CLIENT'S COPY

Form 8879-EO

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

For calendar year 2019, or fiscal year beginning $\underline{SEP} \ 1$, 2019, and ending $\underline{AUG} \ 31$, 20 $\underline{20}$

OMB No. 1545-1878

Department of the Treasury

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

Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest infor	
The or order or garineanors		Employer identification number
MID-CITIES LEARNING CEN	TER, INC.	75-1336797
Name and title of officer		
LOU BLANCHARD		
DIRECTOR		
	urn Information (Whole Dollars Only)	
on line 1a, 2a, 3a, 4a, or 5a, below, and the an whichever is applicable, blank (do not enter -0- than one line in Part I.	using this Form 8879-EO and enter the applicable am- nount on that line for the return being filed with this for). But, if you entered -0- on the return, then enter -0- or	m was blank, then leave line 1b, 2b, 3b, 4b, or 5b, the applicable line below. Do not complete more
1a Form 990 check here ► X b Tot	tal revenue, if any (Form 990, Part VIII, column (A), line	12) 1b 3,543,782.
2a Form 990-EZ check here b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	b Total tax (Form 1120 POL, line 22)	3b
4a Form 990-PF check here b	Tax based on investment income (Form 990-PF, Pa	rt VI, line 5) 4b
5a Form 8868 check here ▶ L b Bal	lance Due (Form 8868, line 3c)	5b
	ure Authorization of Officer an officer of the above organization and that I have exa	
intermediate service provider, transmitter, or el (a) an acknowledgement of receipt or reason fo	or rejection of the transmission, (b) the reason for any i	adia, in producing the retain of falling. Also its
(a) an acknowledgement of receipt or reason for the date of any refund. If applicable, I authorized debit) entry to the financial institution account return, and the financial institution to debit the 1-888-353-4537 no later than 2 business days processing of the electronic payment of taxes to payment. I have selected a personal identificat	e the U.S. Treasury and its designated Financial Agent Indicated in the tax preparation software for payment entry to this account. To revoke a payment, I must co prior to the payment (settlement) data. I also authorize to receive confidential information necessary to answe tion number (PIN) as my signature for the organization?	to initiate an electronic funds withdrawal (direct of the organization's federal taxes owed on this ntact the U.S. Treasury Financial Agent at the financial institutions involved in the finquiries and resolve issues related to the
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(a) an acknowledgement of receipt or reason for the date of any refund. If applicable, I authorizedebit) entry to the financial institution account return, and the financial institution to debit the 1-888-353-4537 no later than 2 business days processing of the electronic payment of taxes a payment. I have selected a personal identification organization's consent to electronic funds with the companization's consent to electronic funds with the consent is being filed with a state agency(ies) enter my PIN on the return's disclosum As an officer of the organization, I will indicated within this return that a comprogram, I will enter my PIN on the reconstruction of the reconstr	e the U.S. Treasury and its designated Financial Agent Indicated in the tax preparation software for payment entry to this account. To revoke a payment, I must co prior to the payment (settlement) date. I also authorize to receive confidential information necessary to answer the innumber (PIN) as my signature for the organization adrawal. PARO firm name Is tax year 2019 electronically filed return. If I have indicent in the	to initiate an electronic funds withdrawal (direct of the organization's federal taxes owed on this intact the U.S. Treasury Financial Agent at the financial institutions involved in the rinquiries and resolve issues related to the selectronic return and, if applicable, the to enter my PIN Enter five numbers, but do not enter all zeros eated within this return that a copy of the return fam, I also authorize the aforementioned ERO to eax year 2019 electronically filed return. If I have equilating charities as part of the IRS Fed/State to be selected as a part of the IRS Fed/State and I zeros return for the organization indicated above. I

Extended to July 15, 2021

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Department of the Treasury

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning SEP 1, 2019 and ending AUG 31, 2020 Check if applicable: C Name of organization D Employer identification number Address change MID-CITIES LEARNING CENTER, INC. Name 75-1336797 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 12500 S. PIPELINE ROAD (817) 283-1771terminated City or town, state or province, country, and ZIP or foreign postal code 3,543,782. G Gross receipts \$ Amended return EULESS, TX 76040 H(a) Is this a group return Applica-F Name and address of principal officer: LOU BLANCHARD Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ▶ www.treetops.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1972 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT SERVICES & ENRICHMENT Activities & Governance PROGRAMS FOR THE PRIMARY AND SECONDARY SCHOOL. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 43 6 Total number of volunteers (estimate if necessary) 150 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 27,944. 14,187. Revenue Program service revenue (Part VIII, line 2g) 3,160,443. 3,510,168. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,926. 19,427. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,064 0. 3,201,377. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 782. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,443,417. 2,617.548. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 683,334. 772,198. 3,126,751. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,389,746. Revenue less expenses. Subtract line 18 from line 12 74,626. 154,036. Net Assets or -und Balances **Beginning of Current Year** End of Year 4,264,716. 4,081,505. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 207,498. 236,673. 22 Net assets or fund balances. Subtract line 21 from line 20. 3,874,007. 4,028,043. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LOU BLANCHARD, DIRECTOR Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid H. Ted Neeb, CPA Preparer Firm's name Freemon, Shapard & Story Firm's EIN 75-0706311 Use Only Firm's address 2088 Zihlman Road Windthorst, TX 76389 Phone no. (940) 423-6226 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	rm 990 (2019) MID-CITIES LEARNING CENTER, INC.	75-1336797 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1		
	TO MINIMIZE OR PREVENT LEARNING DISABILITIES	THROUGH INDIVIDUALIZED
		ER SCHOOL WITH 377
	STUDENTS.	
2	Did the organization undertake any significant program services during the year which we	re not listed on the
_		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes LA No
•		
3	Did the organization cease conducting, or make significant changes in how it conducts, ar	ny program services?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a	nd allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	, (, , , , , , , , , , , , , , , ,	
	MID-CITIES LEARNING CENTER, INC. OPERATES A C	
	SUPPORT, ENRICHMENT PROGRAMS, TESTING, & DIAG	NOSTICS FOR LEARNING
	DIFFERENCES AND PARENT EDUCATION.	
4b	O (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
		evenue \$
40	Total program service expenses 3 172 274.	evaune fi

Form **990** (2019)

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
4-	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			rdific
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			₹.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			37
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
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	the organization's separate or consolidated limitidal 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	446		3.7
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
12a	Schedule D, Parts XI and XII	40-		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_X	-
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401-		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	_X_
14a		13		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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	1-10		
	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,	10		
	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	••		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) MID-CITIES LEARNING CENTER, INC.

