Freemon, Shapard & Story 2088 Zihlman Road Windthorst, TX 76389 (940)423-6226

February 12, 2025

Mid-Cities Learning Center, Inc. 12500 S. Pipeline Road Euless, TX 76040

Mid-Cities Learning Center, Inc.:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

H. Ted Neeb, CPA

Freemon, Shapard & Story 2088 Zihlman Road Windthorst, TX 76389

MID-CITIES LEARNING CENTER, INC. 12500 S. PIPELINE ROAD EULESS, TX 76040

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CLIENT'S COPY

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Egg. 8879-TE

***** THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization for a Tax Exempt Entity

for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning SEP 1 , 2023, and ending AUG 31 , 2024

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of filer

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

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

EIN or SSN

EIN UI SON

MID-CITIES LEARNING CENTER, INC. 75-1336797 Name and title of officer or person subject to tax JAMES WHITFIELD DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3,690,311. 1a b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ Form 990-EZ check here 2a b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a 4a Form 990-PF check here b Balance due (Form 8868, line 3c) ______ 5b _____ Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) __________6b ______ 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b ___ 8a b Tax due (Form 5330, Part II, line 19) 9b _ Form 5330 check here 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Part II **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 💹 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize Freemon, Shapard & Story to enter my PIN 13560 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** ignature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75959082322 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. Print MID-CITIES LEARNING CENTER, INC. 75-1336797 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 12500 S. PIPELINE ROAD return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions EULESS, TX 76040 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) Form 5227 03 10 Form 990-PF Form 6069 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of STEPHANIE KAIMANA, FINANCE DIRECTOR 12500 S. PIPELINE RD. - EULESS, TX 76040 Telephone No. (817) 283-1771 Fax No. If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this ... If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. request an automatic 6-month extension of time until July 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _____ or X tax year beginning __ SEP 1 ,20 23 , and ending _____ AUG 31. ,2024 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c

Form **990**

Return of Organization Exempt From Income Tax

2023

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning SEP 1. 2023 and ending AUG 31, 2024 C Name of organization Check if applicable: D Employer identification number Address change MID-CITIES LEARNING CENTER, INC. Name change 75-1336797 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) 283-1771 3,690,311. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ EULESS. TX 76040 H(a) Is this a group return Applica-F Name and address of principal officer: JAMES WHITFIELD Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes (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 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 Governance PROGRAMS FOR THE PRIMARY AND SECONDARY SCHOOL. 2 Check this box ___ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2023 (Part V, line 2a) 43 6 Total number of volunteers (estimate if necessary) 20 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 12,220. 15,707. Program service revenue (Part VIII, line 2g) 3,662,954. 3,298,758. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,912 11.650. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 3,314,890. 3,690,311. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 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 -2,717,136 3,219,736. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 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) 661,165. 744,095. 3,378,301 3,963,831. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -63.411.-273,520.19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X. line 16) 3,784,760. 3,528,307**.** 21 Total liabilities (Part X, line 26) 241,443. 258,510. Net / Net assets or fund balances. Subtract line 21 from line 20 543,317. 3,269,797. 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 Sign JAMES WHITFIELD, DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature. Paid H. Ted Neeb, CPA ub CPA P00181647 self-employed Preparer Freemon, Shapard & Firm's EIN 75-0706311 Firm's name Firm's address 2088 Zihlman Road Use Only

Phone no. (940)423-6226

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Windthorst, TX 76389

orn	n 990 (2023) MID_CITIES_LEARNING_CENTER, INC. 75-1336797	Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
'	TO MINIMIZE OR PREVENT LEARNING DISABILITIES THROUGH INDIVIDUALIZE	D
	CURRICULUMS FOR STUDENTS AND PARENTS. CHARTER SCHOOL WITH 330	
		
	STUDENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Feet.
		s X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensi	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, and
	revenue, if any, for each program service reported.	
4a		,604.)
	MID-CITIES LEARNING CENTER, INC. OPERATES A CHARTER SCHOOL AND REL	
	SUPPORT, ENRICHMENT PROGRAMS, TESTING, & DIAGNOSTICS FOR LEARNING	
	DIFFERENCES AND PARENT EDUCATION.	
		1073
4b	(Code:) (Expenses \$	1
70	(Code:) (Expenses \$	
		-
	1440	
		Uludak ata — P
4c	(Code:) (Expenses \$	1
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4 .	Other pressure continue /Describe on Cahadula CA	
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 ~	Total program conside expenses 3 635 136	

Form 990 (2023)

			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? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	. 1		
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l	.,	
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		3,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		-
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	l		47
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 4
Part IV Checklist of Required Schedules (continued)

			V	I No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			III. II
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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 II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١	77	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	╁
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable 1a 13	3		
b)		
C				
	(gambling) winnings to prize winners?	1c		

Form 990 (2023) 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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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			ann a
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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 7d			
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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:	(440)		
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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	4.4		37
	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	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		w
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	,,		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					<u>LX</u>
Sec	tion A. Governing Body and Management					1.27
			,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing		•			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	_1b_		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		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,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following;		#	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of			0.0	İ	
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	2000000		. 10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			1111	1178	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *	Yes," d	escribe			
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?					X
14	Did the organization have a written document retention and destruction policy?			. 14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
	The organization's CEO, Executive Director, or top management official			. 15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a	1		
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?		<u></u>	16b		<u> </u>
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	and 996	OT (section 501(c	(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of interest policy,	and final	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 b		nd records			
	STEPHANIE KAIMANA, FINANCE DIRECTOR - (817) 283-1	<u>771 </u>				
	12500 G DIDELINE DD FILLEGG TY 76040					

	(2023)

MID-CITIES LEARNING CENTER, INC.

75-1336797

Page 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W·2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	organization compensate						ated any current officer, director, or trustee.				
(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average	Ido		Pos		than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week		cer an	id a di	recto	or/trus	tee)	from	from related	other	
	(list any	ecto						the	organizations	compensation	
	hours for	or di	83			pate		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		8	Deu .		(W-2/1099-MISC/	1099-NEC)	organization and related	
	below	쁄	tional		ge	E e	_	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key en	Highest compensated employee	E E			Organizations	
(1) JAMES WHITFIELD	40.00										
DIRECTOR				X	_			145,483.	0.	0.	
(2) STEPHANIE KAIMANA	40.00										
FINANCE MANAGER				X	_	_		97,411.	0.	0.	
(3) DR. MIKE SACKEN	1.00										
PRESIDENT		X	_			$oxed{oxed}$		0.	0.	0.	
(4) PAULINE HARTLEY	1.00										
SECRETARY	1 00	X	-		_	<u> </u>	_	0.	0.	0.	
(5) ANTHONY JOHNSON	1.00										
BOARD MEMBER	1 00	X			<u> </u>	┝	_	0.	0.	0.	
(6) ROGER DOSS	1.00										
BOARD MEMBER	1 00	Х	-			├	-	0.	0.	0.	
(7) CAYDEN BOZEMAN	1.00	.,								_	
BOARD MEMBER	1.00	X			\vdash	├		0.	0.	0.	
(8) COLTON BOZEMAN	1.00	x						0.	0.	0.	
BOARD MEMBER (9) DION BROOKS	1.00	<u> </u>			\vdash	\vdash		0.	0.	0.	
BOARD MEMBER	1.00	X					ĺ	0.	0.	0.	
BOARD MBMBBR		1			_	 			0.		
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		_	_	_	_	_		· ·			

