Form **990**

Return of Organization Exempt From Income Tax

2023

Open to Public

OMB No. 1545-0047

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.

Α	For the	2023 cal	lendar year, or tax year beginning	Aug 01, 2023	, and e	nding Jul 31,	2024	
В	Check if a	applicable:	C Name of organization MONARCH	ACADEMY		D Employe	r identificatio	n number
	Address	change	Doing business as					
$\overline{\Box}$			Number and street (or P.O. box if mail is n	ot delivered to street add	ress) Room/suite	87-18824	172	
ᆜ	Name ch	ange	30931 NORTH HEAD DRIVE			E Telephon	e number	
Ш	Initial retu	urn	City or town	State	ZIP code	281-323-	0/52	
П	Final return	/terminated	SPRING TX 77386			201-323-	-0433	
므	i iliai retuiri	//terriiiiateu	Foreign country name Foreign	province/state/county	Foreign postal	code		
Ш	Amended	d return				G Gross rec	eipts \$	362098.
П	Application	on pending	F Name and address of principal officer: IV	y Curtis		H(a) Is this a group return for	or subordinates?	Yes X No
			30931 North He SPRING	TX 77386		H(b) Are all subordinat	es included?	Yes No
_	T		' 	(in a series) 40.43	(-)(4) 507	If "No," attach a li		
	rax-exer	mpt status:	_	(insert no.) 4947	(a)(1) or 527	ii ivo, allaoira ii	ot. 000 mond	540110
J	Website	e: WWV	w.monarchk12.org		1	H(c) Group exemption	number	
K	Form of	organizatio	n: X Corporation Trust Associ	ation Other	L Yea	or of formation: 2021	M State of	of legal domicile: TX
	Part I	Sui	mmary		•		II	
	1		describe the organization's mission o	r most significant a	ctivities: Mona	arch Academy	is a no	n-profit
မွ	-	-	ization founded to enhance	-				/::_P=9==9
an			ty learning experiences :					
ern			· <u></u>				/ af:4a ma4	
Governance	2	Check to						
⊗ă	3		r of voting members of the governing		•		3	5
es	4		r of independent voting members of t	• • •	, ,		4	5
Ę	5		umber of individuals employed in cale	-			5	
Revenue Activities &	6		umber of volunteers (estimate if nece				6	5
	7a		related business revenue from Part				7a	78268.
	b	Net unre	elated business taxable income from	Form 990-1, Part I	, line 11		7b	
		0 ("				Prior Year		Current Year
	8		utions and grants (Part VIII, line 1h)				132.	
	9	-	m service revenue (Part VIII, line 2g)			178	615.	362098.
Ş	10		nent income (Part VIII, column (A), lir					
ď	11		evenue (Part VIII, column (A), lines 5					
	12		venue—add lines 8 through 11 (must eq			178	747.	362098.
	13		and similar amounts paid (Part IX, co	* * *	,			
	14		s paid to or for members (Part IX, col					
es	15		, other compensation, employee benefits			97	452.	72290.
ŝuŝ	16a		ional fundraising fees (Part IX, colun	, , ,				
Expenses	b		ndraising expenses (Part IX, column					
Ш	1		xpenses (Part IX, column (A), lines 1		631.	159284.		
	18		kpenses. Add lines 13–17 (must equa	•	• •		083.	231574.
	19	Revenu	ie less expenses. Subtract line 18 fro	om line 12			664.	130524.
Net Assets or	<u> </u>					Beginning of Curren	t Year	End of Year
sset	20		ssets (Part X, line 16)					
et A	21		abilities (Part X, line 26)					
			ets or fund balances. Subtract line 2	1 from line 20				
	art II		gnature Block					
	•		rry, I declare that I have examined this return, in					;
anu	beller, it i	Is true, com	rect, and complete. Declaration of preparer (oth	ier than officer) is based (on all information of w		2/2024	
Sig	gn	<u> </u>	James			J /	2/2024	
He	re	- 3	nature of officer			Date g	/18/202	4
					Dire	ector		
			Ivy Curtis					
			e or print name and title	Droporovio elementos		Data		DTIN
D-	id		-	Preparer's signature		Date	heck if	PTIN
Pa		Prin	e or print name and title nt/Type preparer's name			C	Check if	†
Pr	eparer	Prin	e or print name and title nt/Type preparer's name REY DIXON	COREY DIXON		C	elf-employed	P01347873
Pr		Prin COF Firm	e or print name and title nt/Type preparer's name REY DIXON n's name DIXON & ASSOCIATI	COREY DIXON ES TS		Firm's EIN	elf-employed	P01347873 7150
Pr Us	eparer e Only	Prin COF Firm Firm	e or print name and title nt/Type preparer's name REY DIXON	COREY DIXON ES TS STE KELLER		Firm's EIN 76244 Phone no.	80-0977 972-439	P01347873

	990 (2023)	MONARCH ACADEMY	87-1882472	Page 2
Pa	art III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		. 📙
1	Briefly d	escribe the organization's mission:		
	Monard	th Academy is a non-profit organization founded to enhance K-12		
	studer	nts access to high-quality learning experiences by focusing on		
	acader	nic acceleration and promoting careers in Science, Technology,		
2	Did the	organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	. Yes	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	?	Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4	Describe	e the organization's program service accomplishments for each of its three largest program service	s, as measured	by
	expense	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to othe	ers,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 231574. including grants of \$) (Revenue	\$ 3620	98.)
		nts access to high-quality learning experiences by focusing on		
	acader	nic acceleration and promoting careers in Science, Technology,		
		ering, Art and Math STEAM.		
1	/			
	_			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other n	ogram services (Describe on Schedule O.)		
	(Expens)	
4e		param service expenses 231574.		