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 or grants or other assistance to or for demestic individuals on Part N, column (A), line 27 (***Ir*s**, "complete \$Cherobic Part 1 and iff 2					Τ
23 Did the organization answer "Yea" to Part VII, Section A, line 3, 4, or 5 about compensated on organization's current and former officers, directors, tuteless, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the satisfy of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "Ne," go to line 25d a Did the organization have a tax-exampt bond lesse 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 24th through 24d and complete Schedule K. If "Ne," go to line 25d 24d Did the organization invest any proceeds of tax-exampt bonds even any tax-exampt bonds? Did the organization and as an 'on behalf of "issuer for bonds outstanding at any time during the year? 24d 2d	22			Yes	No
and former officers, directions, fustises, key employees, and highest compensated employees? If "Yes," compete Schedule II, Part II and officers directly and the experimental to the expe		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Land Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the land day of the year, that was issued after December 31, 2002? If "Yes," answer illnow 24b through 24d and complete Schedule K. If "No." go to fire 25e. b Did the organization invest any proceeds of tax-excerpt bonds beyond a terriporary period exception? c Did the organization maintain an escrow account other than a refunding accrow at any time during the year? d Did the organization maintain an escrow account other than a refunding accrow at any time during the year? 24d 25d	23]	l
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, three ways issued after December 31, 2002 ff "Yea," arrower lives 24b through 24b and complete Schedule K. If "No." go to fine 25b. 5 Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 6 Did the organization act as an "on behalf of" issuer for bonds outstanding st any time during the year? 7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 8 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on may of the organizations prior fores 900 or 998-E27 if "yes," complete Schedule L, Part I 8 Did the organization reports a grant or other assistance to any current or former officer, director, rustee, key employee, creator or founder, substantial contributor, or 35% controlled entity, fortuling an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 8 Did the organization provide a grant or other assistance to any current or former officer, director, rustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 8 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 9 Did the organization by the part of the season of the see persons? If "Yes," complete Schedule L, Part IV 9 See A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 9 See A current or former officer, director, trustee, key e					
sleet did sy of the year, first was issued after December 31, 2002 ft "Yes," answer lines 24th tricuigh 24d and complete Schecklick Kir "Yes," for the 25a b Did the organization invest any proceeds of tex-excempt bonds beyond a temporary ported exception? c Did the organization maintain an escrow account other than a returning escrow at any time during the year? 24d d Did the organization and than a Softic(230) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a Section 50(16)3, 501(16)4, and 501(16)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b List the organization aware that is engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b List the organization aware that is engaged in an excess benefit transaction has not been reported on any of the organizations profess be 27 if "Yes," complete Schedule I, Part I 25b List the organization aware that is 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 these persons? If "Yes," complete Schedule I, Part II 25c Lyan II 25d Lyan II 26d Lyan II 27d Lyan II 28d	04-	Schedule J	_23	<u> </u>	X
Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-excurpt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a rotanding oscrow at any time during the year to celease any tax-excerpt bonds? d Did the organization maintain an escrow account other than a rotanding oscrow at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization encourage are accounted to the organization with a disqualified person during the year? 5 In the organization avare that it ongoged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on may of the organization a prior year, and that the transaction has not been reported on may of the organization proved a grant or selection of the organization report any amount on Part X, line 5 or 22, for receivables from or psystelles to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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 35% controlled writly fincluding an employee thereof or farmity member of any of these persona? If "Yes," complete Schedule I., Part II or No. 10 and 10	248				
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b A family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV. 28b X 28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule I., 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I. 32 Did the organization related to any tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 39 Vest All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? 40 Vest	а		,		
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"Yes," complete Schedule I, Part IV 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 X 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 I. 31 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 35 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, line 11b and 19? Yes Not 19 Enter the number reporte	-		28b		X
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1000	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18	1:		
	C		4.		:

Form 990 (2019) MID-CITIES LEARNING CENTER, INC.

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

	, ,	,	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43		:: ::	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Aug. 1999		M. E.
За		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			lagini : lagini :
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).) 1.41 H		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			JAH-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		•
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ingrésite « «mant sir »
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		liniş e Allışışı	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a]
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		. 3	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		F.M:	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
i2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	W.W.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		(A. 1. **) ** (*) : **	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			3
-				

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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.

					LX
Sec	tion A. Governing Body and Management				· · · ·
		1 1	- ام	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>6</u>		
	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	1b	<u>6</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· -	Harr		
	officer, director, trustee, or key employee?		_2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
					X
4	Did the organization make any significant changes to its governing documents since the prior Form				_X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?	***************************************	_7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	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 R		•	•	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ">		120	·	
Ŭ	in Schedule O how this was done	-	12c		
13					X
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approve		14	111111111111	<u></u>
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
_			4-		*
es L	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
Ü	Other officers or key employees of the organization	•••••••••••••••••	15b		X
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			at ajirt t	32
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u> </u>	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, a	nd 990-T (Section 501(c)	(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	· ·	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy, a	and fina	ncial	
	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 bo	oks and records 🕨			
	LOU BLANCHARD, DIRECTOR - (817) 283-1771				
	12500 S. PIPELINE RD., EULESS, TX 76040				

E	000	1001	^\	
Form	990	12U I	91	

MID-CITIES LEARNING CENTER, INC.

75-1336797

Paσe **7**

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.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	1 o than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. MIKE SACKEN	1.00									
PRESIDENT		X	<u> </u>		ļ <u>.</u>			0.	0.	0.
(2) KATHY EHMANN-CLARDY	1.00									
SECRETARY		X						0.	0.	0 .
(3) YVONNE WHITAKER	1.00									
ASSISTANT SECRETARY		X	<u>L</u>		<u> </u>	l		0.	0.	0.
(4) ANTHONY JOHNSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) ROGER DOSS	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) CAROL DOSS	1.00									
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(7) LOU BLANCHARD	40.00									
DIRECTOR				Х			<u> </u>	134,219.	0.	0.
		<u> </u>								
		<u> </u>								
•		-								
		Ļ _	_		<u> </u>					
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	1				1	l				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Unrelated Total revenue business revenue from tax under function revenue sections 512 - 514 Gifts, Grants ilar Amounts Federated campaigns 1a Membership dues 1b c Fundraising events _____ 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and and Other similar amounts not included above 14,187. 1f Noncash contributions included in lines 1a-1f h Total, Add lines 1a-1f ... 14.187 **Business Code** 3,409,113.3,409,113. Program Service Revenue 2 a TEA REVENUE 900099 b FEDERAL REVENUE 900099 58,612. 58,612. 900099 26,531 26,531. c STATE PROGRAM REVENUE 900099 15,912 d LOCAL REVENUE 15,912 f All other program service revenue g Total. Add lines 2a-2f 510,168. Investment income (including dividends, interest, and 3 other similar amounts) 11,365. 11,365. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents b Less: rental expenses ... Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 8,062. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 0. c Gain or (loss) ______7c 8,062 d Net gain or (loss) 8,062. 8,062 8 a Gross income from fundraising events (not ____of including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions 543,782.3,529,595

0.

Form 990 (2019) MID-CITIES LEARNING CENTER, INC. 75

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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				- CAPONIGOS
	and domestic governments. See Part IV, line 21			The state of the s	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			11 2	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	134,219.	93,953.	40,266.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)		0 001 500	70.01	
7	Other salaries and wages	2,093,394.	2,024,593.	68,801.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	014 005	004 055	0.011	<u> </u>
9	Other employee benefits	214,296.	206,055.	8,241. 7,627.	
10	Payroll taxes	175,639.	168,012.	7,627.	
11	Fees for services (nonemployees):				
a	Management	1 025		1 005	
b	Legal	1,935. 18,500.		1,935.	
C	Accounting	10,300.		18,500.	
d	Lobbying Professional fundamining new less Con Port 1/4 line 47				
e	Professional fundraising services. See Part IV, line 17		firfiya baya samata in in melilik ke		
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	49,807.	43,881.	5,926.	
17	Travel	2,467.	1,877.	590.	
18	Payments of travel or entertainment expenses	2, 3010	1,077.	3504	
	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,539.	156,539.		
23	Insurance	11,760.	10,584.	1,176.	
24	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 0.)	ani nakishilin dalim dadata formi Minananan dalim dalim dalim kalenta			rakan memering kelakan belangan dinadi Janah dinadiri Memerikan diadah dinadikan di Janah dinadiri menggan dinadikan dinadikan dinadikan dinadikan dinadikan dinadikan dinadikan dinadikan dinadikan
а	SUPPLIES	208,375.	207,073.	1,302.	
b	MAINTENANCE & REPAIRS	79,252.	79,252.	, , , , ,	
c	UTILITIES	69,253.	62,328.	6,925.	
d	PROFESSIONAL FEES	69,153.	45,183.	23,970.	_
е	All other expenses	105,157.	72,944.	32,213.	
25	Total functional expenses. Add lines 1 through 24e	3,389,746.	3,172,274.	217,472.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	01-20-20	· · · · · · · · · · · · · · · · · · ·			Form 990 (2019)