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

\$100,000 of compensation from the organization

		Check if Schedule O	contain	s a respon	se or note to any l	ine in this Part VIII			
		Gribanii Gariodale O C	oritaii	<u> </u>	Se of flote to arry t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns		1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		. 1b					
S, G	С	Fundraising events		1c					
a iii	d	DIA I I		1d					
E, C	е	Government grants (contr	ibution	s) 1e					
rion	f	All other contributions, gifts,	grants, a	ınd	·				
the		similar amounts not included	above	1f	15,707				
E	g								
ပ္ပြဲ မြ	h	Total. Add lines 1a-1f	,,,	*************		15,707.			
					Business Code				
ė,	2 a	TEA REVENUE			900099	3,181,324.	3,181,324.		
ه څ	b	CELED DDACDIN	RE	VENUE	900099	361,645.			
Se	С	EDDEDAT DEMEN			900099	61,152.	61,152.		
Program Service Revenue	d	A DEED GOMOOF		TION	900099	49,421.			
P.C.	е	LOCAL REVENUE			900099	9,412.			
مّ	f	All other program service		3 2 2					
	g	Total. Add lines 2a-2f				3,662,954.			
	3	Investment income (includ							
		-Ab	-			11,650.	11,650.		
	4	Income from investment of							
	5	Royalties		******************					
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of) Securitie	s (ii) Other				
		assets other than inventory	7a						
	Ь	Less: cost or other basis							
e l		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
Be	d								
her	8 a	Gross income from fundraising		i i					
8		including \$	•	of					
		contributions reported on	line 1c	. See					
		Part IV, line 18	·		За				
	b				3b				
İ	С	Net income or (loss) from			3				
	9 a	Gross income from gamin			2211 24 10 10 10 10 10				
		Part IV, line 19			9a				
	b	Less: direct expenses			9b				
		Net income or (loss) from							
		Gross sales of inventory, I							
		and allowances			Oa				
	b	Less: cost of goods sold			0b				
		Net income or (loss) from							
		,,			Business Code				
ño "	11 a							-	
nuk	b								
Miscellaneous Revenue	c				-				
E E	_	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instructio				3.690.311.	3.674.604.	0.	0.

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	242 004	20 202	010 681	
	trustees, and key employees	242,894.	29,223.	213,671.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,353,316.	2,353,316.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	4,333,310.	4,333,310.		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	431,451.	395,872.	35,579.	
10	Payroll taxes	192,075.	177,558.	14,517.	
11	Fees for services (nonemployees):	172,013.	177,330.	17,511	
a	Management				
b	Legal	2,233.		2,233.	
c	Accounting	19,600.		19,600.	
d	Lobbying	2570001		15/0001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	6,352.		6,352.	
17	Travel	2,977.	2,977.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	167,506.	167,506.		
23	Insurance	34,426.	34,426.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	115,075.	114,343.	732.	
b	UTILITIES	94,737.	85,263.	9,474.	
C	SUPPLIES	66,834.	66,286.	548.	
d	MAINTENANCE SUPPLIES	64,671.	64,671.		
e	All other expenses	169,684.	143,695.	25,989.	
25	Total functional expenses. Add lines 1 through 24e	3,963,831.	3,635,136.	328,695.	0.
26	Joint costs. Complete this line only if the organization		,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1			1,205,630.	1	909,667.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			282,204.	4	<u>259,392</u> .
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su		1.0		THE R	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
•	9					9	
	10a	Land, buildings, and equipment: cost or othe		4 004 060			
		basis. Complete Part VI of Schedule D	10a	4,834,960.	0.006.006	L.,	0.050.040
	1	Less: accumulated depreciation			2,296,926.		2,359,248.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets			14	·	
	15	Other assets. See Part IV, line 11			2 704 760	15	2 520 207
	16	Total assets. Add lines 1 through 15 (must e		3,784,760.	16	3,528,307.	
	17	Accounts payable and accrued expenses		15,069.	17	1,442.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Comple		10.1.1.1.0		20	
rA.	22	Loans and other payables to any current or for				21	III III III BAHUU
ties	22	trustee, key employee, creator or founder, su				8	
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		I			
		of Schedule D	•	· '	226,374.	25	257,068.
	26	Total liabilities. Add lines 17 through 25			241,443.	26	258,510.
		Organizations that follow FASB ASC 958, o	heck here	X		1 10	
ces		and complete lines 27, 28, 32, and 33.					
<u>lan</u>	27	Net assets without donor restrictions			272,877.	27	283,185.
Ва	28	Net assets with donor restrictions			3,270,440.	28	2,986,612.
Pun		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-	ds			29	
See	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			3,543,317.	32	3,269,797.
	33	Total liabilities and net assets/fund balances			3,784,760.	33	3,528,307.

Form 990 (2023)

Both consolidated and separate basis

Form	990	(2023)
------	-----	--------

2c

3a

X

X

Form 990 (2023)

2

3

5

6

7

9

Investment expenses

Separate basis

consolidated basis, or both: X Separate basis

Consolidated basis

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

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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

column (B)) ...

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

75-1336797 MID-CITIES LEARNING CENTER, Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 2

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

	-	-		
(Complete only	if you checked the box on line 5, 7, or 8 of	Part I or if the organization	failed to qualify under	Part III. If the organization
fails to qualify u	inder the tests listed below, please complet	e Part III \		

Se	ction A. Public Support	,	•••••	•			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		1=1	157		(5)	4.7
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support, Subtract line 5 from line 4.						
		/=1.2010	(h) 2020	(-) 0001	(4) 2022	(-) 0000	(6) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
0	dividends, payments received on					į	
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f				501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ						
	Public support percentage for 2023 (14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	_					
	stop here. The organization qualifies	as a publicly supp	ported organization	n			
b	33 1/3% support test - 2022. If the	100					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	00.00					and the second s
	and if the organization meets the fact					t VI how the organiz	ation
	meets the facts and circumstances to	-	137	* * * * * * * * * * * * * * * * * * * *	•		
b	10% -facts-and-circumstances tes	9.0	_				10% or
	more, and if the organization meets the				•		
40	organization meets the facts-and-circ		=		-		
18	Private foundation. If the organization	in did not check a	<u>i box on line 13, 16</u>	oa, 16b, 17a, or 17	D, Check this box	and see instruction	s

Schedule A (Form 990) 2023 MID-CITIES LEARNING CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	now, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(2) 2010	(6) 2020	(0) 2021	(0) 2022	(0) 2020	(i) rotar
•	membership fees received. (Do not					j	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
~	merchandise sold or services per-						
	formed, or facilities furnished in					1	
	any activity that is related to the						
	organization's tax-exempt purpose	-			-		
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
	(1)	-					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				!		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge				ļ		
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			HER STEEL TO			
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b					1	
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	<u></u>			ational and a constant		
Seg	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15		25,289	16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage)			
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	•					and
	line 18 is not more than 33 1/3%, che						
	Drivete formulation of the organization					_	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
3	а		
3	b		
3	C		
4	а		
4	b		
4	С		
5	a		
	ib ic		
	6		
111			#
	7		
	8		
5)a		
)b		
	,L)		
- 8	c		
1	0a		
1	0b		

Sche	dule A (Form 990) 2023 MID-CITIES LEARNING CENTER, INC. 75-13	<u> 3679</u>	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	_11b_		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11111		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		111111111111111111111111111111111111111	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio		ŀ
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		I	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1 11	11
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			W =
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	.1	

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.

	ule A (Form 990) 2023 MID-CITIES LEARNING CEI			/5-1336/9/ Page (
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3.	4		
5 C	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ited Type III supporting or	nanization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:
a Excess from 2019
b Excess from 2020
c Excess from 2021
d Excess from 2022
e Excess from 2023

and 4c.

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

Inspection

Name of the organization

MID-CITIES LEARNING CENTER, INC.

