Thank you for choosing Dixon & Associates TS, LLC for your Tax Accounting experience

I) I (Sel Vision of the second of the second

We look forward to hearing from you next year



Our Associates are qualified CPA's. EA's, and Tax Practitioner's here to help and serve as your financial advisors.

Ivy Curtis
MONARCH ACADEMY
30931 NORTH HEAD DRIVE
SPRING, TX 77386-

Enclosed is the 2022 Federal 990 tax return for MONARCH ACADEMY.

Your Federal tax return has been filed electronically. Please keep a copy of the return with your records. If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

COREY DIXON



For calendar	year 2022 or tax year beginning	Aug 01,	2022 a	nd ending <u>Jul 3</u>	1, 2	1023
Name line 2:	MONARCH ACADEMY 30931 NORTH HEAD I	DRIVE				<u>81-323-8453</u>
Email address						
(Form 990) Organization exempt und with gross receipts less the	en: der section 501(c), 527 or 4947(a)(der section 501(c), 527 or 4947(a)(han \$200,000 and total assets less tion 4947(a)(1) nonexempt charital	1) of the Internal F than \$500,000 a	Revenue Coot the the end of t	de (except black lung l he year (Form 990-EZ	enefit tr	
Preparer ID: $\frac{001}{\text{CORI}}$ Preparer name: $\frac{\text{CORI}}{\text{CORI}}$ Firm's name: $\frac{\text{DIX}(0)}{\text{Address}}$ City, State, ZIP Code: $\frac{\text{KELI}}{\text{COME}}$	ON & ASSOCIATES TS	5		Time in this retui Da PTI Self-employe Firm's EI	e: 07 N: P0 d: [] N: XX	041 minutes 7/31/2023 1347873 2-XXXXXXX 2-439-5640

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

		2022 cal	endar year, or tax year beginning Aug 01, 2022 , and end	ding Jul 31,	2023	
В	Check if	applicable:	C Name of organization MONARCH ACADEMY	D Employer	identification	on number
	Address	change	Doing business as			
一.			Number and street (or P.O. box if mail is not delivered to street address) Room/suite	XX-XXXX	XX	
ᆜ	Name ch	ange	30931 NORTH HEAD DRIVE	E Telephone	number	
Шι	nitial ret	urn	City or town State ZIP code	201 222	0153	
П	inal ratura	n/terminated	SPRING TX 77386-	281-323-	8453	
닏'	iliai returi	//terriiiriateu	Foreign country name Foreign province/state/county Foreign postal country	ode		
	Amended	d return		G Gross rece	eipts \$	178747.
\square	Application	on pending	F Name and address of principal officer: Ivy Curtis	H(a) Is this a group return for	r subordinates?	Yes X No
ш.	фрисан	on ponung	200211	H(b) Are all subordinate		
				• •		
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No," attach a lis	st. See instru	Ctions
J	Website	e: WWV	w.monarchk12.com	H(c) Group exemption r	number	
ĸ	Form of	organizatio	n: X Corporation Trust Association Other L Year	of formation: 2021	M State	of legal domicile: TX
	art I			0.10	otato	21 10ga: dominono: ===
			mmary	1 - 1		
ø	1	-		rch Academy	is a no	on-proiit
Activities & Governance			ization founded to enhance K-12 students access t			
Ë		qualit	ty learning experiences focusing on academic acce	leration.		
Š	2	Check to			of its net	assets.
ŏ	3	Number	r of voting members of the governing body (Part VI, line 1a)		3	6
∞ ∞	4	Number	r of independent voting members of the governing body (Part VI, line 1b) .	[4	6
<u>ë</u>	5		ımber of individuals employed in calendar year 2022 (Part V, line 2a)		5	9
≅	6		imber of volunteers (estimate if necessary)		6	5
ţ	7a		prelated business revenue from Part VIII, column (C), line 12		7a	
_	b		elated business taxable income from Form 990-T, Part I, line 11		7b	
-	<u> </u>	Net unit	elated business taxable income noni i oni 930-1, i art i, inie 11	Prior Year	70	Current Year
	8	Contribu	utions and grants (Part VIII, line 1h)		350.	132.
ne						
Revenue	9		n service revenue (Part VIII, line 2g)	676	010.	178615.
Ş	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	699	966.	178747.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			
	14	Benefits	s paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).	415	557.	97452.
JSE	16a	Professi	ional fundraising fees (Part IX, column (A), line 11e)			
Expenses	b		ndraising expenses (Part IX, column (D), line 25)			
ĕ	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	264	125.	40631.
	18		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).		982.	138083.
	19		e less expenses. Subtract line 18 from line 12		84.	40664.
- Se	1.0	11010110		Beginning of Current		End of Year
ets c	20	Total ac	ssets (Part X, line 16)	bogiiiiiiig or ourroin		Lila or roar
Asse Bala	21		bilities (Part X, line 26)			
Net Assets or Fund Balances	21		•			
			ets or fund balances. Subtract line 21 from line 20			
	rt II		nature Block			
			ry, I declare that I have examined this return, including accompanying schedules and statemen ect, and complete. Declaration of preparer (other than officer) is based on all information of whi			}
anu	beller, it	is true, com	ect, and complete. Declaration of preparet (other than officer) is based on all information of will		1/2023	
Sig	jn	0:		l .	1/2023	
He	re	Signati	ure of officer	Date		
			Ivy Curtis Direct	ctor		
		1	Type or print name and title	Ta . T		Torus
_		Prin	t/Type preparer's name Preparer's signature	Date	heck i	PTIN
Pai		COT	DEA DIAUM		elf-employed	
Pre	eparer		REY DIXON COREY DIXON	0775172025		
Us	e Only	y Firm	n's name DIXON & ASSOCIATES TS		XX-XXX	
		Firm	n's address 12650 N BEACH ST STE KELLER TX 76	Phone no.	972-439	<u>3-5640</u>
May	, tha I	المامية	ss this return with the preparer shown above? See instructions			Ves X No