Form 990 (2019)
Part X Balance Sheet

ait	/\`;;	Balance Sheet Check if Schedule O contains a response or not	e to an	y line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,448,267.	1	1,648,262.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
.	4	Accounts receivable, net			208,368.	4	213,122.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ا ي	7	Notes and loans receivable, net				7	
Assens	8	Inventories for sale or use				8_	
ا ۲	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,247,122.			
	b	Less: accumulated depreciation	10b	1,843,790.	2,424,870.	10c	2,403,332.
1	1	Investments · publicly traded securities				11	-
1	2	Investments - other securities. See Part IV, line 1				12	
1:	3	Investments - program-related. See Part IV, line				13	
1.	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11		15			
10		Total assets. Add lines 1 through 15 (must equ	<u>4,081,505.</u>	16	4,264,716.		
1"	7	Accounts payable and accrued expenses	3,681.	17	9,972.		
18		Grants payable			18		
11		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete I		· 1		21	-3
g 2:		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
1 23		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	
2	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		·	000 045		
		of Schedule D			203,817.		226,701.
26					<u>207,498.</u>	26	236,673.
۶		Organizations that follow FASB ASC 958, che	ck her	L	Tield Capital State Continues and Capital State Continues of the Capital State Continues of t		
<u> </u>		and complete lines 27, 28, 32, and 33.					
2		Net assets without donor restrictions			374,321.	27	322,928.
28		Net assets with donor restrictions			3,499,686.	28	3,705,115.
3		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
,		and complete lines 29 through 33.					
25 26 30 33 32 33		Capital stock or trust principal, or current funds			•••	29	
30		Paid-in or capital surplus, or land, building, or eq				30	
3		Retained earnings, endowment, accumulated in			2 004 000	31	4 000 040
- 1		Total net assets or fund balances			3,874,007.	32	4,028,043.
33	3	Total liabilities and net assets/fund balances	**********		4,081,505.	33	4,264,716.

1 2	TXI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2		3,7	ge 12
	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2	3,54		
	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2	3,54		
	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2			
2	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1				82.
	Revenue less expenses. Subtract line 2 from line 1			9,7	
3	Not seeds as fixed belower at the study of the true to	3		4,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,87		
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	4,02	8,0	43.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		3		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ga, s. i. St	1	
	separate basis, consolidated basis, or both:			Harry C	
	Separate basis Consolidated basis Both consolidated and separate basis		10, 1866 1 p. jb. st		
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				Table 1
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		11.000, 10		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	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	redule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		1	
	Act and OMB Circular A-133?		3a	ĺ	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 (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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

Name of the organization

Employer identification number 75-1336797 MID-CITIES LEARNING CENTER, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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 II, Type III, 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 in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

stop here. The organization qualifies as a publicly supported organization	
33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Form 990 or 990-EZ) 20	
· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2019 MID-CITIES LEARNING CENTER, IN 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 inlease complete Part II \

Se	ction A. Public Support	elow, please com	Jiele Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) = 3 + 3	(0) 20.0	(0) 20 (7)	(4) 2010	(e) 2018	(I) Total
	membership fees received. (Do not						
	include any "unusua! 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		`		1		
3							
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	an armanalani an ita lankali						
	***************************************		·				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ĸ	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						
	Add lines 7a and 7b				<u> </u>		
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				<u>,</u>		
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, rovalties.						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation.
							· —
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), d	ivided by line 13, o	olumn (f))		15	<u></u> %
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
			/A 11 / 1 11 11	e 13 column (fi)		17	%
17	Investment income percentage for 20	19 (line 10c, colum	ın (t), aivided by iir	io ro, column (i)			
	Investment income percentage for 20 Investment income percentage from 2						
18	Investment income percentage from 2	018 Schedule A, F	Part III, line 17			18	%
18	Investment income percentage from 2 33 1/3% support tests - 2019. If the	:018 Schedule A, F organization did ne	ert III, line 17 ot check the box o	n line 14, and line	15 is more than	18 33 1/3%, and line 1	% 7 is not
18 19a	Investment income percentage from 2 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar	2018 Schedule A, F organization did no nd stop here. The c	Part III, line 17 ot check the box or organization qualifi	n line 14, and line es as a publicly s	15 is more than upported organiz	18 33 1/3%, and line 1 ation	% 7 is not ►
18 19a	Investment income percentage from 2 33 1/3% support tests - 2019. If the	2018 Schedule A, Forganization did no od stop here. The coorganization did no organization did no organiza	Part III, line 17 ot check the box o organization qualifi ot check a box on	n line 14, and line es as a publicly s line 14 or line 19a	15 is more than upported organiz	18 33 1/3%, and line 1 ation ore than 33 1/3%, a	% 7 is not ▶ □

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (l) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 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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9c 10a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			/5-1336/97 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part Vi) See instructions A
	other Type III non-functionally Integrated supporting organizations must co			tare viji oce mstructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):	1177.411		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10	1	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	1772	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2	March Color of the first of the second of th	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7			ated Type III supporting org	anization (see
	instructional	,	. , ,	

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 50	·		5-1336797 Page 7
- 1	tion D - Distributions	o(a)(o) capporang org	arnzationa (continuca)	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		Jan one roa
2	Amounts paid to perform activity that directly furthers exem			· <u></u>
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	8	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
_b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h		The Control of the Co	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 MID-CITIES LEARNING CENTER, INC.	75-1336797 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 10; Part II, line 11, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an (See instructions.)	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1: Part V. Section B. line 1e: Part V.
-		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public

Inspection

Schedule D (Form 990) 2019

Name of the organization Employer identification number MID-CITIES LEARNING CENTER, INC. 75-1336797 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

		<u>'IES LEARNI</u>							<u> 133679</u>		
Pa	rt III Organizations Maintaining (inued)	<u> </u>
3	Using the organization's acquisition, access	ion, and other recor	ds, check	any of the	following the	at make	signific	ant use c	of its		
	collection items (check all that apply):										
а	Public exhibition	•			change progr						
b	Scholarly research	•	e 📙 (Other							
C	Preservation for future generations	•									-
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	the organizati	ion's exe	empt p	urpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	asures, or <mark>oth</mark>	er simila	ar asse	ts			
	to be sold to raise funds rather than to be m	naintained as part of	the organ	ization's c	ollection?				Yes		□No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered	"Yes" oı	n Form	990, Par	t IV, line 9, o	r	-
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for c	ontribution	ns or other as	sets no	t includ	ded			
	on Form 990, Part X?	***************************************		***********					Yes		No
b	if "Yes," explain the arrangement in Part XIII										
									Amou	nt	
c	Beginning balance		***********				Г-	lc	-		
d	Additions during the year							id			
е	Distributions during the year							le			
f	Ending balance							if .			
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII										= '''
	t V Endowment Funds. Complete										-
		(a) Current year		ior year	(c) Two yea		T	ree vears h	ack (a) For	ir voars	- haek
1a	Beginning of year balance	Tar Guironi your	/D/11	ior year	(C) Two year	I D D D D D D D	(11)	ice years b	ack (e) Fu	ii years	DAGK
b	Contributions										
	Net investment earnings, gains, and losses			· · · · · · · · · · · · · · · · · · ·							
ا- C					<u></u>						
d	Grants or scholarships		-								
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		İ		1						
2	Provide the estimated percentage of the cur		ce (line 1g	i, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ınd administe	red for t	the org	anization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations		************		***************************************				3a(ii		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?		***********			3b	1	
4	Describe in Part XIII the intended uses of the						,				
Pai	t VI Land, Buildings, and Equipm		<u> </u>								
32 1111 11	Complete if the organization answere		0. Part IV	line 11a S	See Form 990) Part X	line 1	n			
	Description of property	(a) Cost or o	other	(b) Cost	orother	(c) A	ccum	ılated	(d) Bo	ok valu	ie
		basis (investr	nent)		(other)	de	precia	tion			
	Land				1,385.						85.
b	Buildings			3,98	8,988.	<u> </u>	<u>696</u>	,664.	2,29	2,3	24.
C	Leasehold improvements								,. <u>.</u>		_
	Equipment			17	6,749.		<u>147</u>	,126.		9,6	23.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	(0c.)				2,40	3,3	32.

MID-CITIES LEARNING CENTER,

INC.