Employer identification number 75-1336797

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
_	organization arginorous from out of the out of the	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
		. , , ,	
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e esticty the requirements of section 170	'h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservati		
-	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, 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 fur	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

200	dule D (Form 990) 2023 MID-CIT: TIII Organizations Maintaining C		NG CENTER		r Otho		133679		<u>ige 2</u>
								iuea)	
3	Using the organization's acquisition, accession	on, and other record	ds, check any of the	e following that	make si	gnificant use of	its		
	collection items (check all that apply).								
а	Public exhibition	(change progra	m				
b	Scholarly research	•	e L Other						
C	Preservation for future generations								
4	Provide a description of the organization's co		·	_			Part XIII.		
5	During the year, did the organization solicit or							_	1
	to be sold to raise funds rather than to be ma						Yes		No
Pal	reported an amount on Form 990, Par		ete if the organizatio	n answered "\	es" on F	orm 990, Part I	V, line 9, or		
1a	Is the organization an agent, trustee, custodion Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								_
		,	· ·				Amoun	t	
c	Beginning balance					1c			
ď	Additions during the year								
е	Distributions during the year						•		
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has beel	n provided in F	Part XIII	***************************************]
Pai	t V Endowment Funds Complete if	the organization an	swered "Yes" on Fo	orm 990, Part I	V, line 10				
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years b	ack (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	_							
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, column ((a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Term endowment9	6							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are held	and administe	red for th	e			
	organization by:							Yes	No
	(i) Unrelated organizations?				00000000000		3a(i)		
							3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organization			?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par									
	Complete if the organization answered	I "Yes" on Form 99	0, Part IV, line 11a.	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	1 1-7	t or other (other)		cumulated reciation	(d) Boo	k value	Ð
1a	Land			31,385.			8	1,3	85.
b	Buildings		4,5	76,826.	2,3	04,511.	2,27		
С	Leasehold improvements	171							
ď	Equipment		1.	76,749.	1	71,201.		5,5	48.
е	Other							288,01	
Total	, Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Pan	X, fine 10c, colum	n (B))			2,35	9,2	48.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	MID-CITIES	LEARNING	CENTER	, INC.		75-1336797	Page 3
Part VII Investments - 0	Other Securities						
	anization answered "Yes"	· · · · · · · · · · · · · · · · · · ·					
(a) Description of security or categorial		(b) Book va	lue	(c) Method of va	aluation: Cost o	r end-of-year market v	/alue
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F) (G)							
(H)		-				 	
Total. (Col. (b) must equal Form 990,	Part V line 12 col (R)\						
Part VIII Investments - I	Program Related						
	anization answered "Yes"	on Form 990. Par	t IV. line 11c.	See Form 990.1	Part X line 13		
(a) Description of i		(b) Book val				r end-of-year market v	/alue
(1)	-	(3)		(5)			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990,	Part X, line 13, col. (B))						
Part IX Other Assets		•					
Complete if the orga	anization answered "Yes"	on Form 990, Par	t IV, line 11d	. See Form 990,	Part X, line 15.		
	(a)	Description				(b) Book va	ılue
(1)							
(2)							
(3)							
(4)	<u></u>						
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal For	rm 990, Part X, line 15, co	ol. (B))					
Part X Other Liabilities							
	anization answered "Yes"	on Form 990, Par	t IV, line 11e	or 11f. See Form	n 990, Part X, lin		
	scription of liability					(b) Book va	lue
(1) Federal income taxes							
(2) ACCRUED WAGES							,209
(3) DUE TO STUDE							,145
(4) ACCRUED EXPE	NSES					18	<u>,714</u>
(5)							
(6)							
(7)							

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

257,068.

(8)

	edule D (Form 990) 2023 MID-CITIES LEARNING CEN			336797 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 12a.		2 600 211
1	Total revenue, gains, and other support per audited financial statements		1	3,690,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а				
b		2b		
C				
d			1 2	0
е	· · · · · · · · · · · · · · · · · · ·			<u>U.</u>
3	Subtract line 2e from line 1		3	3,690,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a				
b				•
C	***************************************		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			3,690,311.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	enses per Retui	n
	Complete if the organization answered "Yes" on Form 990, Part IV, fi	** .		0.000
1	Total expenses and losses per audited financial statements		1	3,963,831.
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			
C				
d	,			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,963,831.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Committee of the second		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C				O.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	101	5	3,963,831.
		0./		0/300/0021
	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		-00x28.00x20	
Prov	rt XIII Supplemental Information	4; Part IV, lines 1b and 2b	-00x28.00x20	
Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	-00x28.00x20	
Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	-00x28.00x20	
Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	-00x28.00x20	
Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	-00x28.00x20	
Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	-00x28.00x20	

SCHEDULE E (Form 990)

Schools

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 75-1336797

MID-CITIES LEARNING CENTER, INC.

Part I YES | NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X 2 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II X 3 NEWSPAPER ADVERTISEMENTS, ANNOUNCEMENTS, POLICY STATEMENT HANDBOOK. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? X 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5a Admissions policies? X c Employment of faculty or administrative staff? X 5c d Scholarships or other financial assistance? X e Educational policies? X 5e Use of facilities? g Athletic programs? X 5g Other extracurricular activities? X If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? X 6a b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II X

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

Schedule E (Form 990) 2023

Schedule E (Form 990) 2023 MID-CITIES LEARNING CENTER, INC. 75-1336797 Page 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
Line 6 - Explanation of Government Financial Aid:
THE ORGANIZATION RECEIVED STATE AND FEDERAL MONIES RELATIVE TO THE
OPERATION OF A TEXAS CHARTER SCHOOL. THESE GRANTS AND ENTITLEMENTS HAVE
BEEN REFLECTED AS PROGRAM SERVICE REVENUE.
ACCIDING SECTION 1

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MID-CITIES LEARNING CENTER, INC.	75-1336797
Form 990, Part VI, Section B, line 11b:	
A CERTIFIED PUBLIC ACCOUNTANT PREPARES THE FEDERAL FORM 9	90 WITH ASSISTANCE
FROM MANAGEMENT. THE BOARD OF DIRECTORS AND MANAGEMENT F	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 DOC	CUMENTS AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	
	1 300
	- 5

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2023

OMB No. 1545-0047

Open to Public Inspection

INC. MID-CITIES LEARNING CENTER, Name of the organization

Employer identification number 75-1336797

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

Direct controlling entity Ξ End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part 11

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	(4)	(6)]
Name, address, and EIN	Primary activity	Legal domicile (state or	m	Public charity	Direct controlling	Section 512(b	(SLX)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
TREETOPS INTERNATIONAL SCHOOLS INC					MID-CITIES	-	
75-2771732, 12500 S. PIPELINE ROAD, EULESS,	ı				LEARNING CENTER,		
TX 76040	EDUCATION	Texas	501(c)(3)		INC.	×	

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

Schedule R (Form 990) 2023

75-1336797

Page 2

INC. Schedule R (Form 990) 2023 MID-CITIES LEARNING CENTER, 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/Yes No		
Sping O No		
(i) General or managing partner?		
Code V.UBI camount in box 20 of Schedule K-1 (Form 1065)		
) nrtionate ons?		
Ch Dispropo allocati		
(g) Share of end-of-year assets		
(f) Share of total income		
Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(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

		(b)(13) rolled tity?	°N								_
		Section 512(b)(13) controlled entity?	Yes								
	(h)	Percentage ownership									
		Share of end-of-year									
	ω	Share of total income									
	(e)	Type of entity (C corp, S corp	(55.5)								
	(p)	Direct controlling entity									
	(c)	Legal domicite (state or foreign	country)								
ing the tax year.	(q)	Primary activity									
organizations incared as a corporation of their doing the tax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2023

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S. S.
1 During the tax year, did the organization engage in any of the following transaction:	is with one or more ri	transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?		_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			<u>t</u>	×
b Gift, grant, or capital contribution to related organization(s)				1p	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				- 1d	×
e Loans or loan guarantees by related organization(s)				1e	×
				;	
T Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				÷	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				i=	×
K Lease of facilities, equipment, or other assets from related organization(s)				¥	×
1 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 organization(s)	inization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses	***************************************	***************************************		10	×
q Reimbursement paid by related organization(s) for expenses				1	×
				#	
 Other transfer of cash or property to related organization(s) 				-	×
s Other transfer of cash or property from related organization(s)		***************************************	***************************************	15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	his 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)					
(4)					
(5)					
332163 04-28-23			Sped-S.	Schedule R (Form 990) 2023	2023

