assets or fund balances. Subtract line 21 from line 20 Signature Block			4,02	28,043.	<u>3,981,491.</u>
		es of perjury, I declare that I have examined this return, including accompanying s	schedules a	nd statem	ents and to	n the hest of my	/ knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all informati				•	, knowledge zira bellet, (c is
			-				
Sig	, 	Signature of officer				Date	
Her		LOU BLANCHARD, DIRECTOR					
		Type or print name and title					
	Р	rint/Type preparer's name Preparer's signature	2		oate//	Check _	PTIN
Paid	' <u>Н</u>	. Ted Neeb, CPA	es a	Pa o	2/1/22	ıt self-employe	P00181647
Prep		irm's name ▶ Freemon, Shapard & Story			()	Firm's EIN 🗩 🥇	75-0706311
Use	Only Fi	irm's address ≥ 2088 Zihlman Road				•	
		Windthorst, TX 76389				Phone no. (9	40)423-6226
May	the IRS	discuss this return with the preparer shown above? See instructions					X Yes No

Form 990 (2020)

Form 990 (2020) MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 3
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	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3	-	<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
9	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		11
•	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	[1	,	
	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, IX, or X			hatat nel 13,44 mi
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ng ang d	-Argr	
а			х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
e	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	<u> X</u>	 -
D	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	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_21	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	itu		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			[
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zoa b	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			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		х

3 •

Form 990 (2020) MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 4
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		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	The state of the s	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):		Athr	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 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		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100 %		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1 (1. m. m. 1 m. – 1
C		ļ		;
	(gambling) winnings to prize winners?	10		

Form 990 (2020) 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,			168	NO
	filed for the calendar year ending with or within the year covered by this return	2a 4	2	11111111	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	*
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				.,
За	Did the example of the bound universal to deliver and the same of \$1,000 and the same of t		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6		3b	<u> </u>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			 	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
b	If "Yes," enter the name of the foreign country		331 13		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR),	[1]		in the second
5a	Market and the second of the s		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b	1	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a				-	
	any contributions that were not tax deductible as charitable contributions?	_	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		100		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor	? 7a		Х
b	If INV and address accounts the control of the cont		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required		-	
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		8,756	Postre	
a			9a		
_			9b		1
10	Section 501(c)(7) organizations. Enter:	1	In This are		
		10a	-4.		
		10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
		11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b		gerra i	
	- ·	1	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			
	Is the organization licensed to issue qualified health plans in more than one state?		40-	la, nomic	221.4.11
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a		:: :: V:
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b		136	1000		
r		13b 13c			
			14a	surgery.	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b	-	7.7
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140	<u> </u>	
_	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	***************************************	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	::	X
-	If "Yes," complete Form 4720, Schedule O.		10		

Form 990 (2020) MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 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.

	Check if Schedule O contains a response or note to any line in this Part VI	*********		Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	_3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Manna.		, 1.1. i. i.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion 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?	10a		Х
	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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	. grada		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. 14 . 52		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(c)	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LOU BLANCHARD, DIRECTOR - (817) 283-1771			
	12500 S. PIPELINE RD., EULESS, TX 76040			_

Form 990 (2020)	MID-CITIES	LEARNING	CENTER,	INC.	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	(do box offi	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)					(D) Reportable	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LOU BLANCHARD	40.00	ļ						400 707		_
DIRECTOR	1 00	_		X			-	139,587.	0.	0.
(2) DR. MIKE SACKEN	1.00	.,							_	
PRESIDENT	1.00	Х	-					0.	0.	0.
(3) KATHY EHMANN-CLARDY SECRETARY	7.00	Х						0.	0.	0.
(4) ANTHONY JOHNSON	1.00					<u> </u>				0.
BOARD MEMBER		X						0.	0.	0.
(5) ROGER DOSS	1.00									
BOARD MEMBER		X						0.	0.	0.
		-								
			-							
		_		_						
		<u> </u>								
						_	_			
						ļ				
		_	 			-				
		1				1				

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(A) Name and title	(B) Average hours per week	(do box offic	not c	, and Pos heck ss per id a d	ition more rson i	than	one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatio	on	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Ояпсег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		compensation from the organization and related organizations
<u></u>											
								120 500			
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but i	II, Section A		<u>.</u>		·····		<u> </u>	139,587. 0. 139,587. eceived more than \$100	0,000 of reportab	0. 0. 0.	0. 0.
compensation from the organization 3 Did the organization list any former officer	, director, trust	ee, k	еу е	empl	oye	e, or	hig	lhest compensated emp	ployee on		Yes No
line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	mp	ensa	ition	and	oti	her compensation from	the organization		3 X 4 X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors					-			_		; , ,	5 X
Complete this table for your five highest or the organization. Report compensation for	-							the organization's tax	•	npens	
Name and business CONSTELLATION NEW ENERGY		10	005	 5		-		(B) Description of s	ervices	C	(C) compensation
CONGRESS AVE. SUITE 880,		<u>, 1</u>	X	78	370	01		ELECTRICITY			171,114.
						-					
Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nite	d to	thos	se lis	sted	above) who received m	nore than		