Schedule D (Form 990) 2019

75-1336797 Page 3

Schedule D (Form 990) 2019

7	dule D (Form 990) 2019 MID-CITIES LEARNING CEN			<u>75-1</u>	133 <mark>6797</mark> Pa	ıge 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per F	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, Iin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,535,72	20.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			William I		
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,535,72	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	3,333,12	<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a			8,062.			
b	Other (Describe in Part XIII.) Add lines 4a and 4b			1	0.04	- -
_C	***************************************			4c	8,06	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,543,78	<u> 32.</u>
r di	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retui	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			I I		
1	Total expenses and losses per audited financial statements			1	3,389,74	<u> 16.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments	2b	•			
C	Other losses	2c				
ď	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	••••••		2e		0.
3	Subtract line 2e from line 1			3	3,389,74	16.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1.211.1.1		
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	3,389,74	
	t XIII Supplemental Information.	,		<u> </u>		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	ation.			
Par	t XI, Line 4b - Other Adjustments:					
TATO	UDANCE DECOMEDY				0.0	
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.
INS	SURANCE RECOVERY				8,06	52.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MID-CITIES LEARNING CENTER, INC.

Employer identification number 75-1336797

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			W. 1.
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		fijo oranin Nasorina	1
	If you need more space, use Part II NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT IN	3	X	
	NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT IN			
	HANDBOOK.			
		landen.		
		E e		198
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	L
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	L.,
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			.::51
5	Does the organization discriminate by race in any way with respect to:		100	
а	Students' rights or privileges?	5a		X
þ	Admissions policies?	5b		X
C	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	_5d		X
е	Educational policies?	5e_		_ X
f	Use of facilities?	_5f	ļ	X
g	Athletic programs?	5g		Σ
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		11		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	_6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			17.75
•	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	

Schedule E (Form 990 or 990-EZ) 2019 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.	<u>2</u> —
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.

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

OMB No. 1545-0047

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

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 REVIEW THE 990
PRIOR TO SUBMISSION.
Form 990, Part VI, Section C, Line 18:
MID-CITIES LEARNING CENTER, INC. MAKES IT'S 990 AVAILABLE TO THE PUBLIC
UPON REQUEST.
Form 990, Part VI, Section C, Line 19:
MID-CITIES LEARNING CENTER, INC. MAKES IT'S GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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

MID-CITIES LEARNING CENTER,

INC

Employer identification number 75-1336797

(g) Section 512(b)(13) controlled Š × entity? Direct controlling Yes 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. Direct controlling LEARNING CENTER, entity MID-CITIES End-of-year assets INC status (if section Public charity 501(c)(3)) 0 Total income Exempt Code ত section 501(c)(3) Ē Legal domicile (state or Legal domicile (state or foreign country) foreign country) **lexas** Primary activity Primary activity EDUCATION 75-2771732, 12500 S. PIPELINE ROAD, EULESS Name, address, and EIN (if applicable) TREETOPS INTERNATIONAL SCHOOLS, INC. Name, address, and EIN of related organization of disregarded entity 76040 Part II ×

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

Schedule R (Form 990) 2019

75-1336797

Page 2

INC. MID-CITIES LEARNING CENTER, Schedule R (Form 990) 2019 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

(j) (k) General or Percentage managing ownership partner?		=	
General or managing partner?			
Code V-UBI General or Page amount in box maraging of Schedule partner? K-1 (Form 1065) Yes No			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
Direct controlling Predominant income entity (related, unrelated, excluded from tax under sections 512-514)	,		
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

7

(a)	(q)	(2)	(D)	(e)		(B)	(h)	Section	
narre, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	13) ?
		country)		(Special Control of the Control of t		535555		Yes	S S
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932162 09-10-19						Sche	Schedule R (Form 990) 2019	990) 2	0.19

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.				<u> </u>	Vec No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	in Parts II-IV?		
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity	<i>y</i> .			-1a	×
b Giff, grant, or capital contribution to related organization(s)				<u>_</u>	×
c Giff, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				₽	×
e Loans or loan guarantees by related organization(s)				<u>e</u>	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				₽	×
h Purchase of assets from related organization(s)				ŧ	×
				; =	×
j Lease of facilities, equipment, or other assets to related organization(s)				; -	×
K Lease of Tacilities, equipment, or other assets from related organization(s)				*	×
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organ	lated organization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	organization(s)			-t	×
o Sharing of paid employees with related organization(s)				10	×
n Reimbursement paid to related organization(s) for expenses				+	>
				2 P	×
				2	1
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				- 1	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete thi	s line, including covered	ation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
3					
(9)					
(4)					
(5)					
(9)					
932163 09-10-19			Schedul	Schedule R (Form 990) 2019	30) 2019

Page 4

Schedule R (Form 990) 2019 MID-CITIES LEARNING CENTER,

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

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

(k) centage nership				
O Perce		 -		
General or managing partner? Yes No				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partners (Form 1065) Yes No				
Dispraportionate allocations?				
(g) Share of end-of-year assets Y				_
Share of total income				
(e) Are all Are all Are all Solfiers sec. Solfiers Orgs:? Yes No				
(d) Predominant income particle (related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EiN of entity				

Schedule R (Form 990) 2019

Schedule H	(Form 990) 2019 M.L	D-CITIES LEARI	NING CENTER,	INC.	<u> 75-1336797</u>	Page 5
Part VII	Supplemental Informati	ion				
	Provide additional information f	or responses to questions	on Schedule R. See inst	tructions.		
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	Ending Accumulated Depreciation		. 113,477.	8,140.	48,172.	7,450.	6,226.	5,327.	. 15,808. 17,499.	7,786.
	Current Year Deduction								0	0
	Current Sec 179 Expense									
:	Beginning Accumulated Depreciation		113,477	8,140. 10,924	48,172.	7,450.	6,226. 9,421.	5,327, 12,314.	15,808. 17,499	7,786.
	Basis For Depreciation	75,000.	113,477. 10,462	8,140 10,924	48,172.	7,450. 24,999	6,226. 9,421.	5,327.	15,808. 17,499	7,786.
	Reduction In Basis									- 21 27 27 27 27 27 27 27
	Section 179 Expense									
990	Bus % Excl									
	Unadjusted Cost Or Basis	75,000. 6,385.	113,477. 10,462.	8,140.	48,172.	7,450.	6,226. 9,421	5,327. 12,314.	15,808. 17,499.	7,786.
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	Life		40.00	7.00	7.00	7.00	7.00	7.00	7.00	5.00
	Method	4 14	5 E	Z Z	SI.	13 IS	15 15	IZ IZ	13 14 14	SL
	Date Acquired	07/10/79 07/10/70	07/01/79	08/31/06 08/08/07	07/27/07	04/19/07 07/14/99	04/06/09 06/15/09	03/14/10	07/21/10 03/11/10	09/03/09
990 Page 10	Description	LAND LAND TAPROVEMENTS	IMPROVEMENTS PLAYGROUND EQUIPMENT	COMPUTER SYSTEM NEW SCHOOL PHONE		IRRIGATION SYSTEM/LANDSCAPING GYM FLOOR	SERVER PLAYGROUND EQUIPMENT		MOOD FLANK FLOCKING FOR KINDER BUILDING MANAGED CART WITH 24 COMPUTERS	LAWN TRACTOR
Form 9	Asset No.	터 :: (연 - : : : (연 - : : : : : : : : : : : : : : : : : : :	7 T	44 44 EU 80	49 50	는 (A) (A)	55	ω : · · · · · · · · · · · · · · · · · ·	0 0 7	93