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) rcentage rnership						90) 2023
o Ge						rm 96
General or managing partner?						R (Fo
(h) Disproportion (ii) Disproportion (iii) Disproportion (iii) Disproportion (iiii) Disproportion (iiiiiii) Disproportion (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						Schedule R (Form 990) 2023
Disproper- tionate allocations?						
8 8 S			<u> </u>			
(g) Share of end-of-year assets						
Share of total income				e.:		
(e) Are all partners sec. S01 (c)(3) orgs.?						
Ve Sold		<u> </u>				
(d) Predominant income para (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity (state or foreign of entity (country) (country						

Schedule R	(Form 990) 2023 MID-CITIES LEARNING CENTER, INC.		Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
_	Travias againment in the responses to questions of correction to decimal actions.		
7 17			
		377	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
7.531.53.4			
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-			
		SECTION AND ADDRESS OF THE PARTY OF THE PART	
			- 170
G-W			
75			

orm 9	Form 990 Page 10	8			ŀ		990							
Asset	Description	Date Acquired	Method	Life	00 E >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
∺	LAND	07/01/79	ы			75,000.				75,000.			0.	
ന	LAND IMPROVEMENTS	07/01/79 L	н			6,385.				6,385.			0.	
4	LOWER SCHOOL BLDG & IMPROVEMENTS	07/01/79	SL	40.00	16	113,477.				113,477.	113,477.		°	113,477.
ហ		01/01/80	SL	40.00	16	209,905.				209,905.	209,905.		0	209,905.
41	PLAYGROUND EQUIPMENT	50/08/90	SL	7.00	9 1	10,462.				10,462.	10,462.		0	10,462.
43	COMPUTER SYSTEM	08/31/06	SL	7.00	16	8,140.				8,140.	8,140.		0	8,140.
80	NEW SCHOOL PHONE SYSTEM	08/08/07	SL	7.00	16	10,924.				10,924.	10,924.		.0	10,924.
49	STONE FLOORING - SCHOOL FACILITY	07/27/07	SI	7.00	19	48,172.				48,172.	48,172.		0	48,172.
50	50 ELECTRONIC SIGN	04/04/07	SL	7.00	16	26,713.				26,713.	26,713.		0	26,713.
51	IRRIGATION SYSTEM/LANDSCAPING	04/19/07	SL	7.00	16	7,450.				7,450.	7,450.		0	7,450.
5.5	GYM FLOOR	07/14/09	SI	7.00	91	24,999.				24,999.	24,999.		0.	24,999.
56	SERVER	04/06/09	SL	7.00	9 1	6,226.				6,226.	6,226.		0.	6,226.
57	PLAYGROUND EQUIPMENT	06/15/09	SI	7.00	16	9,421.				9,421.	9,421.		0.	9,421.
80	58 WATER FOUNTAIN	03/14/10 SL	SL	7.00	16	5,327.	ye w			5,327,	5,327.		0	5,327.
60	TILE AND CARPET FOR PORTABLE BUILDINGS	06/10/10	St	7.00	16	12,314.				12,314.	12,314.		0	12,314.
61	WOOD PLANK FLOORING FOR KINDER BUILDING	07/21/10	SI	7.00	16	15,808.				15,808.	15,808.		0	15,808.
62	MANAGED CART WITH 24 COMPUTERS	03/11/10	SI	5.00	16	17,499.				17,499.	17,499.		0	17,499.
63	LAWN TRACTOR	09/02/09	ST	5.00	16	7,786.	ho Hill			7,786.	7,786.		0	7,786.

328111 04-01-23

(D) - Asset disposed

Form 990	990 Page 10						066							
Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus Sec % Eycl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
65	METAL COVERING-ELEMENTARY PARKING	08/12/11	SL	10.00	16	29,590.				29 590.	29 590		0	29 590
	FIBER													
9	ELEM. BUILDING	11/02/11	SL	7.00	16	8,150.				8,150.	8,150.		0	8,150.
69	FIBER DATA DROPS FROM MS TO HS	08/14/12	SL	7.00	16	14,706.				14,706.	14,706.		0.	14,706.
7.0	70 WIRELESS CONTROLLER	04/16/12	SL	7.00	16	10,265.				10,265.	10,265.		0	10,265.
71	MANAGED CART WITH 24 COMPUTERS	04/16/12	SL	5.00	16	18,209.				18,209.	18,209.		0	18,209.
1 2		04/16/13		0	9	000				r	4		<	·
4 6		04/10/10	3 5	, R	1	Die .				, t	1 100		· .	0 4
1	COMPUTERS	21/23/10		9 9	D 4					ď :	•		· ·	
ņ	FIRE ALARM SISTEM	67/60//0	72	00.	9	# # # * A				4.4.4.	4 Ta . V		r o	4. 4. 4.
76	SERVER	07/22/13	SL	7.00	16	7,874.				7,874.	7,874.		0	7,874.
77	77 WIRELESS PHONE SYSTEM	08/28/14	SL	7.00	19	34,889.				34,889,	34,889.		0	34,889.
79	CHAIN LINK FENCES-KINDER	07/03/14	SL	7.00	16	11,623.				11,623.	11,623.		0	11,623.
80	NEW CARPET 3 CLASSROOMS IN TRAILER	06/22/16	ST	7.00	16	9,340.				9,340.	9,340,		0	9,340.
80	PAGODA REHAB, FENCE, DECK	07/27/16	SI	7.00	9 H	7,920.				7,920.	7,920.		0.	7,920.
91	RENOVATION-PAINTING	07/26/16	SL	7.00	16	1,350.				1,350.	1,350.		0	1,350.
92	SHI INTERNET HUBS (INTERNET NEW BUILDINGS)	05/27/16	SL	7.00	16	4,923.				4,923.	4,923.		0.	4,923.
g)	FIBER NEW ELEMENTARY	08/30/16	SL	7.00	16	32,144.				32,144.	32,144.		0	32,144.
94	BYO PLAYGROUND	08/25/16	SL	7.00	16	11,664.				11,664.	11,664.		0	11,664.
	* 990 Page 10 Total Other					836,997.				836,997.	755,612.		0.	755,612.

328111 04-01-23

(D) - Asset disposed

orm 9	Form 990 Page 10			Ī	-		990							
Asset No.	Description	Date Acquired	Method	Life	0 0 E >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services													
73	FOLK ART BUILDING	06/30/99	SL	40.00	16	45,953.				45,953.	27,764.		1,149.	28,913.
φ	DANCE STUDIO	09/30/93	SI	40.00	16	1,000.				1,000.	879.		25.	904.
7	GYM	04/01/89	SL	40.00	16	68,420.				68,420.	60,804.		1,711.	62,515.
00	TEMP. CLASS BUILDINGS (2)	12/31/97	SL	40.00	16	62,679.	Ţ			62,679.	41,003.		1,567.	42,570.
15	FOLK ARTS BUILDING 1999-2000	05/22/00	SL	40.00	16	55,177.				55,177,	32,072.		1,379.	33,451.
26	BUILDINGS	07/30/99	SI	40.00	16	1,110.				1,110.	671.		28.	669
27	RAM TECH BUILDING	07/31/00	SL	40.00	9 11	39,901.				39,901.	23,026.		998,	24,024.
30	30 MODULAR CLASSROOM	12/11/00	SI	40.00	16	52,044.				52,044.	29,600.		1,301,	30,901.
31	MODULAR CLASSROOM	10/03/00	SL	40.00	16	74,089.				74,089.	42,447.		1,852.	44,299.
34	CARETAKER'S MOBILE HOME	05/15/03	SL	40.00	9 1	18,050.				18,050.	9,250.		451.	9,701.
35	AIR CONDITIONING UNITS	08/22/03	SL	40.00	16	17,300.			***	17,300.	8,866.		433.	9,299,
36	PARKING LOT	10/09/03	SL	20.00	16	7,700.				7,700.	7,668.		32.	7,700.
37	BUILDING IMPROVEMENT - MODULAR BUILDING	06/15/04	SL	40.00	16	16,500.				16,500.	7,889.		413.	8,302.
38	PARKING LOT	06/17/05	SL	20.00	- 1	57,590.			8	57,590.	52,431.		2,880.	55,311.
39	FOOTBRIDGE	06/29/05	SL	25.00	9	25,203.				25,203.	18,314.		1,008.	19,322.
40	BUILDING - SCHOOL FACILITY	08/31/07	SL	40.00	16	45,463.				45,463.	18,280.		1,137.	19,417.
42	42 BUILDING - SCHOOL FACILITY	08/31/07	SL	40.00	16	739,301.				739,301.	297,261.		18,483,	315,744.