		Check if Schedule O contains a respo	nse or note to any lir	ne in this Part VIII		·····	
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a					
95		Membership dues1b			Lilifatji et interestoret Linaalta, margaria etii		
ts,	C	Fundraising events1c					
ᆵ	d	Related organizations 1d					
Ę,Ę	е	Government grants (contributions) 1e		en in en antenant partir.			idwrei'i ee
를 다 S	f	All other contributions, gifts, grants, and					
혈		similar amounts not included above1f	1,143.				
발	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ဂိ ၕ</u>	. h	Total. Add lines 1a-1f	>	1.143.			
			Business Code				
9	2 a	TEA REVENUE	900099	3,431,026.	3,431,026.		
ه ک	b FEDERAL REVENUE 900099			79,232.	79,232.		
Sugar	C	LOCAL REVENUE	900099	11,400.	11,400.		
eve	d	STATE PROGRAM REVENUE	900099	1,382,	1,382.		
Program Service Revenue	е				,		
<u>,</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,523,040,			
	3	Investment income (including dividends, in					
		other similar amounts)		6,743,	6.743.		
	4	Income from investment of tax-exempt both					
	5	Royalties					
		(i) Real	(ii) Personal				ag align element tract
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	>				
		Gross amount from sales of (i) Securiti	es (ii) Other		S Digeth on the Augustin		
		assets other than inventory 7a	330,576.		Talakan Talakan Talakan Sabat		
	h	Less: cost or other basis	330,370.				
ē.	~	and sales expenses 7b	467,919.				
en.		Gain or (loss) 7c	-137.343.				
her Revenue		Net gain or (loss)		-137 343.	-137,343,		
er J		Gross income from fundraising events (not		-137,343.	-137,343,		
븅	U u	including \$ of					
_		contributions reported on line 1c). See					
			8a				
	h	Less: direct expenses	8b				
	~	Net income or (loss) from fundraising even			<u> Pieki</u> eth rhipilitan ban	Angles continue conti	
	0.2	Gross income from gaming activities. See					
ļ	5 4		9a				
1	h		9b				
		Net income or (loss) from gaming activities			<u>articular de la companya de la comp</u>		
		Gross sales of inventory, less returns				to manage manager profit in the state	
	10 4		10a				
	h		10b				
				[Maria Ma	
	C	Net income or (loss) from sales of inventor	Business Code				La de Arme, m
Snc	11 -		Dudiness Ovue				<u> </u>
nec Ne	11 a		_				
Miscellaneous Revenue	b						
Re	C C						
Ē		All other revenue				A laga sina ng 1971 ng 1972. Tanga sina ng 1971 ng 1972 ng	
		Total. Add lines 11a-11d		0.555.565	<u> </u>		
	12	Total revenue, See instructions		3,393,583.	3.392.440.	1 0.1	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses (C) (**D**) Fundraising Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 139,587. 97.711. 41,876. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,202,159. 2,127,464 7 Other salaries and wages 74,695 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 214,966. 207,631 7,335. 9 178,720. 170,500. 8,220. 10 Payroll taxes Fees for services (nonemployees): a Management 8,333 8,333. Legal 20,500. 20,500. Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 7,062. 7.062 16 Occupancy 1,785. 1,785 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 155,742. 155,742 Depreciation, depletion, and amortization 22 15,921. 14,329 1,592. Insurance 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SUPPLIES 171,572. 169,608 1,964 107,480. MAINTENANCE & REPAIRS 107,480 c UTILITIES 74,228. 7,423. 66,805 d PROFESSIONAL FEES 58,008. 53,878 4,130. 37,299 84,072. 46,773 e All other expenses Total functional expenses. Add lines 1 through 24e 3,440,135. 3,219,706 220,429. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

art X	Balance Sheet				
	Check if Schedule O contains a response or note to	any line in this Part X			
			(A) Beginning of year		(B) End of year
1		***************************************	1,648,262.	1	1,893,388
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		3		
4		213,122.	4	89,485	
5	· · · · · · · · · · · · · · · · · · ·				
	trustee, key employee, creator or founder, substantia				
	controlled entity or family member of any of these pe	rsons		5	
6	Loans and other receivables from other disqualified p	persons (as defined			
	under section 4958(f)(1)), and persons described in s	section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	117744447174417777477777777777777777777		7	
8				8	
9	Dona ald an annual and the form of the			9	
10	a Land, buildings, and equipment: cost or other				eliga ayes
	basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b	4,247,122.			
	b Less: accumulated depreciation10k	1,999,532.	2,403,332.	10c	2,247,590
11				11	
12		***************************************		12	
13	Investments · program-related. See Part IV, line 11	***************************************		13	
14	Intangible assets			14	
15			15		
16			4,264,716.	16	4,230,463
17	Accounts payable and accrued expenses	9,972.	17	5,742	
18	Grants payable		18		
19				19	
20		***************************************		20	
21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
22	Loans and other payables to any current or former of	fficer, d ir ector,			
	trustee, key employee, creator or founder, substantia	al contributor, or 35%			
	controlled entity or family member of any of these pe	rsons		22	
23	Secured mortgages and notes payable to unrelated t	third parties		23	
24	Unsecured notes and loans payable to unrelated thir	d parties		24	
25	Other liabilities (including federal income tax, payable	es to related third			
	parties, and other liabilities not included on lines 17-2	24). Complete Part X			
	of Schedule D		226,701.	25	243,230
26	Total liabilities. Add lines 17 through 25		236,673.	26	248,972
	Organizations that follow FASB ASC 958, check he	ere 🕨 🗓			
	and complete lines 27, 28, 32, and 33.			Andre Sala	
27	Net assets without donor restrictions	***	322,928.	27	297,565
28		3,705,115.	28	3,683,926	
	Organizations that do not follow FASB ASC 958, c				
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds	********************************		29	
30	Paid-in or capital surplus, or land, building, or equipm			30	
31	Retained earnings, endowment, accumulated income			31	
32			4,028,043.	32	3,981,491
33	Total liabilities and net assets/fund balances		4,264,716.	33	4,230,463

-orr	1990 (2020) MID-CITIES LEARNING CENTER, INC.	/5-13.	36797	Pag	ge 12 .
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,393	3,5	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,440		
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,028		
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	3,981	L , 4	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ur ing santa La dingsurf	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	[] (1.1.1at/ 1.1.1at/ 1.1.1at/		
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e basis,		adiləji Avralyar	
	consolidated basis, or both:		[25] [25]		
	X Separate basis Consolidated basis Both consolidated and separate basis				1. 15°11 W ¹ 1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MID-CITIES LEARNING CENTER, 75-1336797 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An 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: 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, ___ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2020 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 you 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 under the tests listed below, please complete Part iii.)

Se	ction A. Public Support				- · · · · · · · · · · · · · · · · · · ·	·-	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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		<u></u>				
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support	110010				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business	,					
	activities, whether or not the	1					
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			in Ageria dan kampuna andilik		Chapter to Englishing	
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,	formula ou fifth 4		12	
ı	First 5 years. If the Form 990 is for thorganization, check this box and stop	-				. , ,	_
Sec	ction C. Computation of Publ			**********************	***************************************		
	Public support percentage for 2020 (column (f))		14	<u></u>
	Public support percentage from 2019					15	
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes				- ,		
	more, and if the organization meets the						
	organization meets the facts-and-circle						▶ □
18	Private foundation. If the organizatio					***************************************	▶□

Schedule A (Form 990 or 990-EZ) 2020 MID-CITIES LEARNING CENTER, INC. [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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.).

Sec	ction A. Public Support	elow, please com	piete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and				1.0	1	11) 1,512.
	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					1	
	are not an unrelated trade or bus-						
	iness under section 513		1				
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to						
	or expended on its behalf]				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons]				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ► 📙	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	<u>-</u>					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	.					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business					1	
	activities not included in line 10b, whether or not the business is					-	
	regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here						>
	tion C. Computation of Publi		-				
	Public support percentage for 2020 (lin			column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the o						7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly s	supported organiz	ation	▶□
	33 1/3% support tests - 2019. If the o					•	
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The organ	nization qualifies a	as a publicly supp	orted organization	 ▶□
	Drivete foundation if the organization					=	