	90 (2022)		XX-XXXXXX	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	•	lescribe the organization's mission:		
		ch Academy is a non-profit organization founded to enhance K-12		
		nts access to high-quality learning experiences by focusing on		
		mic acceleration and promoting careers in Science, Technology, eering, Art and Math STEAM.		
2		organization undertake any significant program services during the year which were not listed on		
_		r Form 990 or 990-EZ?	. Yes	X No
	•	describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
		3?	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program service		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	locations to other	rs,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 118270 . including grants of \$) (Revenue	\$ 1786	15.)
		ch Academy is a non-profit organization founded to enhance K-12	*	/
		ata aggoga to high quality learning experiences by feauging on		
	academ	mic acceleration and promoting careers in Science, Technology,		
	Engine	eering, Art and Math STEAM.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other pr	rogram services (Describe on Schedule O.)		
	(Expens)	
4e		ogram service expenses 118270.		

XX-XXXXXXX Page 3

Par	Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		Х
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		Х
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		Х
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		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- 0		21
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
D	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		Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		Λ
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	Х
14a		14a	21	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		37
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	0		23
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12, If "Ves." complete Schedule I, Parts I and II	21		x

Par	t IV Checklist of Required Schedules (continued)			1
22	Did the arganization report more than \$5,000 of grants or other assistance to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		Х
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		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		21
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		Λ
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
22	complete Schedule N, Part II	32		Х
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		21
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	ĺ

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

Form 990 (2022) MONARCH ACADEMY

Part VI

Sect	ion A. Governing Body and Management								
		. 1 -		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6							
	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation								
	any other officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under								
	supervision of officers, directors, trustees, or key employees to a management company or othe		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's	s assets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect								
	one or more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members								
	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertail	ken during							
	the year by the following:								
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be								
01	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		X				
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternai Revenue C	oae.)	Vaa	Na.				
100	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X				
	If "Yes," did the organization have written policies and procedures governing the activities of suc		IUa		Λ_				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt	The state of the s	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	illing the forms	114	21					
12a			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?								
	describe on Schedule O how this was done		12c		Х				
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and app								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		Х				
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	_							
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation of the organization of								
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa								
	the organization's exempt status with respect to such arrangements?		16b						
	ion C. Disclosure								
17 10									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that a		רטכ וונ	(C)					
		арріу. <i>plain on Schedule</i> O	١						
19	Describe on Schedule O whether (and if so, how) the organization made its governing document			,					
13	and financial statements available to the public during the tax year.	io, commoi di interest	Policy	,					
20	State the name, address, and telephone number of the person who possesses the organization's	s books and records							
	Ivy Curtis		53						
	30931 N Head Dr SPRING TX 77386-								

Form 990 (2022)	MONARCH ACADEMY	$XX-XXXXXXX$ Page \overline{I}
1 01111 330 (2022)	MONARCH ACADEMI	zzz zzzzzzz Paye

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 employees."
- 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 nor ar	ny related organ	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	tee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	òοx,	unles	Pos neck ss pe	rson	e is or/trust e mployee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ivy Curtis CEO	40	Х						26694.	0	0
(2) Jonathan Payne Vice President	2			Х				0	0	0
(3) Joynell Bean Member	2			Х				0	0	0
(4) Scott Mitchell President	2			Х				0	0	0
(5) Jason Wyatt Secretary	2			Х				0	0	0
(6) Jelela Curvey Treasurer	2			Х				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)									 	