328111 04-01-23

For	Form 990 Rage 10				-		990							
₹"	Asset Description	Date Acquired	Method	Life	Noe>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
118	44 BUILDING - SCHOOL FACILITY	08/31/07	Sī	40.00	16	70,07.				70,077.	28,031.		1,752.	29,783.
	45 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	78,722.				78,722.	31,489.		1,968.	33,457.
	46 BUILDING - SCHOOL FACILITY	08/31/07	SI	40.00	16	16,449.				16,449.	6,614.	OTHER DESIGNATION OF THE PERSON 411.	7,025.	
	47 BUILDING - SCHOOL FACILITY	08/31/07	SL	40.00	16	708,500.	IM			708,500.	284,876.		17,713.	302,589.
	53 BUILDING - SCHOOL FACILITY	08/31/08	SI	40.00	16	7,049.				7,049.	2,819.		176.	2,995.
	54 KINDER BUILDING ROOF REPAIRS	11/19/07	SI	40.00	9	11,295.				11,295.	4,518.		282.	4,800.
	59 ELEMENTARY ROOF SYSTEM	03/17/10	SL	40.00	16	14,600.				14,600.	5,110.		365.	5,475.
	64 FRENCH DRAIN	12/02/10	SL	15.00	16	11,187.				11,187.	9,695.		746.	10,441.
	66 ELEMENTARY BUILDING REMODEL	08/09/11	SL	15.00	16	123,558.				123,558.	106,011.		8,238.	114,249.
	74 KINDER BUILDING OFFICE	07/22/13	SL	40.00	16	12,345.				12,345.	3,112.		309.	3,421.
	78 CLASSROOM ADDITION-GYM	08/21/14	SL	40.00	16	54,951.	ŧ			54,951.	12,479.		1,373.	13,852.
	80 FOOTBRIDGE KINDER	08/20/14	SL	10.00	16	5,684.	N.			5,684.	5,163.		521.	5,684.
	CONCRETE PATIOS, SIDEWALKS, 81 RETAINING WALLS	08/03/15	SL	20.00	16	32,025.				32,025.	12,943.		1,601.	14,544.
	ROCK WALL, SEWER CREEK 82 CROSSING 4" LINE	08/04/15	SL	15.00	16	23,659.				23,659.	12,749.		1,577.	14,326.
	84 LAND CLEARING	11/18/15	SI	20.00	16	13,000.				13,000.	5,092.		650	5,742.
	85 PAGODA REHAB-ELECTRICAL	05/10/16	SIL	15.00	16	9,950.				9,950.	4,864.		663.	5,527.
	87 GABION WALL	07/14/16	SL	15.00	16	156,360.				156,360.	74,705.		10,424.	85,129.
	TRAILER RENOVATION TO	06/22/16 SL	SL	15.00	16	5,610.				5,610.	2,712.		374.	3,086.
3281	328111 04-01-23													

328111 04-01-23

(D) - Asset disposed

Form 9	990 Page 10						990							
Asset No.	Description	Date Acquired	Method	Life	V n o .	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
06	RENOVATIONS NEW CLASSROOMS ELEM, BUILDING	08/31/16	ZS	15.00	19	34,370.				34,370.	16,039.		2,291.	18,330.
و د	NEW ROAD	08/31/18	SL	15.00	16	232,728.				232,728.	77,576.		15,515.	93,091.
96	PAGODA RENOVATION	03/31/18	SL	15.00	16	23,794.				23,794.	8,592.		1,586.	10,178.
97	WATER MAIN	04/13/18	SI	15.00	16	25,149.	III			25,149,	9,082.		1,677.	10,759.
ου σο	WIRELESS SYSTEM	04/20/18	SL	7.00	10	23,818.	1			23,818.	18,430,		3,402.	21,832.
66	SECURITY CAMERA SYSTEM	04/02/18	SL	7,00	91	16,571.				16,571.	12,822.		2,368,	15,190.
100	FIBER ALL BUILDINGS	08/24/18	SL	7.00	16	41,776.		H		41,776.	29,840.		5,968.	35,808.
101	CACHE SERVER	08/24/18	SL	7.00	16	15,301.				15,301.	10,929.		2,186.	13,115.
102	SECURITY CAMERA SYSTEM	03/04/19	SI	7.00	16	.8998				8 66 8	5,142.		1,285.	6,427.
103	BRIDGE	08/31/19	SI	25.00	16	170,120.				170,120.	27,219.		6,805.	34,024.
104	ELEMENTARY	01/21/20	SI	40.00	1.6	18,062.				18,062.	1,618.		451,	2,069.
105	ELEMENTARY & HOSTEL ROOF REPAIRS	03/16/20	SI	40.00	16	10,186.				10,186.	870.		255.	1,125.
106	ELECTRONIC SIGN	06/01/20	SL	7.00	9	21,775.				21,775.	10,110.		3,111.	13,221.
107	107 PORTABLES ROOF REPAIRS	04/22/20	SL	40.00	91	26,500.				26,500.	2,208.		662.	2,870.
108	PAINTING BUILDING	07/02/20	SL	40.00	9 7	27,751.				27,751.	2,197.		694.	2,891.
109	POND REBUILD	08/31/20	SI	15.00	16	13,000.				13,000.	2,600.		867.	3,467.
110	FRENCH DRAIN	08/28/20	SL	15.00	19	7,640.				7,640.	1,528.		509.	2,037.
111	CLOUD BACKUP	01/10/20	SL	7.00	16	10,087.				10,087.	5,284.		1,441.	6,725.

328111 04-01-23

(D) - Asset disposed

Form	Form 990 Page 10						990							
Asset No.	Description	Date Acquired	Method	Life	No C No C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
112	2 WALK BRIDGE	03/23/22	SL	10.00	16	9,755.				9,755.	1,382.		975.	2,357.
113	SECURITY LIGHTS	05/16/22	SL	10.00	16	17,425.				17,425.	2,178.		1,742.	3,920.
114	4 AIR CONDITIONER	05/23/22	SL	10.00	16	12,116.				12,116.	1,515.		1,211.	2,726.
115	BUILDING ACCESS CONTROL SYSTEM	08/16/22	SL	15.00	16	111,761.				111,761.	7,451.		7,451.	14,902.
116	6 ENTRANCE WAY	08/22/22	SI	25.00	16	8,313,				8,313,	333.		332,	665.
117	7 AIR CONDITIONER	08/23/22	SL	10.00	16	9,980.				9,980.	998.		1,083.	2,081.
118	FIBER CABLES	11/29/22	SL	10.00	16	10,467.				10,467.	785.		1,047.	1,832.
119	WATER MAIN REPAIRS	12/07/22	SL	25.00	91	23,299.				23,299.	699.		932,	1,631.
120	FLOORING/CROWN MOLDING	06/27/23	SL	10.00	16	9,300.				9,300.	155.		930,	1,085.
121	SEWER PROJECT	08/02/23	SL	25.00	91	40,000.				40,000.			1,600.	1,600.
122	2 PAINTING	08/10/23	SL	10.00	16	26,375.				26,375.			2,638,	2,638.
123	ACCESS CONTROL SYSTEM	01/13/23	SI	5.00	16	7,750.				7,750.	1,033.		1,550.	2,583.
124	WINDOWS	02/24/23	SI	10.00	16	7,602.				7,602.	380.		760.	1,140.
125	WINDOW FILM	03/31/23	SL	10.00	9 1	31,372.				31,372.	1,307.		3,137.	4,444.
126	S BULLET CAMERAS	04/23/23	SL	10.00	16	32,494.				32,494.	1,083.		3,249.	4,332.
127	PAINTING	07/30/24	St	10.00	16	33,715.				33,715.			0	
128	CREEK REPAIR PROJECT	03/04/24	SL	25.00	16	68,640.	1			68,640.			0	1
129	129 LAND SURVEY	06/26/24	SL	25.00	16	18,740.				18,740.			0.	
328111 04-01-23	14-01-23													