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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?
- 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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
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	rt IV Supporting Organizations (continued)	33679	/ P	age 5
га	LIVI Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Tes	INO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	T		1
	detail in Part VI.	11c	1	
Sec	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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	9.55 (4.54	F (5,44	i ilgere
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			Litterior
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u>. </u>
	tion or type it dapporting digunizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		169	INO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	144.0		Million Ng Ngar
	or management of the supporting organization was vested in the same persons that controlled or managed	5116.717	V.	
	the supported organization(s).	- 2500000 - 1		
Sec	tion D. All Type III Supporting Organizations		-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 1 1 1 1 1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		11.1 1117 1 - 3 1113	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		e 431.	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			123.4
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		ļ
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inotructio	امط	
2	Activities Test. Answer lines 2a and 2b below.	nsuucijoj		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	(Alarama)	Yes	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			14-2-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			1
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	***	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ere i Ar	1000
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Part V: Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations musection A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions	ng trust o	on Nov. 20, 1970 (explain in	(B) Current Year
ection A - Adjusted Net Income 1 Net short-term capital gain	1		
1 Net short-term capital gain	·	(A) Prior Year	
	·		(optional)
2 Recoveries of prior-year distributions	2		
	- 4		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	100		
(explain in detail in Part VI):	i i i i i i i i i i i i i i i i i i i		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount	,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		ė et
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting ord	ranization (see
instructions).	,ogii	area i the in achborning ord	jui incution (000

Schedule A (Form 990 or 990-EZ) 2020

ec	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		-	
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s 3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which ti	he organization is responsive)		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2020 from Section C, line 6				
0_	Line 8 amount divided by line 9 amount				
		<i>m</i>	/:::\	45153	

Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required · explain in Part VI). See instructions.			
_ 3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
d	From 2018	le i diversita di danniti da datita		
_ е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount		on Augustis August severi se successi de la companya da se successi de la companya da se successi de la company Proposition de la companya da se successi de la companya da se successi de la companya da se successi de la co	
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
_ a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			v.c., r
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	(Form 990 or 990-EZ) 2020 I	otion s			/5-1336/9/ Page 8
[Fatt.VI	Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8;	, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, Se	, 9a, 9b, 9c, 11a, 11k ection E, lines 1c, 2a), and 11c; Part IV, Section F , 2b, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, / additional information.
	(See instructions.)				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Employer identification number

OMB No. 1545-0047

	MID-CITIES LEARNING CENTER, INC.	75-1336797
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds 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	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	Impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of a hist	orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation 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	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
_	> \$	TD) (I)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(line and each law 170(h)(4)(line) and each law 170(h)(h)(4)(line) and each law 170(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements ti	
	organization's accounting for conservation easements.	nat describes the
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Ontmai 7.000to.
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	plance sheet works
121	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	inoc or public
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	or or public corvico,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	** • •

	·· ··	IES LEARNI			or Othor		133679	
								ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the following th	at make sig	gnificant use o	f its	
	collection items (check all that apply):							
а								
b	Scholarly research	e	e L Othe	r				
C	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	in how they fo	urther the organizat	ion's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m	aintained as part of t	the organizat	ion's collection?	**********	1,10,11,111	Yes	No.
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the orga	anization answered	"Yes" on F	Form 990, Part	IV, line 9, or	
1 a	Is the organization an agent, trustee, custod on Form 990, Part X?		-				Yes	□ No
b	If "Yes," explain the arrangement in Part XIII					***************************************		
							Amount	
С	Beginning balance					1c	7 11100111	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F						Yes	TIN
	If "Yes," explain the arrangement in Part XIII.							No
	t V Endowment Funds. Complete					<u></u>		
	The state of the s		ľ				note de la Court	
	Paginning of very belonge	(a) Current year	(b) Prior y	rear (c) Iwo yea	irs dack (c	d) Three years b	ack (e) Four	years back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses	·						
g	End of year balance					<u>_</u>		
2	Provide the estimated percentage of the cur		e (line 1g, co	lumn (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
C		%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held and administ	ered for the	e organization		
	by:	Ü					Г	Yes No
	(i) Unrelated organizations						3a(i)	100 100
	(ii) Related organizations	•	***************************************	*******************************	• • • • • • • • • • • • • • • • • • • •	***************************************	3a(ii)	
h	If "Yes" on line 3a(ii), are the related organize	tions listed as requir	red on Sched	lule R2				
4	Describe in Part XIII the intended uses of the							
1 2 2 2	t VI Land, Buildings, and Equipm		ANTION TOTAL	,				
L	Complete if the organization answere). Part IV. line	11a See Form 99	0. Part X li	ne 10		
	Description of property	(a) Cost or o					(-N D1	
	Description of property	basis (investn		o) Cost or other basis (other)		cumulated eciation	(d) Book	value
	Lond			······	ueht	ooiau011		305
	Land			81,385.	1 0	10 E 1 1		385.
b	Buildings			3,988,988.	⊥,8	42,544.	∠,⊥46	5,444.
	Leasehold improvements			186 540		F.C. 000		
d	Equipment	I		176,749.	1	56,988.	19	761.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B	<u>), line 10c.) </u>		.	2,247	7 <u>,590.</u>

Schedule D (Form 990) 2020

	(Form 990) 2020 MID-CITIES	LEARNING CENT	TER, INC.	75-1336797 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	: 11b. See Form 990, Par	rt X, line 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other	, , , , , , , , , , , , , , , , , , , ,			
(A)				
(B)				
(C)	-	1	<u> </u>	
(D)				
(E)				
(F)				
(G)				
(<u>U)</u> (H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		11	
100000000000000000000000000000000000000	Complete if the organization answered "Yes"	on Form 000 Dort IV line	tta Pas Form 000 Day	ut V lima to
	(a) Description of Investment	(b) Book value	(c) Method of value	ation: Cost or end-of-year market value
/41	(a) Becompact of investment	(b) Book value	(C) WELLOW OF VAIGE	ation. Cost of Cha-of-year market value
(1)				
(2)				
(3)			-	
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9) T-4-1 (Cal (b	A) mount organic Forms (200 Post V and (P) line (Q)	1	NACCIONAL INCLUMENTATION AND AND AND AND AND AND AND AND AND AN	
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
i ai c ix	Complete if the organization answered "Yes"	on Form 000 Dart IV line	11d Pos Forms 000 Day	+V 11 15
· · · · ·		Description	Tru. See Form 990, Par	(b) Book value
/43	(μ)	Decomplion		(b) BOOK value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(A)	de l	***************************************	
Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 75.)		.
1 alt A		F 000 D-+W E	44444 0 . 5 04	20 B IV! 05
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11t, See Form 95	
1.				(b) Book value
	eral income taxes			100 001
	CRUED WAGES PAYABLE			178,761
	E TO STUDENT GROUPS			16,465
	CRUED EXPENSES			14,651
	CATION BENEFITS PAYABLE			33,353
(6)				
(7)				
(8)				
(0)				1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liabllity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2020

243,230.

	dule D (Form 990) 2020 MID-CITIES LEARNING CENTE	ER, INC.		75-1	336797	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,530	,926.
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				
C	Recoveries of prior year grants	2c		11. 12. 15. 1 12. 12. 1		
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,530	.926.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-137,343.			
С	Add lines 4a and 4b			4c	137	<u>,343.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,393	583.
	t XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per			, 5051
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	_				
1	Total expenses and losses per audited financial statements			1	3,440	135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,,,	1000000	3,440	, 100.
	Donated services and use of facilities	2a				
b	Prior year adjustments		-			
~	Other losses					
d	Other (Describe in Part XIII.)			A Colorada A Colorada		
e	Add lines 2a through 2d		,	0-		Λ
3				2e 3	3,440	125
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	3,440	,100.
7	Investment expenses not included on Form 990, Part VIII, line 7b	1 45 1				
a L						
b	Other (Describe in Part XIII.) Add lines 4a and 4b			EFEE S		^
_	***************************************		••••••••••••	4c	2 440	125
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		***************************************	5	3,440	, <u>135.</u>
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a					
	t XI, Line 4b - Other Adjustments:					
INS	URANCE RECOVERY				-137	,343.
					,	

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

2020

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MID-CITIES LEARNING CENTER, INC.