P	Section A. Officers, Directors, To	rustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)	
	(A) Name and title	(B) Average hours	ю́ох,	unles	Pos neck ss pe d a c	erson direct	e than is both	h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated of oth	amount er
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compens from t organizati related orga	he on and
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal								26694.			
С	Total from continuation sheets to Part VII,	Section A										
d	Total (add lines 1b and 1c)								26694.			
2	Total number of individuals (including but not		listed	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of		
	reportable compensation from the organization	11									Ye	s No
3	Did the organization list any former officer, di employee on line 1a? <i>If</i> "Yes," complete Sche										3	X
4	For any individual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	and	d othe	er c	ompensation fro	m		21
	the organization and related organizations greindividual						•				4	Х
5	Did any person listed on line 1a receive or acc for services rendered to the organization? <i>If</i> "	crue compensati	ion fr	om :	any	unr	elate	d o	rganization or in	dividual	5	
Sec	tion B. Independent Contractors	res, complete	SCITE	uuie	, 0 1	UI 3	истр	<i>J</i> C13			3	X
1	Complete this table for your five highest comp	ensated indepe	nden	t co	ntra	ctor	rs tha	t re	ceived more tha	n \$100,000 of		
	compensation from the organization. Report c	•									ı's tax yea	ar.
	(A) Name and business add	dress							(B) Description of se	rvices ((C) Compensation	on
2	Total number of independent contractors (included than \$100,000 of compensation from the	•	nited	to th	nose	e lis	ted a	bov	e) who received			

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Part VIII	Statement of Revenue
	Statement of Revenue

		Check if Schedule O contains a resp	onse o	r note to any line	in this Part VIII.			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
g o	С	Fundraising events	1c					
fts,	d	Related organizations	1d					
ig ig	е	Government grants (contributions)	1e					
ns,	f	All other contributions, gifts, grants, and						
utio er (similar amounts not included above	1f	132.				
를 된	g	Noncash contributions included in						
ont od (lines 1a–1f	. 1g	\$				
ة ت	h	Total. Add lines 1a–1f			132.			
				Business Code				
ice	2a	Educational Service		611710	178615.	178615.		
Program Service Revenue	b							
yram Ser Revenue	С							
ame	d							
Pg.	е							
Pr	f	All other program service revenue						
	g	Total. Add lines 2a–2f			178615.			
	3	Investment income (including dividends		·				
	_	other similar amounts)						
	4	Income from investment of tax-exempt to	•					
	5	Royalties	 Real	(ii) Personal				
	60	_	· ·	(ii) i cisonai				
	6a	Gross rents 6a Less: rental expenses . 6b						
	b	Rental income or (loss) 6c						
	C d	Not rental income or (loca)						
	7a		urities	(ii) Other				
		sales of assets		.,				
		other than inventory 7a						
e n	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
Şev	С	Gain or (loss) 7c						
_	d	5 \ /	. <u></u>	<u> </u>				
Othe	8a	9						
0		events (not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising ex Gross income from gaming activities.	rents .					
	Эа	See Part IV, line 19	9a					
	b		9b					
		Net income or (loss) from gaming activit						
		Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
Sī				Business Code				
eo r	11a							
scellaneo Revenue	b							
Sel!	С							
Miscellaneous Revenue	d	All other revenue						
2		Total. Add lines 11a–11d			100045	100015		
	12	Total revenue. See instructions			178747.	178615.	İ	

Form 990 (2022) MONARCH ACADEMY XX-XXXXXXX Page 10

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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,						
	trustees, and key employees	12358.	6179.	6179.			
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	74702.	74702.				
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	10392.	10392.				
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
С	Accounting	1030.	1030.				
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17.						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column	10050					
40	(A), amount, list line 11g expenses on Schedule O.)	12358.	6179.	6179.			
12	Advertising and promotion	396.	396.	2.4.0.0			
13	Office expenses	7573.	4173.	3400.			
14	Information technology						
15	Royalties						
16	Occupancy	3595.	1798.	1707			
17 10	Travel	3595.	1/98.	1797.			
18	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	145.		145.			
21	Payments to affiliates	140.		140.			
22	Depreciation, depletion, and amortization						
23	Insurance	647.	376.	271.			
24	Other expenses. Itemize expenses not covered	017.	370.	271.			
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	BANK FEES	69.	69.				
b	WEBSITE	658.	658.				
С	DUES & SUBSCRIPTIONS	840.	840.				
d	PAYROLL FEES	12234.	10392.	1842.			
е	All other expenses	1086.	1086.				
25	Total functional expenses. Add lines 1 through 24e .	138083.	118270.	19813.			
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 (2022) MONARCH ACADEMY XX-XXXXXX Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es		Organizations that follow FASB ASC 958, check here X			
nc		and complete lines 27, 28, 32, and 33.			
ag	27	Net assets without donor restrictions		27	
<u>ш</u>	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ŧ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et '	32	Total net assets or fund balances		32	
Z	33	Total liabilities and net assets/fund balances		33	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		178	747.	
2	Total expenses (must equal Part IX, column (A), line 25)				083.	
3	Revenue less expenses. Subtract line 2 from line 1	3		40664.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities					
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	. \ //	10		40	664.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		3b			
			•			