328111 04-01-23

(D) - Asset disposed

Form 9	Form 990 Page 10						990							
Asset No.	Description	Date Acquired	Method	Life	Ωοε> Ε̈́ο	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
130	130 POND EROSION REPAIR	06/26/24	SL	25.00	16	5,169.	Ī			5,169.			0	
131	DEAD TREE REMOVAL	06/12/24	SL	25.00	16	19,250.				19,250.			0.	
132	FEASIBILITY STUDY	08/30/24	SL	10.00	16	9,920.	Ü			9,920.			0	
133	GOLF CART	08/01/24	SL	5.00	16	10,298.				10,298.		=(v)	0	
134	LONG RANGE CAMERA SYSTEM	01/10/24	200DB	10.00	HY19D	8,057.				8,057.			537.	537.
135		02/16/24	200DB 10.00		HX19D	56,040.				56,040.			3,269.	3,269.
	* 990 Page 10 Total Program Services				m	,997,965.				3,997,965.	,552,592.		167,506.1	,720,098.
	* Grand Total 990 Page 10													
	Depr				4	,834,962.				4,834,962.2	2,308,204.		167,506.2	2,475,710.
			i	i										
	Current Year Activity													
	Beginning balance				4	,605,133.			0	4,605,133.2	,308,204.		- 8	2,471,904.
	Acquisitions					229,829.			0.	229,829.	0.			3,806.
	Dispositions/Retired					·			0	0	.0			0
	Ending balance				4	,834,962.			0.	4,834,962.2	,308,204.		8	2,475,710.
	Ending accum depr									~	,475,710.			
	Ending book value									N	,359,252.			

(D) - Asset disposed

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

_{Fom} 4562

Depreciation and Amortization (Including Information on Listed Property)

990

2023

ZUZ3
Attachment
Sequence No. 179

Department of the Treasury Internal Revenue Service 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

Identifying number

MID-CITIES LEARNING C Part Election To Expense Certain Prope			m 990 Pa		V before vo	75-1336797
Maximum amount (see instructions)					- 	1,160,000.
2 Total cost of section 179 property place		in atm satismat				1,100,000.
						2 900 000
3 Threshold cost of section 179 property	from line 2. If zero	in intilitation			3 4	2,890,000.
4 Reduction in limitation. Subtract line 3						
5 Dollar limitation for tax year. Subtract line 4 from lin 6 (a) Description of pr		-0 If married filing separately, see	200	The state of the s		
6 (a) Description of po	порелу	(b) Cost (busin	ess use only)	(c) Elected	cost	
7 Listed property. Enter the amount from	n line 29		7			
8 Total elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6 and			8	
9 Tentative deduction. Enter the smaller						
10 Carryover of disallowed deduction from	n line 13 of your 20	022 Form 4562			10	
11 Business income limitation. Enter the s	maller of business	income (not less than zer	ro) or line 5		11	· · · · · · · · · · · · · · · · · · ·
12 Section 179 expense deduction. Add I	ines 9 and 10, but	don't enter more than line	11	POTENTIAL DE LA CONTRACTOR DE LA CONTRAC	12	
13 Carryover of disallowed deduction to 2						
Note: Don't use Part II or Part III below for			Del F			
Part II Special Depreciation Allows	ance and Other D	epreciation (Don't include	e listed property	.a		
14 Special depreciation allowance for qua					$\neg \neg$	
44		97. 71.50		•	14	
15 Property subject to section 168(f)(1) el						
16 Other depreciation (including ACRS)					16	163,700.
Part III MACRS Depreciation (Don't	include listed pro	perty. See instructions.)			10	103,700.
		Section A				
17 MACRS deductions for assets placed	in service in tay ve	ars heginning before 202	3 (2) (2) (2) (2)		17	· · · · · · · · · · · · · · · · · · ·
18 If you are electing to group any assets placed in ser						
		e During 2023 Tax Year (ation System	n
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention		(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property	H., =					
d 10-year property		64,097.	10 Yrs.	HY	200DB	3,806.
e 15-year property						
f 20-year property						
g 25-year property		···	25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
 Nonresidential real property 	/			MM	S/L	· · · · · · · · · · · · · · · · · · ·
Section C - Assets F	Placed in Service	During 2023 Tax Year Us	sing the Alterna		<u> </u>	em
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)			-	·		
21 Listed property. Enter amount from line	e 28		ESTERACT VI	bages (scue) cland	21	
22 Total. Add amounts from line 12, lines						
Enter here and on the appropriate lines					22	167,506.
23 For assets shown above and placed in				1 5 20 10 10 10 10		
portion of the basis attributable to sect	_	•	23			

more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	_No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	III LANG	
D	art VI Amortization		

42 Amortization of costs that begins during your 2023 tax year:	(f) nortization this year
TE The state of the coding dailing for Each for for	
43 Amortization of costs that began before your 2023 tax year 43	
44 Total. Add amounts in column (f). See the instructions for where to report	