Employer identification number 75-1336797

_		<u> 1336</u>	191	
Pē			IVEC	Ne
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	N
•	bylaws, other governing instrument, or in a resolution of its governing body?		\ _v	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1	X	
۷	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	10040	v	H.gt.
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	2	X	100
,	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			in
	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	Х	
	NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT IN	3	- 23	i
	HANDBOOK.			
	MANDEOOKI			
			£	
ı	Does the organization maintain the following?			-
a		4a	X	
b		4b	X	┢
c		70	-23	H
_	with student admissions, programs, and scholarships?	4c	x	
d	Coples of all material used by the organization or on its behalf to solicit contributions?		X	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	70		
	The same of the sa			- 15
		1000		., .!. ., !;.
	Does the organization discriminate by race in any way with respect to:			
а		5а		7
b		5b		2
c			1	7
d	Scholarships or other financial assistance?	5d		7
e	Educational policies?			2
f	Use of facilities?			2
g	Athletic programs?	5g		2
h	Other extracurricular activities?	5h		2
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			7
		1135		
				:
			;;;	
a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		2
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		v jiku.	_
,	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) 2020

Schedule E (Form 990 or 990-EZ) 2020 MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 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.
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 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. 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	990 WITH ASSISTANCE
FROM MANAGEMENT. THE BOARD OF DIRECTORS AND MANAGEMENT I	REVIEW THE 990
PRIOR TO SUBMISSION.	
Form 990, Part VI, Section C, Line 18:	··· -
MID-CITIES LEARNING CENTER, INC. MAKES IT'S 990 AVAILABLE	E TO THE PUBLIC
UPON REQUEST.	
Form 990, Part VI, Section C, Line 19:	
MID-CITIES LEARNING CENTER, INC. MAKES IT'S GOVERNING DOC	CUMENTS AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES!	г.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

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2020

OMB No. 1545-0047

4

Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. MID-CITIES LEARNING CENTER, Name of the organization Part

Employer identification number 75-1336797

ਉ

Direct controlling entity End-of-year assets e Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. Part II

(a)	(q)	(0)	(d)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	5)(13) d
of related organization		foreign country)	section	status (if section	entity	entity?	3
				501(c)(3))		Yes	ş
TREETOPS INTERNATIONAL SCHOOLS, INC					MID-CITIES		
75-2771732, 12500 S. PIPELINE ROAD, EULESS,					GEARNING CENTER,		
TX 76040	EDUCATION	Texas	501(c)(3)		INC.	^	M
	,						
	,						

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

Schedule R (Form 990) 2020

75-1336797

4

Page 2

INC. MID-CITIES LEARNING CENTER, Schedule R (Form 990) 2020 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 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. 乏 Code V-UBI General or Pramount in box managing or 20 of Schedule Perine? K-1 (Form 1065) Yes No 9 Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>@</u> Direct controlling entity ூ (c)
Legal
domicile
(state or
foreign Primary activity 3 Name, address, and EIN of related organization (a) Part IV

			, .										
	(i)	Section 512(b)(13) confrolled entit/?	Yes No										
	(l)	Percentage 5 ownership o	X									·· - ··	
	(6)	Share of end-of-year											
	(μ)	Share of total income											
	(e)	Type of entity (C corp, S corp,	or trusty										
	· (þ)	Direct controlling Type of entity (C corp, S corp,								-			
	(0)	Legal domicile Di (state or foreign	country)						:				
ing are tax year.	(Q)	Primary activity						-					
organizations treated as a corporation of these during the tax year.	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2020

6797 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	_
1 During the tax year, did the organization engage in any of the following trans	transactions with one or more related organizations listed in Parts II-IV?	elated organizations listec	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	d entity			1 a	X	١
b Gift, grant, or capital contribution to related organization(s)				ą	×	١
c Gift, grant, or capital contribution from related organization(s)				2	×	١
d Loans or loan guarantees to or for related organization(s)				72	×	١
e Loans or loan guarantees by related organization(s)				<u>ə</u>	×	١
						l i :
f Dividends from related organization(s)				#	×	
g Sale of assets to related organization(s)				1g	×	١
h Purchase of assets from related organization(s)				£	×	١
i Exchange of assets with related organization(s)				=	×	١
j Lease of facilities, equipment, or other assets to related organization(s)				; -	×	١
						E.
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
 Performance of services or membership or fundraising solicitations for relate 	elated organization(s)			=	X	١
m Performance of services or membership or fundraising solicitations by related organization(s)	d organization(s)			ᄠ	×	ا. ا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s)			T.	×	١
o Sharing of paid employees with related organization(s)				우	×	١
				1111111 4	×	ji. j
q Reimbursement paid by related organization(s) for expenses				<u> 5</u>	×	l
				•	>	heri .
s Other transfer of cash or property from related organization(s)				= (4 ⋈	1.
1	in on who must complete t	his line, including covered	i relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	:	I
(1)						
(2)						
(6)						ı
(4)						
(5)						1 1
(9)						
032163 10-28-20			Schedul	Schedule R (Form 990) 2020	90) 202	ΙQ

Page 4

Schedule R (Form 990) 2020 MID-CITIES LEARNING CENTER, INC.