928111 04-01-19

(D) - Asset disposed

Acquiried Method Un c Method	990 Page	10	n ste		0		batanipad		Soution 170	_	_		ć		4.
S TO 09744/12 EL 7.00	Description			lethod		Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	E	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
04/16/12 SE 5.00 16 18,209 0. 18,209 18,209 0. 18,209 0. 1,769 0.	FIBER DATA DROPS FROM MS TO HS WIRELESS CONTROLLER	M MS TO			0.00	17 H 6 6	7, 2				4,70	4,70		o o	14,706. 10.265
05/23/12 SL 5.00 16 45,351. 7.159 7.159 7.159 7.159 0. 7,	MANAGED CART WITH 24 COMPUTERS MANAGED CART WITH 24 COMPUTERS		04/16/12		00 00	9 9	8,209. 1,769.				8,209 1,769	8,20 1,76		0 0	18,209. 1,769.
04/01/80 SL 40.00	MANAGED CART WITH 13 COMPUTERS * 990 Page 10 Total Other	Other	23/12	114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F. 114 F	00.	16	7				7,159 5,361	7,159 84,976		0 1100	7,15 84,97
01/01/80 SL 40.00 16 209.905. 2) 04/01/89 SL 40.00 16 68.420. 2) 12/31/97 SL 40.00 16 68.420. 2) 12/31/97 SL 40.00 16 55,177. 2) 04/01/89 SL 40.00 16 55,177. 39,901. 19,036. 39,901. 19,036. 10/03/00 SL 40.00 16 74.089.	Program Services FOLK ART BUILDING		66/06/90	VI. 18, 11, 11	00	1.6	5 53	Killianii Haliani Haliani Haliani			5,953	3,168		67.	24,31
2) 12/31/97 SL 40.00 16 68,420. 68,420. 53,963. 1,710. 5 2) 12/31/97 SL 40.00 16 62,679. 1,567. 34,735 1,567. 3 20 05/22/00 SL 40.00 16 55,177. 56,554. 1,379. 2 20 07/30/99 SL 40.00 16 39,901. 39,901. 19,036. 998. 2 20 10/03/00 SL 40.00 16 74,089. 1,301. 2 20 05/15/03 SL 40.00 16 18,050. 18,050. 7,446. 451.	MIDDLE SCHOOL BLDG & IMPROVEMENTS DANCE STUDIO		01/01/80 09/30/93		0 0		9,905				9,90 1,00	777		2, 2	8
-2000 05/22/00 SL 40.00 16 55,177. 56,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,554. 1,379. 277. 26,524. 1,379. 277. 10/33/00 SL 40.00 16 39,901. 19 036. 19	GYM TEMP, CLASS BUILDINGS (2)	(Z)	0		0 0		8,420 2,679				,420 ,679	3,96 4,73		1,710.	55,673 36,302
07/31/00 SL 40.00 16 39 901. 39,901. 19,036. 998. 20. 12/11/00 SL 40.00 16 52,044. 1,301. 25, 10/03/00 SL 40.00 16 74,089. 74,089. 35,037. 1,853. 36, 05/15/03 SL 40.00 16 18,050. 7,446.	FOLK ARTS BUILDING 1999-2000 BUILDINGS	1999-2000	05/22/00 07/30/99		0 0	о <u>б</u>	LO H				55,177 1,110	6,554 560		, 37	ര് സ
10/03/00 SL 40.00 16 74,089. 35,037. 1,853. 36,05/15/03 SL 40.00 146 18,050.	RAM TECH BUILDING MODULAR CLASSROOM			Marianiana Marianiana Marianiana	0.00	9 G	ര സ്				9,901 2,044	9 03 4 39	6 15.77 1 27.45 1 27.4	998. T.301.	င် ၉
	MODULAR CLASSROOM CARETAKER'S MOBILE HOME	HOME	10/03/00 s 05/15/03		0.0	1 10 1 6	8 0 0				4,089 9,050	പ വ		α 4	9 7

Adjured Method Lile of the Cost Offices William Section 19 Reduction in Bissas for Page-Handled Country Vertication Cost Offices Cost O	990 Page	e 10	4.0							*				:	;
06/12/03 St. 40.00 16 17.300.	Description		Date Acquired N	/lethod) o = >	Unadjusted Cost Or Basi	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
06/17/05 51. 20.00	AIR CONDITIONING UNITS PARKING LOT	CNLTS	08/22/03 10/09/03		40.00	1 H	17,3				7,300 7,700	136 128		433. 385	, 55 51
Y 08/31/07 SL 25.03 14.282 1.008 15.290 Y 08/31/07 SL 40.00 16 45,463 13,734 1,136 14,870 Y 08/31/07 SL 40.00 16 739,301 70,077 21,023 1,136 14,870 Y 08/31/07 SL 40.00 16 739,301 70,077 21,023 1,732 22,775 Y 08/31/07 SL 40.00 16 76,449 70,077 21,023 1,732 22,775 Y 08/31/07 SL 40.00 16 17,049 4,969 4,969 17,713 21,732 Y 08/31/07 SL 40.00 16 17,049 7,049 4,969 17,713 21,713 Y 08/31/07 SL 40.00 16 17,049 7,049 2,114 17,713 21,713 Y 08/21/14 SL 40.00 16 14,600 11,295 3,389 2,367 1,713 22,369 Y 09/21/14 SL <td>BUILDING IMPROVEMENT MODULAR BUILDING PARKING LOT</td> <td>2000</td> <td>4 7 7 10</td> <td>12 12 13 13 13 13 13 13 13 13 13 13 13 13 13</td> <td>40.00</td> <td>10 10</td> <td>16,500</td> <td></td> <td></td> <td></td> <td>6,500 7,590</td> <td>6,239 0,913</td> <td></td> <td>4 00</td> <td>6,65 43,79</td>	BUILDING IMPROVEMENT MODULAR BUILDING PARKING LOT	2000	4 7 7 10	12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	40.00	10 10	16,500				6,500 7,590	6,239 0,913		4 00	6,65 43,79
X 08/31/07 SL 40.00 L6 739,301.	FOOTBRIDGE BUILDING - SCHOOL FACILITY	FACILITY	06/29/05 08/31/07		25.00 40.00	9 G	25,203 45,463			81 11 11 12 12 12 12 12 12 12 12 12 12 12 12 1	5,203 5,463	4,282 3,734		*	
Y 08/31/07 SL 40.00 16 78 722	BUILDING - SCHOOL BUILDING - SCHOOL		08/31/07 08/31/07	11.11.11.11.11	40.00	9 9 H H	F				739,301 70,077	23,331 21,023		8 T, T	41, 22,
X 08/31/07 ST 40.00 16 708,500. X 08/31/08 SL 40.00 16 77,049. INSTITUTION ST 40.00 16 11,295. INSTITUTION ST 15.00 16 11,187. INSTITUTION ST 15.00 16 123,558. INSTITUTION ST 15.00 16 123,558. INSTITUTION ST 15.00 16 123,345. INSTITUTION ST 15.00 16 17.713. INSTITUTION ST 15.00 16 16 123,345. INSTITUTION ST 17.713.	BUILDING - SCHOOL FACILLITY BUILDING - SCHOOL FACILLITY	S PACILITY	08/31/07 08/31/07	7114111111	40.00	о н Н н	78,72 16,44		FILE STANDARD CONTROL OF THE S		78,722 16,449	23,617 4,969		ન	ນ ທຸ
IRS 11/19/07 SL 40.00 16 11,295. 3,389. 282. 3,6 03/17/10 SL 40.00 16 11,187. 11,187. 6,712. 746. 7,4 12/02/10 SL 15.00 16 11,187. 29,590. 23,672. 2,959. 26,6 EL 08/09/11 SL 15.00 16 123,558. 8,237. 81,3 07/22/13 SL 40.00 16 12,345. 23,672. 221,877.	BUILDING - SCHOOL	SCHOOL FACILITY SCHOOL FACILITY	08/31/07 08/31/08		40,00	9 9	708 5	Him tym, s			08,500 7,049	4 026 2 114		Γ, Η	31,739 2,290
12/02/10 SL 15.00 16 11,187.	KINDER BUILDING ROOF REPAIRE ELEMENTARY ROOF SYSTEM	ROOF REPAIRS	11/19/07	92.12.11.11.1	40.00 40.00	о <u>(</u>	1, 29 4, 60				60 60	8 8 8 20		2 9 8 0 9 0	,67
MODEL 08/09/11 SL 15.00 16 123,558. 81,3 123,558. 73,063. 8,237. 81,3 07/22/13 SL 40:00 16 112,345.	64 FRENCH DRAIN METAL COVERING-ELEMENTARY 65 PARKING	LEMENTARY			15.00	७ ७ च च	1, 29,5				H R	യ് ന്		74	7,45 6,63
	ELEMENTARY BUILDING REMODEL KINDER BUILDING OFFICE	ING REMODEL	08/09/11		15,00 10,00	1 D	123,55 12,34				m (V	er		ω _.	ω