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

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

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

SHERNOVALION PARINTING 1756 681 7.00 1,350	Asset	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
### SECTION CONTRICT NAME ##	918	RENOVATION-PAINTING SHI INTERNET HUBS (INTERNET NEW	7261	TS	0	,350		,350	,350	0
Program Services	92	BUILDINGS)	5271	SL	0	,923		,923	,923	0
## BYO PLAYCROUND ## 990 Page 10 Total Other ## 100 Page 11 10 Fotal Other ## 100 Page 12 Total Other ## 100 Page 12 Total Other ## 100 Page 13 Total Other ## 100 Page 14 Total Other ## 100 Page 15 Total Other ## 100 Page 16 Total Other ## 100 Page 17 Total Other	931	FIBER NEW ELEMENTARY	8301	SL	0.	2,144		2,144	2,144	
Program Services	941	BYO PLAYGROUND	8251	SL	0.	1,664		1,664	1,664	
Program Services	**	* 990 Page 10 Total Other				36,997		36,997	55,612	0
Action A		Program Services					1110			
Color	77	FOLK ART BUILDING	6309		0.0	5,95		5,953	8,91	,14
Marker Class Building (2)	19		9309	1	0.0	,000		1,000	04	
SECOND CLASS BUILDINGS (2) 12319781 40.00 62,679 62,679 42,570 1,56	77	GYM	4018		0.0	8,420		8,420	2,515	,71
SECING ARTS BUILDING 1999-2000 055200SL 40.00 55,177. 55,177. 33,451. 1,37 2501LDINGS 073109SL 40.00 1,110. 1,110. 699. 20 20 20 20 20 20 20 2	80	TEMP. CLASS BUILDINGS (2)	2319		0.0	2,679		2,679	2,570	,56
SALILIDINGS 073199SL 40.00 1,110 1,110 699 299 299000ULAR CLASSROOM 121100SL 40.00 39,901 39,901 24,024 39,901 1,855 24000ULAR CLASSROOM 100300SL 40.00 74,089 74,089 44,299 1,855 25 AR CONDITIONING UNITS 100903SL 40.00 17,300 17,300 9,299 44,299 1,855 25 AR CONDITIONING UNITS 100903SL 40.00 17,300 17,300 9,299 44,299 1,855 20.00 7,7	151	FOLK ARTS BUILDING 1999-2000	5220		0.0	5,177		5,177	3,451	,37
PRAM TECH BUILDING	26	BUILDINGS	7309		0.0	,110		1,110	669	7
MODULAR CLASSROOM	27E	RAM TECH BUILDING	7310		0.0	9,901		9,901	4,024	O
MODULAR CLASSROOM	301	MODULAR CLASSROOM	21100		0.0	2,044		2,044	0,901	,30
## CARETAKER'S MOBILE HOME 051503SL 40.00 18,050 18,050 9,701 45	31	MODULAR CLASSROOM	00300		0.0	4,089		4,089	4,299	,85
SAIR CONDITIONING UNITS 082203SL 40.00 17,300 7,700 7,700 7,700 SPARKING LOT 100903SL 20.00 7,700 7,700 7,700 7,700 BUILDING IMPROVEMENT - MODULAR 061504SL 40.00 16,500 16,500 8,302 41 PRAKKING LOT 061705SL 20.00 57,590 55,311 2,27 SPARKING LOT 061705SL 20.00 57,590 55,311 2,27 SPARKING LOT 061705SL 20.00 25,203 45,463 19,417 1,13 SPOOTBRIDGE SCHOOL FACILITY 083107SL 40.00 70,077 29,783 1,75 BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077 29,783 1,75 BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077 29,783 1,75 BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077 29,783 1,77 BUILDING - SCHOOL FACILITY 083107SL 40.00 70,49 70,07 29,783	34(闰	51503	Ì	0.0	8,05		8,050	,701	S
Color Colo	35	AIR CONDITIONING UNITS	8220	ы	0.0	7,30		7,300	,29	3
BUILDING IMPROVEMENT - MODULAR 061504SL 20.00 57,590. 57,590. 8,302. 41 BUILDING BPARKING LOT 061705SL 20.00 57,590. 55,311. 2,27 061705SL 20.00 57,590. 55,311. 2,27 062905SL 25.03. 19,322. 1,00 BBUILDING - SCHOOL FACILITY 083107SL 40.00 739,301. 739,301. 315,744. 11,71 BBUILDING - SCHOOL FACILITY 083107SL 40.00 78,722. 70,077. 29,783. 11,71 BBUILDING - SCHOOL FACILITY 083107SL 40.00 78,722. 70,499. 11,295. 11,295. 11,295. 11,187. 11,187. 11,187. 114,600. 12,3,558. 114,249.	361	PARKING LOT	0600	ц	0.0	, 70		,70	,70	0
PARKING LOT	H	IMPROVEMENT								
BPARKING LOT 061705SL 20.00 57,590 57,590 55,311 2,27 9FOOTBRIDGE 062905SL 25.03 25,203 19,322 1,00 9FOOTBRIDGE 25,003 25,203 19,322 1,00 9BUILDING - SCHOOL FACILITY 083107SL 40.00 739,301 739,301 17,14 2BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077 29,783 1,75 5BUILDING - SCHOOL FACILITY 083107SL 40.00 78,722 78,722 33,457 1,96 5BUILDING - SCHOOL FACILITY 083107SL 40.00 78,722 76,449 7,025 37,657 1,771 3BUILDING - SCHOOL FACILITY 083107SL 40.00 7,049 7,049 7,049 7,049 1,771 3BUILDING - SCHOOL FACILITY 083108SL 40.00 7,049 7,049 2,995 17,71 3BUILDING - SCHOOL FACILITY 083108SL 40.00 7,049 2,995 17,71 4KINDER BUILDING READOR REPAIRS 11,295 14,600 7,0	371	BUILDING	6150		0.0	6,50	111	6,500	8,30	\vdash
9FOOTBRIDGE 062905SL 25,203 25,203 19,322 1,00 9BULIDING - SCHOOL FACILITY 083107SL 40.00 45,463 45,463 19,417 1,13 2BULIDING - SCHOOL FACILITY 083107SL 40.00 70,077 70,077 29,783 1,75 5BULIDING - SCHOOL FACILITY 083107SL 40.00 70,077 78,722 33,457 1,96 5BULIDING - SCHOOL FACILITY 083107SL 40.00 16,449 70,077 29,783 1,75 5BULIDING - SCHOOL FACILITY 083107SL 40.00 16,449 70,25 33,457 1,96 7BULIDING - SCHOOL FACILITY 083107SL 40.00 708,500 708,500 7025 41,96 7BULIDING - SCHOOL FACILITY 083107SL 40.00 7,049 2,995 17,71 3BULIDING - SCHOOL FACILITY 083107SL 40.00 7,049 2,995 4,800 4KINDER BUILDING READING 11,295 4,800 5,475 36,475 36,475 4FRENCH DRAIN 123,558 11,187	381		6170		0.0	7,59		7,590	5,31	,27
OBUILDING - SCHOOL FACILITY 083107SL 40.00 45,463. 45,463. 19,417. 1,13 EBUILDING - SCHOOL FACILITY 083107SL 40.00 739,301. 739,301. 315,744. 18,48 BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077. 29,783. 1,75 BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449. 7,025. 33,457. 1,96 BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449. 7,025. 32,589. 17,71 BUILDING - SCHOOL FACILITY 083107SL 40.00 7,049. 7,049. 7,025. 1,77 BUILDING - SCHOOL FACILITY 083107SL 40.00 7,049. 7,049. 7,025. 17,71 BUILDING - SCHOOL FACILITY 083107SL 40.00 7,049. 7,049. 7,049. 7,049. 7,049. 7,049. 7,049. 7,049. 17,71 BUILDING REMODEL 12,0210SL 40.00 14,600. 14,600. 5,475. 36 BUILDING REMODEL 080911ISL 15.00 123,558. 114,249. 7,049. 10,049. 10,049.	391		6290		5.0	5,20		5,203	9,32	,00
2BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077. 70,077. 29,783. 1,75 4BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077. 70,077. 29,783. 1,75 5BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449. 70,22. 33,457. 1,96 6BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449. 708,500. 708,500. 708,500. 17,71 7BUILDING - SCHOOL FACILITY 083107SL 40.00 708,500. 708,500. 708,500. 17,71 3BUILDING - SCHOOL FACILITY 083108SL 40.00 7,049. 2,995. 17,71 4KINDER BUILDING ROOF REPAIRS 111907SL 40.00 11,295. 4,800. 5,475. 9ELEMENTARY ROOF SYSTEM 120210SL 15.00 123,558. 114,249. 70,441. 4FRENCH DRAIN 10,441. 15.00 123,558. 114,249. 10,441.	401	- SCHOOL	8310		0.0	5,463		5,463	9,417	,13
## BUILDING - SCHOOL FACILITY 083107SL 40.00 70,077. 70,077. 29,783. 1,75 5BUILDING - SCHOOL FACILITY 083107SL 40.00 78,722. 33,457. 1,96 6BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449. 16,449. 7,025. 33,457. 1,96 708,500. 302,589. 17,71 8BUILDING - SCHOOL FACILITY 083107SL 40.00 708,500. 708,500. 302,589. 17,71 8BUILDING - SCHOOL FACILITY 083107SL 40.00 7,049. 7,049. 2,995. 17,71 4KINDER BUILDING ROOF REPAIRS 031710SL 40.00 11,295. 14,600. 5,475. 36 4FRENCH DRAIN 120210SL 15.00 11,187. 11,187. 10,441. 74 6ELEMENTARY BUILDING REMODEL 15.00 123,558. 114,249. 8,23	421	- SCHOOL	8310		0.0	39,301		39,301	15,744	8,48
SBUILDING - SCHOOL FACILITY 083107SL 40.00 78,722 78,722 33,457 1,96 BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449 16,449 7,025 41 BUILDING - SCHOOL FACILITY 083107SL 40.00 708,500 708,500 302,589 17,71 BUILDING - SCHOOL FACILITY 083108SL 40.00 7,049 7,049 2,995 17,71 4KINDER BUILDING ROOF REPAIRS 111907SL 40.00 14,600 14,600 5,475 36 9ELEMENTARY ROOF SYSTEM 120210SL 15.00 11,187 11,187 10,441 74 4FRENCH DRAIN 080911SL 15.00 123,558 114,249 8,23	44	- SCHOOL	8310		0.0	0,077		0,077	29,783	,75
BUILDING - SCHOOL FACILITY 083107SL 40.00 16,449 16,449 7,025 41 7BUILDING - SCHOOL FACILITY 083107SL 40.00 708,500 708,500 302,589 17,71 3BUILDING - SCHOOL FACILITY 083108SL 40.00 7,049 2,995 17,71 4KINDER BUILDING ROOF REPAIRS 111907SL 40.00 14,600 4,800 5,475 9ELEMENTARY ROOF SYSTEM 120210SL 15.00 11,187 10,441 74 4FRENCH DRAIN 11,187 114,249 8,23 6ELEMENTARY BUILDING REMODEL 080911SL 15.00 123,558 114,249 8,23	451	- SCHOOL	8310		0.0	8,722		8,722	3,457	,96
CHOOL FACILITY 083107SL 40.00 708,500. 7,049. 302,589. 17,71 CHOOL FACILITY 083108SL 40.00 7,049. 7,049. 2,995. 17 ING ROOF REPAIRS 031710SL 40.00 11,295. 11,295. 4,800. 28 OOF SYSTEM 120210SL 15.00 11,187. 11,187. 10,441. 74 UILDING REMODEL 080911SL 15.00 123,558. 114,249. 8,23	46	- SCHOOL	8310		0.0	6,449		6,449	,025	4
CHOOL FACILITY 0831085L 40.00 7,049. 7,049. 2,995. 17 ING ROOF REPAIRS 0317105L 40.00 11,295. 11,295. 4,800. 28 OOF SYSTEM 1202105L 15.00 11,187. 11,187. 10,441. 74 UILDING REMODEL 0809115L 15.00 123,558. 114,249. 8,23	_	- SCHOOL	8310		0.0	08,500		08,500	02,589	7,71
ING ROOF REPAIRS 111907SL 40.00 11,295. 11,295. 4,800. 28 OOF SYSTEM 120210SL 15.00 11,187. 11,187. 10,441. 74 UILDING REMODEL 080911SL 15.00 123,558. 123,558. 114,249. 8,23	531	- SCHOOL	8310	ii	0.0	,049		,049	66,	26
DOF SYSTEM 031710SL 40.00 14,600. 5,475. 36 120210SL 15.00 11,187. 11,187. 10,441. 74 UILDING REMODEL 080911SL 15.00 123,558. 114,249. 8,23	54		1190		0.0	1,29		1,295	,80	∞
120210SL 15.00 11,187. 11,187. 10,441. 74 UILDING REMODEL 080911SL 15.00 123,558. 123,558. 114,249. 8,23	591		3171	N	0.0	4,60		4,60	, 47	9
08 09 11 SL 15.00 123,558. 123,558. 114,249. 8,23	641	FRENCH DRAIN	2021	ᄓ	5.0	1,18		11,18	10,44	74
	199	ELEMENTARY BUILDING REMODEL	809	L	5.0	3,55		23,55	14,24	, 23