Part W. 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.

	tage ihip					
3	Percent					
9	neral or inaging artner?	Ves No				
	20 ma	× -				
€	Disproportional Code V-UBI General or Percentage fonate amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065				
(F)	opor- rate an tions? o	Ves No				
=	Dispr for alloca	Yes				
(6)	Share of end-of-year	מינים				
(J)	ਲ + ਵ					
(e)	Are all 561 (c)(3)	Yes No			 	
	e parti	<u>\$</u>				
(p)	Predominant income par (related, unrelated, excluded from tax under-	Sections 512-514				
(3)	micile oreign					
(p)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					

Schedule R (Form 990) 2020

Schedule R	(Form 990) 2020	MID-CITIES	LEARNING	CENTER,	INC.	75-1336797 Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation				
<u> </u>	Provide additional inform		guestions on Sche	dule R. See inst	ructions.	
		<u></u>				
					,	· · · · · · · · · · · · · · · · · · ·
		·				
					•	
					÷	
			20 - 20 N-111-13			
				•		

Form	990 Page 10	-			-		990				1			
Asset No.	Description	Date Acquired N	Method	Life	Οος> - Σος - Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο	Unadjusted Gost 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
ਜ :: ਜਿ	LAND LAND IMPROVEMENTS	07/01/79	ម ម			75,000.				75,000.			0	
4 4	LOWER SCHOOL BLDG & IMPROVEMENTS PLAYGROUND EQUIPMENT	07/01/79	Frank Williams of	40.00	1 H	m :: :0:				113,477.	113,477.			113,477.
4 4 3 89	COMPUTER SYSTEM NEW SCHOOL PHONE SYSTEM	08/31/06	S. Li	7.00	1 1 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	8,140. 10,924.				8,140. 10,924.	8,140.		0	8,140. 10,924.
6 O	STONE FLOORING - SCHOOL FACILITY ELECTRONIC SIGN	07/27/07 04/04/07	S. S.	7.00	o U ⊟	48,172,26,713,				48,172.	48,172.		0	48,172. 26,713.
5 5 5 7 7 7	IRRIGATION SYSTEM/LANDSCAPING GYM FLOOR	04/19/07	SI	7.00	9 1	7,450.	Transfilm of Cransfilm of Cransfilm Cransfilm Cransfilm			7,450.	7,450.		0	7,450.
56	SERVER PLAYGROUND BQUIPMENT	04/06/09 8	S. S. S.	7.00 7.00	9 9	6,226. 9,421.				6,226.	6,226.		0	6,226. 9,421.
22	WATER FOUNTAIN TILE AND CARPET FOR PORTABLE BUILDINGS	03/14/10	SI J	7.00	1 H	5,327. 12,314				5,327.	5,327.		0	5,327. 12,314.
6 6 6 7	WOOD PLANK FLOORING FOR KINDER BUILDING MANAGED CART WITH 24 COMPUTERS	07/21/10 03/11/10	18 18 18	2.00	ъ Н Н	15,808. 17,499				15,808.	15,808. 17,499.		0	15,808. 17,499.
9 9 9	LAWN TRACTOR FIBER CABLE FROM KINDER, TO ELEM, BUILDING	09/02/09 s 11/02/11	SI II	5.00	10 10 10	7,786.				7,786.	7,786.			7,786.
028111 04-01-20	04-01-20				_	(D) - Asset disposed	osed		*	TC, Salvage, E	3onus, Comm	rercial Revitali	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

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Acquired Marthol Unit Constitution Acquired Marthol Unit Constitution Acquired Marthol Unit Constitution Constitution Acquired Marthol Unit Constitution							Section 179	* Reduction In	Basis For	Beainnina	Current	Current Year	Endina
14,706 THE NO. 16	į	Acquired Method	d Life	o No.	Cost Or Basis	Excl	Expense	Basis	Depreciation	Segiming Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
04/16/12 5E, 7.00 16 14.706 16 10.265	MS TO												
04/16/12 5E 5.00 16 18,209. 15	0 4,0	4/12 6/12	7.00	9 <u>9</u> H H	14,706 10,265	richter Gertrecht Gertrechte			14,706 10,265	14,70 10,26			14,706 10,265
04/16/12 EL 5.00 16 18 209 18 200 18 200 18 18 209 18 200	MANAGED CART WITH 24					:							
05/23/12 St. 5.00 16 7,159. 7159. 7159. 7159. 0.0 1,759	0.4	/16/12	5.00	16	8,20		33 33 33 33 33 34 34		8 20	18,20			209
00/03/12 SL 5.00 16 7,159 0 7,159 7,159 7,159 7,159 0	9	6/12	00.	Н	1,769				1,769	1.76			769
07/23/12 St. 7.00 16 7.153	13								:		-		
07/22/13 St. 7.00 LG 7 874. 07/22/13 St. 7.00 LG 7 874. 00ther 07/22/13 St. 7.00 LG 7 874. 00ther 07/22/13 St. 7.00 LG 7 874. 00ther 06/30/39 St. 40.00 LG 82/953 04/01/88 St. 40.00 LG 68 420. 06/31/31/99 St. 40.00 LG 68 420. 06/31/31/99 St. 40.00 LG 52/679. 17/10 St. 7874. 07/31/99 St. 40.00 LG 52/679. 17/10 St. 7874. 17/11 St. 331.		3/12	0	<u> 1</u> 0	15	18	11 11 11 11 11 11 11 11 11 11 11 11 11		,159	,15		·o	,159
07/22/13 SL 7.00 16 7,874 00 7	00	ET/60/		- 1	6				4.			Ö	o,
OCTION ST. 40.00 16 45,953. 1,748 20,264 20,264 2	/20	/22/13 ST.	7 00		α.				00	00		C	α.
66/30/99 SLL 40.00 L6 45,953. 01/01/80 SL 40.00 L6 25,953. 01/01/80 SL 40.00 L6 209.905. 01/01/80 SL 40.00 L6 209.905. 01/01/89 SL 40.00 L6 68.420. 02/30/97 SL 40.00 L6 68.420. 03/30/20/97 SL 40.00 L6 52,679. 03/30/20/97 SL 40.00 L6 55,177. 03/30/10 SL 40.00 L6 52,044. 03/30/10 SL 40.00 L6 52,044.	Other		* 2153	I illiani il i	83,64			- Application	83,649	402,26			402,26
66/30(99) SIL 40.00 16 45,953. 24,317. 1,149. 25,466 09/30/93 SIL 40.00 16 68,420. 68,420. 55,679. 36,302. 1,711. 57,384 09/30/93 SIL 40.00 16 68,420. 68,420. 55,679. 36,302. 1,711. 57,384 07/31/00 SIL 40.00 16 52,679. 52,177. 55,977. 27,933. 1,380. 29,313 07/31/00 SIL 40.00 16 52,044. 25,044. 25,699. 11,301. 26,997. 21,331.												:	
01/01/80 ST 40.00 16 209.905.	0	66/0	40,00		ა გ ა ა				45,953	24,317.	. Nie man- na pastaini,		25,466
09/30/93 SL 40.00 16 68,420. 68,420. 68,420. 55,673. 1,711. 57. 12/31/99 SL 40.00 16 68,420. 55,673. 1,711. 57. 37. 12/31/99 SL 40.00 16 55,177. 55,177. 27,933. 1,380. 29. 07/31/00 SL 40.00 16 39,901. 39,901. 20,034. 25,686. 17,301. 26. 17,301. 26.	0 3 50	/01/80	40.0		06'60				06 6	08,15		74	306,60
04/01/89 SL 40.00 16 68,420. 68,420. 55,673. 1,711. 57, 12/31/97 SL 40.00 16 62,679. 36,302. 1,567. 37, 37, 37, 37, 30,7/30/99 SL 40.00 16 55,177. 55,177. 27,933. 1,380. 29, 07/30/99 SL 40.00 16 39,901. 39,901. 20,034. 25,034. 25,096. L.301. 28		30 / 93 ST	40	-					The street of	© ©		2.5	8 2 8
04/01/89 St 40.00 16 68,420. 575. 1,711. 57 12/31/97 St 40.00 16 62,679. 55,177. 27,933. 1,380. 29, 05/22/00 St 40.00 16 1,110. 55,177. 27,933. 1,380. 29, 07/30/99 St 40.00 16 39,901. 39,901. 20,034. 997. 21, 12/11/00 St 40.00 16 52,044. 25,044. 25,696. 1,301. 26,				<u>. </u>					ì).):. - -	
12/31/97 SL 40.00 16 62,679. 1,567. 37.	O ;; ;-(<u> </u>		10	ω` · · ·	1.2.1 1.21 1.21 1.21			8,420	5 5		⊣`	57,384
G 1999-2000 05/22/00 16 55.177. 27.933. 1,380. 29. G 1999-2000 07/30/99 8L 40.00 16 1,110. 39.901. 27. 27. 07/31/10 8L 40.00 16 39.901. 39.901. 20.034. 997. 21.	. ⊣ 	SI	0.0	10	2 679				62,679	6,302	4. 44	1,567	7
07/30/99 SL 40.00 16 1,110. 327. 07/31/00 SL 40.00 16 39,901. 39,901. 20,034. 25,696. 1,301. 26,	0.5	/22/00	0 0	T 6	5,1	7. 7. 7. 7.	3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3		5,17	ص'		38	9,31
07/31/00 SL 40.00 16 39,901. 39,901. 39,901. 20,034. 22,696. 13,301. 26,	0	IS 66/	4	1 9	T,				뒤	ω			61
12/11/20 SL 40:00 16 52:044	<u>-</u>	/31/00	Ö	16	9				و ق	٥,		997.	
	7	/11/00	•	<u> H</u>	52,044				2	ပ			