928111 04-01-19

(D) - Asset disposed

	Ending Accumulated Depreciation	9,414.	30,320. 8	10,239.	8 139	3,142.	5,670.	4,714.	9,16 1,08 8,08 4,08	3,047.	
	Current Year Deduction	1,121 1,031	4,984, 1,374	1, 660 5, 65 5, 68	1,601.	6 6 6 8	1,334 10,424	1,131	2,291 193	703 4,592	
	Current Sec 179 Expense										
	Beginning Accumulated Depreciation	8,293. 6,8 <u>4</u> 3.	25,336. 6,983.	8,579. 2,889.	6,538. 6,440	2,492. 2,211.	4,336. 33,009.	3,583. 1,216.	6,874.	2,344. 13,776	
	Basis For Depreciation	9,414. 7,874.	34,889. 54,951.	11,623. 5,684.	32,025. 23,659.	13,000. 9,950.	9,340. 156,360.	7,920. 5,610.	34,370. 1,350.	4,923. 32,144.	
	* Reduction In Basis										
	Section 179 Expense										
990	Bus % Excl			in the Region for the Region we not the Region Region to the Region			1947599 499 29752755555 10769997725 1077777777				
!	Unadjusted Cost Or Basis	9,414. 7,874.	34,889. 54,951	11,623. 5,684	32,025. 23,659	13,000	9,340. 156,360.	7,920. 5,610.	34,370. 1,350	4,923. 32,144.	
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	Life	7.00	7.00	7.00 10.00	20.00 15.00	20.00 15:00	7.00 15.00	7.00 15.00	15.00	7 00 7	
	Method	SI	E 55	3.	5 5	J. J. S.	1 3	13 13	F 5		
<u> </u>	Date Acquired	07/09/13 07/22/13	08/28/14 08/21/14	07/03/14 08/20/14	08/03/15 08/04/15	11/18/15 05/10/16	06/22/16 07/14/16	07/27/16 06/22/16	08/31/16 07/26/16	05/27/16 08/30/16	
90 Page 10	Description	FIRE ALARM SYSTEM SERVER	WIRELESS PHONE SYSTEM CLASSROOM ADDITION-GYM	CHAIN LINK FENCES FOOTBRIDGE KINDER	CONCRETE PATIOS, SIDEWALKS, RETAINING WALLS ROCK WALL, SEWER CREEK CROSSING 4" LINE		NEW CARPET 3 CLASSROOMS IN TRAILER GABION WALL	PAGODA REHAB, FENCE, DECK TRAILER RENOVATION TO CLASSROOMS	RENOVATIONS NEW CLASSROOMS BLEM, BUILDING RENOVATION-PAINTING	SHI INTERNET HU NEW BUILDINGS) FIBER NEW ELEME	1-01-19
Form 990	Asset No.	75	77	79	887	∞	98	& 9 & 0	0 0 H	92 8	01 10 10 11100

	Ending Accumulated Depreciation	6,665. 31,030.	3,833. 4,052,	8,223.	11,936. 4,372.	1,285. 6,805.	263. 106.	778.	116.	961
	Current Year Deduction A	1,666.	1,586.	3,403.	5,968. 2,186	1,285.	263.	778.	116.	0 0 0
	Current Sec 179 Expense						The Total Country of the Country of			
	Beginning Accumulated Depreciation	4,999. 15,515.	2,247.	4, 820 3, 35, 22	5,968. 2,186			110,107 (1) 110,107 (1) 110,107 (1) 110,107 (1) 110,107 (1) 110,107 (1)		
	Basis For Depreciation	11,664. 232,728	23,794. 25,149.	23,818. T6,57I.	41,766.	8,998.	18,062. 10,186	21,775.	27,751. 13,000.	7,640.
	Reduction In Basis									
	Section 179 Expense									
990	Bus % Excl			i Alii Harini Harini Milaya						gu egh () e eg e e e e e ve e e e ve e e e
	Unadjusted Cost Or Basis	11,664. 232,728.	23,794. 25,149.	23,818, 16,571	41,766.	8 998.	18,062. 10,186.	21,775.	27,751. 13,000.	7,640. 10,087.
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	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 08/31/19	01/21/20 03/16/20	06/01/20 04/22/20	07/02/20 08/31/20	08/28/20 01/10/20
990 Page 10	Description	BYO PLAYGROUND NEW ROAD	PAGODA RENOVATION WATER MAIN	WIRELESS SYSTEM SECURITY CAMERA SYSTEM	FIBER ALL BUILDINGS CACHE SERVER	SECURITY CAMERA SYSTEM BRIDGE	ELEMENTARY ROOF REPAIRS ELEMENTARY & HOSTEL ROOF REPAIRS	ELECTRONIC SIGN PORTABLES ROOF REPAIRS	PAINTING BUILDING POND REBUILD	0 FRENCH DRAIN
Form 95	Asset No.	40 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	96 76	80	100 101	102 103 8	104	106	108 109	110
14										

928111 04-01-19

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

(D) - Asset disposed

Form 9	Asset No.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1			928111 0
)90 Page 10	Description	* 990 Page 10 Total Program Services * Grand Total 990 Page 10 Depr	Current Year Activity	Beginning balance Acquisitions	Dispositions/Retired Ending balance	Ending book value				04-01-19
	Date Acquired									
	Method		Light State of the state of the	Casa a 200 à 200 de Casa de Ca						
	Life			The second of th						
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	Line Un	3 78		구 H - 寸	₹ 7					/- (Q)
•	Unadjusted Cost Or Basis	80,753. 47,114.		12,113. 35,001.	0. 47,114.					- Asset disp
990	Bus % Excl									pesodsip
	Section 179 Expense									
	* Reduction In Basis			0	0					*
	Basis For Depreciation	3,780,753.1		4,112,113. 135,001.	0.			Constitution of the consti		* ITC, Salvage,
	Beginning Accumulated Depreciation	1,302,274.		1,687,250.	0.	1,843,789. 2,403,325.				Bonus, Comn
	Current Sec 179 Expense	5.1.1.11.11						File plants File plants File plants File plants File plants File plants File plants File plants File plants File plants File plants File plants		Commercial Revitalization
	Current Year Deduction	156,539.								lization Deduction.
	Ending Accumulated Depreciation	1,458,813. 1,843,789.		1,841,344. 2,445.	.0 1,843,789		months and months and			tion, GO Zone

(D) - Asset disposed

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. **179** ldentifylng number