1 5

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

Description	Date Acquired	Method	Life	st Or Basi	Reduction In Basis	asis For preclation	mulater ec ation	5.5
74KINDER BUILDING OFFICE 78CLASSROOM ADDITION-GYM	082114	SI	40.00	12,345.		345 951	3,421.	1,374.
80FOOTBRIDGE KINDER	82014	SL	0.0	5,684		, 68	5,684	
CONCRETE PATIOS, SIDEWALKS,	, ,	į		0		0	i	(
RETAINING WALLS ROCK WALL, SEWER CREEK CROSSING 4"	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	72	70.00	34,045.		34,045.	14,544.	1,601.
	80415		5.0	3,65		3,659	,32	-
84LAND CLEARING	11815	闖	0.0	000'		00,	5,742	65
85pagoda rehab-electrical	051016	SL	15.00	മ	2.1	σ	5,527.	663.
	71416		5.0	,36		,360	, 12	N
89TRAILER RENOVATION TO CLASSROOMS	62216	H	5.0	,61		,610	, 08	-
RENOVATIONS NEW CLASSROOMS ELEM.								
	83116	SL	5	34,37		34,37	8,33	, 29
	83118	SI	5.0	2,72		2,72	3,09	,51
6PAGODA RENOVATION	33118	SI	5.0	3,79		3,79	0,17	, 58
	41318		5.0	5,14		5,14	0,759	,67
SYSTEM	42018		0.	3,81		3,81	1,832	98
CAMERA SYSTEM	40218		0.	6,57		6,57	5,19	,38
BUILDINGS	82418		0	,77		,77	,80	96'
SERVER	82418	ı	0.	5,30		5,30	3,11	,18
SECURITY CAMERA SYSTEM		SL	7.00	∞		8,998.	9	1,285.
	83119		5.0	0,12		0,12	,02	,80
ROOF REPAIRS	12120		0	90'		, 06	90'	LO
& HOSTEL ROOF REPAIRS	31620		0.0	0,18		0,18	,12	2
SIGN	60120		0	1,77		1,77	,22	\vdash
7PORTABLES ROOF REPAIRS	42220		0.0	6,50		6,50	,87	9
108PAINTING BUILDING	70220		0.0	7,75		7,75	83	σ
	83120		5.0	3,00		3,00	,46	9
	82820		'n	,64		,640	,03	0
111CLOUD BACKUP	11020		0	0,0		,08	,72	4
	32322		0.0	9,75		,75	,35	~
3SECURITY LIGHTS	51622		0.0	7,42		7,42	,92	,74
14AIR CONDITIONER	52322		0	, 11		2,11	,72	\vdash
Managa Touring Andron Angres Indiana	01 600		C	76 1		76	0	45

- NEXT YEAR FEDERAL -

MID-CITIES LEARNING CENTER, INC.

Accumulated Amount Of Depreciation	65. 33	81. 99	832. 1,0	631. 93	085.	600. 1,60	638. 2,6	583. 1,55	140. 76	4. 3,1	2	,37	,74	S	207	-	σ	,06	S	69. 10,5		0098. 183,019	710. 183,01	
Basis For Accur Depreciation Depre	,31	,980,	0,467.	,299.	9,300.	0,000,0	,375.	,750.	,602.	1,372.	2,494.	3,71	,64	8,74	,16	,25	,92	, 29	,05	,04		3997965. 172	834962.	
Reduction In Basis																								
Unadjusted Cost Or Basis	, 31	986,	,46	3,29	9,300.	00'0	,37	,75	, 60	1,37	2,49	3,71	9	8,74	,16	, 25	,92	, 29	,05	,04		3997965.	83496 496	
Life	5.0	0.0	0.0	5.0	10.00	5.0	0.0	0.	0.0	0.0	0.0	0.0	5.0	5.0	ъ.	5.0	0.0	0	10.0	0				
red Method	22		22	22	/23SL	23	23	23	23	23	23	24		24	24	24S	77	245	24200D	24200D				
Date Acquired	8	8	7	20	0627	8	8		22	3	42	73	8	62	62	덩	<u>က</u>	8	금	2	n N			
Description	6ENTRANCE WAY	AIR CONDITIONER	118FIBER CABLES	WATER MAIN REPAIRS	120FLOORING/CROWN MOLDING	SEWER PROJECT	PAINTING	123ACCESS CONTROL SYSTEM	124WINDOWS	125WINDOW FILM	126BULLET CAMERAS	PAINTING		LAND SURVEY	130POND EROSION REPAIR	DEAD TREE REMOVAL	132FEASIBILITY STUDY	BOLF CART	LONG RANGE CAMERA SYSTEM	SATE SECURITY SYSTEM	* 990 Page 10 Total Program Servic		* Grand Total 990 Page 10 Depr	
Asset	116E	117A	118F	119W	120F	1218	122F	123A	124M	125W	126	127P	1280	129L	130尼	131D	132F	1336	134L	1356	*	#	*	