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Form	990 Page 10			-	F	1	990	-			-			
Asset No.	Description	Date Acquired	Method	Life	Oor> Nor>	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
는 : : :	MODULAR CLASSROOM CARETAKER S MOBILE HOWE	10/03/00	ST ST	40.00 40.00	9 9 H H	74,089. 18,050				74,089. 18,050.	36,890.		1,852,	38,742. 8,348.
ம் : ம் ஸ் ஸ்	5 ATR CONDITIONING UNITS 6 PARKING LOT	08/22/03 10/09/03	SI.	40.00 20.00	о о Н н	17,300.		in the control of the		17,300.	7,569.		432. 385.	8,001 8,001 8,898
м ж	MODULAR BUILDING PARKING LOT	06/15/04 06/17/05	SI.	40.00 20.00	9 9	16,500. 57,590.				16,500.	6,652. 43,793.		412.	7,064.
6 0 0	9 FOOTBRIDGE 0 BUILDING - SCHOOL FACILITY	06/29/05 08/31/07	S. SI	25.00 40.00	H H	25, 203. 45, 463.		The second secon		25, 203, 45, 46, 3,	15,290. 14,870.		1,008.	16,298. 16,007.
4 4	42 BUILDING - SCHOOL FACILITY 44 BUILDING - SCHOOL FACILITY	08/31/07 SI 08/31/07 SI	an Euclidean	40.00	о о Н Н	739,301.				739,301.	241,814. 22,775.		18,482.	260,296. 24,527.
4 45	5 BUILDING - SCHOOL FACILITY 6 BUILDING - SCHOOL FACILITY	08/31/07 08/31/07	SL	40.00	д д С	78,722. 16,449.				78,722. 16,449.	25,585. 5,380		1,968	27,553.
4 G 3 3	7 BUILDING - SCHOOL FACILITY 3 BUILDING - SCHOOL FACILITY	08/31/07 SL 08/31/08 SL		40.00	φ	708,500. 7,049.				708,500.	231,739. 2,290.		17,712.	249,451. 2,467.
R	4 KINDER BUILDING ROOF REPAIRS 9 ELEMENTARY ROOF SYSTEM	71/19/07 01/11/20	N. I.	40.00 ⊈0.00	ю ю П П	11,295.				11,295. 14,600.	3,671.		30, 28	3,953. 4,380.
64 65	FRENCH DRAIN METAL COVERING-BLEMENTARY PARKING	12/02/10 08/12/11	SL	15.00 10.00	1 P	11,187.				11,187.	7,458.		746.	8,204. 29,590.
028111 04-01-20	04-01-20				Ŭ	(D) - Asset disposed	peso		*	TC, Salvage, I	Bonus, Comm	ercial Revitali	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

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	Beginning Current Ourrent Year Ending Accumulated Sec 179 Deduction Accumulated Depreciation Expense	8,237. 89,537. 2,186.	30,320. 4,569. 34,889. 8,357.	10,239. 11,623. 3,457.	8,139. 1,602. 9,741 8,017:	3,142. 650. 3,792. 2,874.	5,670. 1,334. 7,004 43,433.	4,714. 1,590.	9,165. 2,291. 11,456. 8804.	3,047.
	Reduction In Basis For Basis Depreciation	123,558.	34,889. 54,951.	11,623,	32,025.	13,000.	9,340.	7,920.	34,370. 1,350.	4,923.
066	Bus Section 179 % Expense Excl						\$0.00 (\$1			
-	Unadjusted Gost Or Basis	123,558. 112,345	34,889. 54,951.	11,623. 5,684.	32,025. 23,659.	13,000.	9,340.	7,920.	34,370.	4,923.
-	Life o No.	15.00 16.00 16.00	7.00 16	7.00 16.00 10.00	20.00 15.00	00 00	7.00 16 15.00	7.00 16 15.00 16	15.00 16 7.00	00 16
į	Method	Ŋ ij	5 E		Ы	SI TI	3. 2.	is is	SI.	ZI SI
	Date Acquired	08/09/11	08/28/14 08/21/14	07/03/14 SL 08/20/14 SL	08/03/15 08/04/15	11/18/15 SL 05/10/16 SL	06/22/16 07/14/16	07/27/16 06/22/16	08/31/16 07/26/16	05/27/16
990 Page 10	Description	ELEMENTARY BUILDING REMODEL. KINDER BUILDING OFFICE	Wireless phone system CLASSROOM ADDITION-GYM	CHAIN LINK FENCES FOOTBRIDGE KINDER	CONCRETE FATIOS, SIDEWALKS, RETAINING WALLS ROCK WALL, SEWER CREEK CROSSING 4" LINE	LAND CLEARING PAGODA REHAB	NEW CARPET 3 CLASSROOMS IN TRAILER GABION WALL		KENOVATIONS NEW CLASSROOMS ELEM. BUILDING RENOVATION-PAINTING	SHI INTERNET HUBS (INTERNET NEW BUILDINGS)
Form 95	Asset No.	56 74	L 13 12 82 L	6 80 7 80	∞ ∞ □ Ω	∞	86 87	& on. & w	06 16	9.2