	D-CITIES LEARNING C			Form 9	90 F	age 10			75-1336797
	rt Election To Expense Certain Prope	rty Under Section 17	9 Note: if you have a	any listed p	roperty,	complete Part	V be		<u> </u>
	Maximum amount (see Instructions)		,,,,,					1	1,020,000.
	Total cost of section 179 property plac							2	
	Threshold cost of section 179 property							3	<u>2,550,000.</u>
	Reduction in limitation. Subtract line 3							4	
5_	Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filling separat	ely, see instruc	tions		<u></u> .	5	
6	(a) Description of pro-	operty	(b) Cos	t (business use	only)	(c) Elected o	ost		
		· · · · · · · · · · · · · · · · · · ·							
	Listed property. Enter the amount from				7				
	Total elected cost of section 179 prope							8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8 $_{\mbox{\scriptsize .}}$				******************		9	
10	Carryover of disallowed deduction from	n line 13 of your 20	18 Form 4562				,	10	
11	Business income limitation. Enter the si	maller of business	income (not less tha	an zero) or l	ine 5 🔝			11	
12	Section 179 expense deduction. Add li	nes 9 and 10, but	don't enter more tha	an line 11 .,		111.		12	
13	Carryover of disallowed deduction to 2	020. Add lines 9 ar	nd 10, less line 12	.,	13				
Note	e: Don't use Part II or Part III below for	listed property. Ins	stead, use Part V.						
Pa	rt II Special Depreciation Allowa	nce and Other De	preciation (Don't i	nclude liste	d proper	ty.)			
14	Special depreciation allowance for qual	lified property (oth	er than listed proper	ty) placed i	n servic	e during			
i	the tax year					ű		14	
15	Property subject to section 168(f)(1) ele							15	
								16	156,539.
	rt III MACRS Depreciation (Don't					723,013			200,3337
			Section A						
17 1	MACRS deductions for assets placed is	n service in tax vea	ars beginning before	2019	•			17	
	f you are electing to group any assets placed in serv						ïl		
	Section B - Assets						tion	Svst	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment u only - see instruction	on use (d)	Recovery period	(e) Convention		ethod	(g) Depreciation deduction
19a	3-year property	SECTION ASSOCIATION							
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
f	20-year property								
g	25-year property	F. A. L		2	5 yrs.			3/L	
		/			7.5 yrs.	MM		5/L	
h	Residential rental property	/			.5 yrs.	MM		5/L	
		/			9 yrs.	MM		5/L	
i	Nonresidential real property	/				MM	•	5/L	
	Section C - Assets P	laced in Service I	Ouring 2019 Tax Ye	ar Using ti	ne Alter				stem
20a	Class life							5/L.	
b	12-year			1	2 yrs.			6/L	
C	30-year	/			0 yrs.	MM		5/L	
d	40-year	,			0 yrs.	MM		<u>" – </u>	
	rt IV Summary (See instructions.)	1			- ,	141141		·· <u> </u>	<u> </u>
	isted property. Enter amount from line	28					ı	24	
	Fotal. Add amounts from line 12, lines 1		e 10 and 20 in colur				··· ∤	_21	
	Enter here and on the appropriate lines			1007		· r		22	156,539.
	For assets shown above and placed in				oce mist	4	···		130,339.
	portion of the basis attributable to secti	-	•		23				
	Server of the page attributeble to 900fl	On AUUN GUOLO							<u> </u>

Fo	orm 4562 (2019)	MID	-CITIE	S LE	ARNTI	וני כו	F!NT'F	. A.	TNC.			75	.1224	5797	Dogo 0
1	art V Listed Proper									v used t	or	13	TJJ	1131	Page 2
	entertainment,	recreation, o	or amusemer	ıt.)				-		•					
	Note: F or any 24b, columns	vehicle for w	hich you are	using th	ne standa Section F	rd milea	age rate	e or dec	lucting leas	se exper	nse, con	nplete o n	ıl y 24a,		
_			on and Other							mite for		aor outor		<u> </u>	
24	a Do you have evidence to					7					·	<u> </u>		<u> </u>	
24		(b)	(c)	ient use	Clairrieur		res (24b lf "Y					Yes L	<u>No</u>
	(a) Type of property (list vehicles first)	Date placed in service	Business investmer use percent	it	(d) Cost or other basis	for	sis for de	epreciation nvestment only)		Me	(g) thod/ /ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for q	ualified listed	proper	ty placed	in servi	ice dur	ina the	tax vear ar	nd		-			
	used more than 50% in										. 25				
26	Property used more tha	n 50% in a c	ualified busin	ness us	e:						·	1		1	
				%						T				1	 -
				%								<u> </u>		 	
		; ;		%								 		1	
27	Property used 50% or le									l		_L			
=				%						S/L -					Karinan
_				%	·					S/L·	-				Million arti
-	· · · · · · · · · · · · · · · · · · ·	<u> </u>		%					-	S/L·					
20	Add amounts in column	(h) lings 25				n lina Of					7 00	 			
20	Add amounts in column	(i) line 26 E	intough Zi.	den line	7 name	1 IIII	, page	' '	••••••		28		-		
28	Add amounts in column	(1), 11116 20. E											. 29	<u> </u>	
٥.		1.1.1		-	B - Infoi										
	mplete this section for ve														3
to	your employees, first ans	wer the ques	tions in Sect	ion C to	see if yo	u meet	an exc	eption 1	to completi	ng this s	ection 1	for those	vehicle	s.	
				Ţ		η				Т					
					(a)	((b)		(c)	(d)	(e)	(i	")
30	Total business/investment		•	V	ehic le	Ve	hicle		Vehicle	Vel	nicle	Vel	nicle	Veh	icle
	year (don't include commu											ļ <u>.</u>			
31	Total commuting miles of	iriven during	the year	<u></u>		ļ									
32	Total other personal (no driven	0.													
33	Total miles driven during														
	Add lines 30 through 32					ł								ļ	
34	Was the vehicle available			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									. ,				100	
35	Was the vehicle used pr								•				<u> </u>	- "	
	than 5% owner or relate	d navaan0									İ				
36	Is another vehicle availa						<u> </u>	\neg					-		
	use?	•		İ						1					
			- Questions		Movers M	/ho Pro	l wido.V	obioloc	for Uca b	t Thoir I	Employ		<u> </u>	J	
Ans	swer these questions to c												18		
	re than 5% owners or rela			лоорис	#1 to doi!!	picting	Occilo	II D IOI	vernoles us	ed by e	прюуее	is willo ai	ent		
	Do you maintain a writte	· · · · · · · · · · · · · · · · · · ·		rohibits	all persor	nal use	of vehi	cles, ind	cluding cor	nmuting	, by you	r		Yes	No
	employees?	**********													
38	Do you maintain a writte	n policy state	ement that p	ohibits	personal	use of v	/ehicle	s, exce	ot commut	ing, by y	our				
	employees? See the inst														
39	Do you treat all use of ve	ehicles by em	nplovees as n	ersona	use?	,		.,			*	***********			
40	Do you provide more that	ın five vehicle	es to vour em	nlovee	s. obtain	informat	tion fra	m vour	employees	about			*******	·	
	the use of the vehicles, a													İ	
41	Do you meet the require	ments conce	rnina auslifia	d autor	nobile do	monetro	ation u	 ca?					•••••	.	
71	Note: If your answer to 3											••••••			<u> </u>
P:	art VI Amortization	,,, oo, oo, 40	, UITIN TO	o, uul	r compte	NE DECL	IOH D I	or trie C	overen ver	noles.		-		<u> 1 a gradi</u>	
ئـــــــــــــــــــــــــــــــــــــ	(a)			(b)	1	(c)	• ••	7-	(d)	Т	(e)			(f)	
	Description of	costs	Date	amortization begins	1	Amortizat amount			Code section		Amortiza period or per	tion	A:	(f) mortization or this year	

42 Amortization of costs that begins during your 2019 tax year:

43 Amortization of costs that began before your 2019 tax year

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

43

Form **8868**

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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-paper.