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		ARCH ACADEMY AX-XXXXX						
Pa	rt I	Reason for Public Chari	ty Status. (All or	ganizations must co	mplete t	nis part.)	See instructions.	
The	org	anization is not a private foundat	tion because it is: (For lines 1 through 12	, check o	nly one bo	ox.)	
1		A church, convention of church	nes, or association	of churches described	in section	on 170(b)	(1)(A)(i).	
2	X	A school described in section	170(b)(1)(A)(ii). (A	ttach Schedule E (Fo	rm 990).)			
3		A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	0(b)(1)(A)(iii).	
4		A medical research organization	on operated in conju	unction with a hospital	describe	d in sect i	ion 170(b)(1)(A)(iii)	. Enter the
		hospital's name, city, and state		,			(// // // /	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	d or opera	ited by a (governmental unit d	escribed in
6		A federal, state, or local govern	nment or governme	ental unit described in	section 1	70(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)			rom a gov	ernmenta	al unit or from the ge	neral public
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9		An agricultural research organi				ted in cor	njunction with a land	-grant college
		or university or a non-land-grar university:	nt college of agricul	lture (see instructions)	. Enter th	e name, c	ity, and state of the	college or
10		An organization that normally receipts from activities related support from gross investment	to its exempt functi	ons, subject to certain	exceptio	ns; and (2) no more than 33 1	/3% of its
		acquired by the organization af						
11		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12		An organization organized and of one or more publicly support Check the box on lines 12a through the control of	ted organizations d	escribed in section 5	09(a)(1)	or section	509(a)(2). See sec	ction 509(a)(3).
а		Type I. A supporting organization (s	zation operated, su	pervised, or controlled	by its su	pported o	rganization(s), typic	ally by giving
		organization. You must cor			a majom,	01 1110 411		r trio cupportaring
b)	Type II. A supporting organic control or management of the organization(s). You must o	ne supporting orgar	nization vested in the s				
С		Type III functionally integr	ated. A supporting	organization operated				tegrated with,
		its supported organization(s	, , ,	-				
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organiza	ation generally must sa	atisfy a dis	stribution i	requirement and an	
е		Check this box if the organiz	,	•		•		vpe III
		functionally integrated, or Ty						
f		Enter the number of supported	organizations					
g		Provide the following information				-		
	(i)) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	•	
(A)					100	140		
(B)								
C)								
(D)								
Έ)								
Tota								

SCHEDULE E (Form 990)

Part I

Schools

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MONARCH ACADEMY

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

XX-XXXXXX

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
2	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		3.7	
d	with student admissions, programs, and scholarships?	4c 4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Χ
h	Other extracurricular activities?	5h		Х
	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?	6a		Χ
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Χ
7	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 pondiscrimination? If "No " explain on Part II	7	У	

SCHEDULE O (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.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number
XX-XXXXXXX

MONARCH ACADEMY	XX-XXXXXX
01. Form 990 governing body review/VI line 11	
Form 990 is reviewed by governing body before su	ubmission
02. Governing documents, etc, available to publ	ic/VI line 19
Governing documents are available to the public	upon request
03. List of other fees for services expenses	
Various Contractors (Tutors) - \$12,358	
04. List of other expenses	
Teachers Pay Teachers Lesson Plans - \$80	
Accident Purchase - \$6	
Board Retreat - \$1,000	

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Internal Revenue Service Sequence No. 179 Identifying number Name(s) shown on return Business or activity to which this form relates MONARCH ACADEMY FORM 990 - 1 XX-XXXXXX Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . 11 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) . Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) **19 a** 3-year property 950 **b** 5-year property c 7-year property **d** 10-year property **e** 15-year property **f** 20-year property **g** 25-year property 25 yrs. S/L **h** Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs. S/L **c** 30-year MM S/L 30 yrs. MM **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\underline{\text{Aug 01}}$, 2022, and ending $\underline{\text{Jul 31}}$, 20 $\underline{\text{23}}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN MONARCH ACADEMY XX-XXXXXX Name and title of officer or person subject to tax Ivy Curtis Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b. 6b. 7b. 8b. 9b. or 10b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 178,747 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). 3b 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5). . 4b 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury. I declare that I am an officer of the above entity or X I am a person subject to tax with respect to (name of entity) MONARCH ACADEMY , (EIN) XX-XXXXXX and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize DIXON & ASSOCIATES TS to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 07/31/2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 80484476262 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. COREY DIXON 07/31/2023 ERO's signature Date **ERO Must Retain This Form—See Instructions**

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