(D) - Asset disposed

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

	ent Current Year 179 Deduction nse	1,666.	1,586.	3,402.	2,18	1,286 6,805	4. 25 4. 25 5. 25 5. 55 5. 55	3,111.	69 69 89 75 75	509.
	Beginning Current Accumulated Sec 179 Depreciation Expense	6,665.	3,833. 4,052;	8,223. 5,721.	11,936.	1,285.	263. 106.	778.	116.	961
	Basis For Ropreciation Ac	11,664.	23,794. 25,149.	23,818. 16,571.	41,766.	8,998. 170,120.	18,062. 10,186.	21,775.	27,751. 13,000.	7,640.
	Reduction In Basis									
	Section 179 Expense									
990	Bus % Excl									
	Unadjusted Cost Or Basis	11,664. 232,728.	23,794. 25,149.	23,818.	41,766. 15,301;	8,998. 170,120	18,062. 10,186;	21,775.	27,751. 13,000	7,640.
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	Life	7.00	15,00 LES,00	7.00	7.00	7.00	40°00	7.00	40.00 15.00	15.00
	Method	IS II	SI. SI	S SI	SI SI	13 13 13	<u> </u>	13 15 15	ᅜ	73 13 13
	Date Acquired	08/25/16 08/31/18	03/31/18 04/13/18	04/20/18 04/02/18	08/24/18 08/24/18	03/04/19	01/21/20		07/02/20 08/31/20	08/28/20 01/10/20
90 Page 10	Description	BYO PLAYGROUND NEW ROAD	PAGODA RENOVATION WATER MAIN	WIRELESS SYSTEM SECURITY CAMERA SYSTEM	FIF CA	SECURITY CAMERA SYSTEM BRIDGE	ELEMENTARY ROOF REPAIRS ELEMENTARY & HOSTEL ROOF REPAIRS	ELECTRONIC SIGN PORTABLES ROOF REPAIRS	PAINTING BUILDING POND REBUILD	
Form 9	Asset No.	ა დ 4 დ	96	80 G)	100 101	102 103	104 105	106	108 109	110

* ITC, Salvage, Bonus, Cornmercial Revitalization Deduction, GO Zone

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3,763,465. 4,247,1114. 4,247,1114. 1,843,789. 1,155,742.	90 Page 10 Description	O Page 10 Description	O Page 10 Description		Date Acquired	Method	Life	006>	No.	Unadjusted Cost Or Basis	990 Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 Page 10 Total Program Services * Grand Total 990 Page 10 Depr	990 Page 10 Total Program srvices Grand Total 990 Page 10	990 Page 10 Total Program srvices Grand Total 990 Page 10	10 Total Program			2.1.0	1	<u> </u>	,763,46 ,2 <u>4</u> 7,11				,763,465. ,247,114.			155,742 155,742	, 597, 2 999, 5
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																V 11.157171		

(D) - Asset disposed

* ITČ, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562 **4562**

Department of the Treasury Internal Revenue Service (99) **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Identifying number Form 990 Page 10 MID-CITIES LEARNING CENTER, INC. 75-1336797 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,040,000. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 590,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 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 (b) Cost (business use only) 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 2019 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 ... 13 Carryover of disallowed deduction to 2021, Add lines 9 and 10, less line 12 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 16 Other depreciation (including ACRS) 155.742 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 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 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period fbusiness/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 3-year property 19a 5-year property b c 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. S/L Residential rental property h 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year h 12 yrs. S/L 30-year 30 yrs. MM S/L 40-year S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 155,742. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

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- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

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Asset No.	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1LAND 3LAND IMPROVEMENTS	070179 070179	ш		75,000.		75,000.		0
4LOWER SCHOOL BLDG & IMPROVEMENTS	7017	${ m SI}$	0	3,47		,47	,47	•0
4 1 PLAYGROUND EQUIPMENT	6300	SI	•	, 46		0,46	0,46	0
43COMPUTER SYSTEM	8310	SI	0	8, 14		8,14	8,14	o
NEW SCHOOL PHONE	8080	NI SI	•	0,92		0,92	0,92	• 0
49STONE FLOORING - SCHOOL FACILITY	7270	SL	7 . 00	,17		,17	48,172.	•
TRETGATION	4. A	א מ ק.	• c	ο. ' Λ Τ Γ		ο, / 7 / Τ	0,713 7 150	
	7140		. 0	, , Q		99) の ! の ' '	
56SERVER	4060	SL	0	6,22		6,22	6,22	0
57PLAYGROUND BOUIPMENT	6150	SI	<u>.</u>	, 42		, 42	, 42	0
58WATER FOUNTAIN	314	$SI_{ m L}$	0	ώ.		, 32	, 32	Ċ
TILE AND CARPET FOR PORTABLE								
60buildings	061010	SI	7.00	12,314.		12,314.	12,314.	0
WOOD PLANK FLOORING FOR KINDER								
61BUILDING	7211	ы	0	,80	-	80	,808	0
62MANAGED CART WITH 24 COMPUTERS	031110	<u>S</u>	5.00	17,499.		17,499.	17,499.	0
63LAWN TRACTOR	09020		0	, 78	:	, 78	, 78	•
FIBER CABLE FROM KINDER, TO ELEM.								
68BUILDING	1102	Д,	0	$^{8}, ^{15}$	50 31 31 32 33 34 34 34 34 34 34 34 34 34 34 34 34	8,15	8,15	0
-	× × ⊢ 4 ⊢ 1	ا ا	<u>٠</u> (0,7		0 /	0 ر د	
1 JUNITABLESS CONTROLLER 11173313 CED CATHERD CATHERD CONTRIBED CONTROLLER	գ 4 1 - 1 -	٠, ـ	⊃}`c	0 / 0 0 / 0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0,70	0,465	3 (
7 JMANAGED CARL WIID 44 COMPUTERS	0.410 1.01 1.01 1.01	<u>1</u> 7 .		7.40		10, 200 1007 1007	0 (-	
CART WITH 13	523	SI	0	15	18. % 18. 17. 18. 17. 18. 18. 18. 18.	, , ,	15	
75FIRE ALARM SYSTEM	7091	SL	0	41		41	,414	0
S	722	J	0	,87		87	, 87	0
* 990 Page 10 Total Other				,64		, 64	, 26	0
Program Services								
ZFOLK ART BUILDING	60890		0.0	45,95		45,953	25,46	1,149.
SMIDDLE SCHOOL BLDG & IMPROVEMENTS	0101		0.	9,90		9,90	9,90	
	093093	SI.	40.00	1,000.	デージ 23 23 24 44 88 88	1,000.	823 9	25.
	4 O T) - 	7 7 7		, 4.7	ر ر	•