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-char	ritles-and-i	non-profits.			
Automa	atic 6-Month Extension of Time. Only subn	nit origin	nal (no copies needed).			
All corpor	ations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
Type or print	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	r identification	number (TIN)
-	MID-CITIES LEARNING CENTER	. INC			75-133	6797
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 12500 S. PIPELINE ROAD				, 3 133	<u>0131</u>
instructions.	City, town or post office, state, and ZIP code. For a fine EULESS, TX 76040					
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)	,,,,,,		0 1
Application	on	Return	1 ''			Return
ls For		Code	is For		·	Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A	1011		08
Form 990) (individual)	03	Form 4720 (other than individual)			09
	T (sec. 401(a) or 408(a) trust)	04	Form 5227			10
	T (trust other than above)	05 06	Form 6069 Form 8870			11 12
Telephe If the o If this is	oks are in the care of 12500 S. PIPEL: one No. (817) 283-1771 rganization does not have an office or place of business for a Group Return, enter the organization's four digit 1 If it is for part of the group, check this box	s in the Ur Group Exe and atta	Fax No. ▶ ilted States, check this box imption Number (GEN) . It ich a list with the names and TINs of	this is fo all memb	r the whole gro ers the extensi	on is for.
the d ▶ [▶ [uest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the extension is for the extension in the extension of time until extension is for the extension in the extension is for the extension in the extension of time until extension is for the extension in the extension of time until extension is for the extension of time until extension o	anization's	d ending <u>AUG 31, 2020</u>	the exem	·	ı return for
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			
<u>any</u>	nonrefundable credits. See instructions.			За	_\$	0.
	s application is for Forms 990-PF, 990-T, 4720, or 6069					
	nated tax payments made. Include any prior year overp			Зb	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa					
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: If	you are going to make an electronic funds withdrawals.	(direct del	oit) with this Form 8868, see Form 84	153-EO ar	nd Form 8879-E	O for payment

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

Form 8868 (Rev. 1-2020)

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

Amount Of Depreciation	0.00.00.00.00.00.00.00.00.00.00.00.00.0	, 37
Accumulated Depreciation	113,477. 10,462. 8,140. 10,924. 48,172. 26,713. 24,999. 5,327. 12,808. 17,499. 17,499. 17,499. 17,499. 17,159. 265. 265. 265. 267. 265. 267. 267. 267. 267. 267. 267. 267. 268. 267. 268. 267. 268. 267. 268. 267.	7,93
Basis For Depreciation	75,000. 6,385. 10,462. 8,140. 10,924. 48,172. 7,453. 7,453. 7,453. 12,314. 12,314. 17,499. 7,786. 17,499. 7,786. 1,769. 1,769. 45,953. 466,361. 45,953. 466,361. 68,420. 68,420.	5,17
* Reduction In Basis		
Unadjusted Cost Or Basis	75,000. 113,477. 10,462. 8,140. 24,999. 24,999. 112,314. 117,499. 7,786. 117,499. 117,499. 7,786. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,499. 117,699.	5,17
Life	440.00 40.00 7.0	0.0
Method	2	2.31
Date Acquired	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	52200
Description	1LEAND 3LAND IMPROVEMENTS 4LOWER SCHOOL BLDG & IMPROVEMENTS 4LOWER SCHOOL BLDG & IMPROVEMENTS 41PLAYGROUND EQUIPMENT 4 SCOMPUTER SYSTEM 4 SCHOOL PHONE SYSTEM 4 SCHOOL PHONE SYSTEM 5 STELL FLOORING - SCHOOL FACILITY 5 STRINGATION SYSTEM/LANDSCAPING 5 SGRW FLOOR 5 SGRW FLOOR 6 SULLDINGS 6 WOOD PLANK FLOORING FOR KINDER 6 SWILDINGS 6 WOOD PLANK FLOORING FOR KINDER 6 SULLDING 6 SULLDING 6 SHULDING 6 SHULDING 6 SHULDING 6 SHULDING 6 SHULDING 6 SHULDING 7 WITH 24 COMPUTERS 7 WANAGED CART WITH 24 COMPUTERS 7 WANAGED CART WITH 24 COMPUTERS 7 WANAGED CART WITH 24 COMPUTERS 7 WANAGED CART WITH 13 COMPUTERS 7 WANAGED CART WITH 13 COMPUTERS 7 SMANAGED CART WITH 24 COMPUTERS 7 SWENCE STUDIO 7 GYM	15FOLK ARTS BUILDING 1999-2000
Asset No.		151

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

Amount Of Depreciation	1, 1, 2, 2, 2, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	1,577.
Accumulated Depreciation	220,034 25,696 36,890 43,793 221,775 25,585 25,585 26,631 27,290 27,775	8,017.
Basis For Depreciation	1,110 39,901. 52,044. 18,050. 17,300. 16,500. 25,203. 25,463. 739,301. 70,077. 70,077. 70,077. 70,077. 70,077. 70,077. 70,077. 70,077. 70,077. 11,187. 12,345. 12,345. 12,345. 11,187. 12,345. 11,600. 11,603. 54,951. 11,623.	23,659.
* Reduction In Basis		
Unadjusted Cost Or Basis	1,110. 52,044. 74,089. 17,300. 17,300. 17,300. 17,300. 25,263. 45,463. 10,077. 70,077. 70,077. 70,077. 70,077. 11,187. 11,187. 12,345. 12,345. 11,187. 12,345. 11,187. 11,187. 12,345. 11,693. 11,623. 11,623.	23,659.
1 Life	44444444444444444444444444444444444444	15.00
ed Method	144 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	15SL
Date Acquired	0 000000000000000000000000000000000000	0804
Description	26BUILDINGS 27RAM TECH BUILDING 30MODULAR CLASSROOM 34CARETAKER'S MOBILE HOME 34CARETAKER'S MOBILE HOME 34CARETAKER'S MOBILE HOME 35AIR CONDITIONING UNITS 36PARKING LOT BUILDING SCHOOL FACILITY 42BUILDING SCHOOL FACILITY 42BUILDING SCHOOL FACILITY 44BUILDING SCHOOL FACILITY 55BUILDING SCHOOL FACILITY 65BUILDING SCHOO	
Asset No.	C C C C C C C C C C	8.21

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

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Amount Of Depreciation	1: ' V	7 M L	2,29	70		52 58	67	36	ر 9 ح 8 ع	2 8 0	4 7 7 7 1	$\gamma \leftarrow 0$	00	· O C	1,441.	153,995. 153,995.
Accumulated Depreciation		4 - 7 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	9, 16 0, 16	, 047	18,368. 6,665.	0,00	4,05	5,72	11,93	2,28	200	י בי כ	V H		961	1458813. 1843789.
Basis For Depreciation		, 920 , 920 , 5	, 370 , 370	⊥,55 4,92	32,144. 11,664.	3,72	5,149	6,57	1,76 5,30	8,99	18,062	1,1	7,751	3,00	000	3780753. 4247114.
* Reduction In Basis																
Unadjusted Cost Or Basis	13,000. 9,950. 9,340.	7,920 7,920 7,920	370	4,92	127	3,72	5,14 2,24	6,57	1,76 5,30	8 0,0 0,1	18,06	1,77	7,75	3,00	, , 0 (3780753. 4247114.
Lífe	20.00 15.00 7.00	. 00 r	. O.		7.00	n n	5.0		0	.00	<u> </u>		0.0		00.	
ed Method	15SL 16SL 16SL	<u> </u>		O	16SL 16SL	$\infty \infty$	∞ \propto	∞	∞	$\sigma \sigma$	0:0	\circ	\circ	\circ		
Date Acquired	1118 0510 0622	727 727 622	7 C C	527	0830 0825	831 331	413	407 202	824	304 831	121 31	000	702	831 87 83	100	o
Description	84LAND CLEARING 85PAGODA REHAB-ELECTRICAL 86NEW CARPET 3 CLASSROOMS IN TRAILER 87CARTON WALT	8/BAGODA REHAB, FENCE, DECK 89FRATT.RR RENOVATION TO CTASSROOMS	RENOVATIONS NEW CLASSROOMS ELEM. 90BUILDING 91RENOVATION-PAINTING	SHI INTERNET HUBS (INTERNET NEW 2BUILDINGS)	FIBER NEW ELEMENTARY BYO PLAYGROUND	SNEW ROAD 6PAGODA RENOVATION	7WATER MAIN SWIRELESS SYSTEM	SECURITY CAMERA SYSTEM		SECURITY CAMERA SYSTEM BRIDGE	104ELEMENTARY ROOF REPAIRS	6ELECTRONIC SIGN	OSPAINTING BUILDING	09POND REBUILD		* 990 Page 10 Total Program Service • Grand Total 990 Page 10 Depr
Asset No.	∞ ∞ ∞ ∞ 4 ⊡ 0 ⊑	000) 00 0	00		6 6 6 6	97 <u>8</u>	900	> ,	102s 103E	104 105	106E	180T	109F	111	* *

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(D) - Asset disposed

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