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

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Basis For Accumulated Amount Of Depreciation Depreciation	62,679. 37,869. 1,567. 55,177. 29,313. 1,379.	1,110. 615. 2	9,901. 21,031.	2,044. 26,997. 1,30	4,089. 38,742. 1,85	,050. 8,348. 45	7,300. 8,001.	,700. 6,898. 38		6,500. 7,064. 41	7,590. 46,672. 2,88	5,203. 16,298. 1,00	5,463. 16,007. 1,13	9,301. 260,296. 18,48	0,077. 24,527. 1,75	27,553. 1	6,449. 5,791. 41	8,500. 249,451. 17,71	7,049. 2,467. 17	1,295. 3,953. 28	4,600. 4,380.	1,187. 8,204. 74	29,590. 29,590.	3,558. 89,537. 8,23	2,345. 2,495. 30	4,889. 34,889.	4,951. 9,731. 1,37	1,623. 11,623.	5,684. 4,026.		32,025.	23.659.
* Reduction In Basis	1000	•		•						•				•				•		:		_		•		•		•	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Unadjusted Gost Or Basis	62,679 55,177	1,110	9,901	2,044	4,089	,050	7,30	, 70		6,50	7,59	5,20	5,46	9,30	0,07	78,722	6,44	8,50	7,04	1,295	4,600	1,187	9,590	3,55	2,34	4,88	4,95	1,62	5,68		32,025	23.659
Life	40.00	0.0	0.0	0	0.0	0.0	0.0	0.0		0.0	0.0	5.0	0.0	0.0	0.0	40.00	0.0	0.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0	•	0	00.	٠. ٥	1	20.00	15.00
Method	7SL 0SL	<u>ව</u>	0.0	8	<u>S</u>	3	<u>ო</u>	<u>ო</u>		<u>4</u>	<u>23</u>	5	7	7	7	7SL	7	7.	<u>യ</u>	7	08	8	1 3	<u>1</u>	<u>හ</u>	<u>A</u>	4 S	<u>A</u>			5 <u>8</u> 1	5SL
Date Acquired	$\frac{12319}{05220}$	730	731	211	003	515	822	000		615	617	629	831	831	831	08310	831	831	831	$\frac{1}{1}$	317	202	812	803	722	828	821	703	820		08031	08041
Description	TEMP. CLASS BUILDINGS (2) FOLK ARTS BUILDING 1999-2000	BUILDINGS	27kam tech building	30MODULAR CLASSROOM	1MODULAR CLASSROOM	CARETAKER'S MOBILE HOME	35AIR CONDITIONING UNITS	PARKING LOT	BUILDING IMPROVEMENT - MODULAR	37BUILDING	PARKING LOT	FOOTBRIDGE	BUILDING - SCHOOL FACILITY	SUILDING	4BUILDING - SCHOOL FACILITY	- SCHOOL FACILITY	6BUILDING - SCHOOL FACILITY	BUILDING - SCHOOL FACILITY	SUILDING - SCHOC	띪	9ELEMENTARY ROOF SYSTEM	FRENCH DRAIN	65METAL COVERING-ELEMENTARY PARKING	ELEMENTARY BUILDING REMODEL	KINDER BUILDING OFFICE	WIRELESS PHONE SYSTEM	CLASSROOM ADDITION-GYM	CHAIN LINK FENCES-KINDER		CONCRETE PATIOS, SIDEWALKS,		ROCK WALL, SEWER CREEK CROSSING 4"
Asset No.	15	26	27	30	7	34	χ. Τ.	36			ထို	39	40	42	44	45	46	47	53	54	D D	7 9	65	99	74	7.7	78	7.9	80	:	8.1	82

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

Asset No.	Description	Date	Method		Unadjusted	* Reduction In	Basis For	Accumulated	Amount Of
				2	oust OI pasis	Basis	Depreciation	Depredation	Depreciation
8		118155		0	000′		13,000	, 79	Ŋ
	PAGODA REHAB-ELECTRICAL	510168		5.0	9,95		9,95	, 53	9
98	CLASSROOMS IN TRAILER	622168	:	00.	9,340		9,340	7,00	1,33
87	GABION WALL	714168		<u>د</u>	36		, 36	,857	42
<u></u>	PAGODA REHAB, FENCE, DECK	07271651		00.	920	1	920	5,846.	1,131.
8		622168		LO.	, 61		, 61	96,	_
	RENOVATIONS NEW CLASSROOMS ELEM.	-							
90		08311651	ĭ	5.00	34,370.		34,370.	11,456.	σ
91	RENOVATION-PAINTING	72616		0	, 35		35	66	193.
	SHI INTERNET HUBS (INTERNET NEW								
92	BUILDINGS)	52716S	_	0.	4,92		, 92	3,750	70
<u>6</u>	FIBER NEW ELEMENTARY	830168	<u>г</u>	٥.	2,14		2,14	96,	, 59
₹6	ROUND	82516S		00.	11,66		1,66	, 33	99,
95		831188		<u>.</u>	2,72		2,72	, 54	, 51
96	PAGODA RENOVATION	331188		5.0	3,794		3,79	5,41	, 58
97	WATER MAIN	413185		5. 0	5,14		5,14	5,72	67
<u>8</u>	WIRELESS SYSTEM	42018B		•	,818		,81	,625	, 40
<u>တ</u>	PEM	402188		•	6,57		6,57	8,08	,36
100	468	82418S	1	00.	1,76		1,76	7,90	,967
101		824185		•	5,30		5,301	6,55	, 18
102	102security camera system	030419S1	<u></u> П	00.		3	8,998	2,571	1,285.
103		831198		ر. ص	0, 12		0,12	. 61	80
104	104ELEMENTARY ROOF REPAIRS	121205		0	8,062		8,062	H	45
105		316208	AE.	0.0	Д, Ю, I		, 186	90	25
100		601208		00	1,77		1,//	သ	Н,
10.7	PORTABLES ROOF REPAIRS	42220S		o •	6,500	200 200 200 200 200 200 200 200 200 200	6,500	XX.	တ
108	PAINTING BUILDING	702208		0.0	7,75		7,751	H.	ഗ :
109	POND REBUILD	831208		5.0	3,00		3,000	9	Q
110		828208		ഹ	7,64		7,640	50	20
111	BACKUP	110205		00.	, 08		, 08	0	Ā
	* 990 Page 10 Total Program Services			10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 1 1 1				1
					3/63465		3/63465.	1597267	145,083.
	* Grand Total 990 Page 10 Depr	100 And 100 An	- 131 - 13 - 13 - 13 - 13		24711		24711	99953	45,08
			8						

(D) - Asset disposed

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