Part	IV Checklist of Required Schedules		•	ago e
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
	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? 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, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total 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		X
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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	l		
	for any 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 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	١		
	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 fundraising event gross income and contributions on			
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		7,7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		37
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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	230		21
20	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</i> "Yes," <i>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			
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		3.5
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than \$25,000 in horicast contributions? In res, complete scriedule M	29		Λ
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		Ţ	
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	25.		
20	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 organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
0,	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			
	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	

Form 990 (2023) MONARCH ACADEMY Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 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 Χ 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? Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5b Х C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 X 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Х 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Χ Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 а 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b Section 501(c)(12) organizations. Enter: 11 а Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a 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 year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 X 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 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities

17

If "Yes," complete Form 6069.

17

Form 990 (2023) MONARCH ACADEMY Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 5 6 6 Χ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Χ If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Χ Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 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 arrangement 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request Own website Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Ivy Curtis 281-323-8453

30931 N Head Dr SPRING TX 77386

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

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 nor ar	ny related organi	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)	òох,	unles	Pos neck ss pe	rson	e t is or/trust en is or/trust compensated employee	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						33500.	0	0
(2) Elizabeth Sims President	2			Х				0	0	0
(3) Joynell Bean Director	2			х				0	0	0
(4) Laquetta Kenne Director	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)										

(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form **990** (2023)

Par	t VIII					rnata ta anu lina	in this Dort \/III			
		Check if Schedule O co	ntains	s a respoi	nse oi	note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts similar amounts not include Noncash contributions includes 1a–1f	oution s, grar ed abouded i		1a 1b 1c 1d 1e 1f	\$				
о в	h	Total. Add lines 1a-1f .	<u></u>							
Program Service Revenue	2a b c d e f	Educational Servic				Business Code 611710	362098.	283830.	78268.	
	g	Total. Add lines 2a-2f					362098.			
	3 4 5	Investment income (includi other similar amounts) Income from investment of Royalties	 tax-e	xempt bo	 ond pr	oceeds				
	6a b c d 7a	Gross rents Less: rental expenses . Rental income or (loss) Net rental income or (loss) Gross amount from	6a 6b 6c	(i) Secur		(ii) Other				
Revenue	b	sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c							
Other Re	d	Net gain or (loss) Gross income from fundrai	sing	1c).	 8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from f Gross income from gaming See Part IV, line 19 Less: direct expenses	activ	ities.	9a 9b					
	c 10a	Net income or (loss) from g Gross sales of inventory, le returns and allowances. Less: cost of goods sold.	gamin ess 	g activitie	10a 10b					
		Net income or (loss) from s								
Miscellaneous Revenue	11a b c	All other revenue				Business Code				
Mis	а е	All other revenue Total. Add lines 11a–11d .				<u> </u>				
	12	Total revenue. See instruc					362098.	283830.	78268.	

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).
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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		,	J	. ,			
	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	63416.	63416.					
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							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions).							
9	Other employee benefits							
10	Payroll taxes	8874.	8874.					
11	Fees for services (nonemployees):							
a	Management	4000	4000					
b	Legal	4000. 3960.	4000.					
c d	Accounting	3960.	3960.					
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
9	(A), amount, list line 11g expenses on Schedule O.)	93255.	93255.					
12	Advertising and promotion	7187.	7187.					
13	Office expenses	42231.	42231.					
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	2528.	2528.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21 22	Payments to affiliates							
23	Insurance	574.	574.					
23 24	Other expenses. Itemize expenses not covered	5/4.	5/4.					
	above. (List miscellaneous expenses on line 24e. If							
7	line 24e amount exceeds 10% of line 25, column							
\mathcal{A}	(A), amount, list line 24e expenses on Schedule O.)							
а	CHARITABLE CONTRIBUTIONS	1600.	1600.					
b	WEBSITE	704.	704.					
С	DUES & SUBSCRIPTIONS	549.	549.					
d	PAYROLL FEES	2696.	2696.					
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e .	231574.	231574.					
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							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
	·-··- · · · · · · · · · · · · · · · · ·							

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Form 990 (2023) MONARCH ACADEMY 87-1882472

Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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 25 26 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here | X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds. . .

Total liabilities and net assets/fund balances

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Form 9	990 (2023) MONARCH ACADEMY	87-	1882472	Paç	ge 12
Par	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		3620	098.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2315	
3	Revenue less expenses. Subtract line 2 from line 1	3		1305	524.
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	6			
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,				
	column (B))	10		1305	524.
ı arı	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			.]	
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.		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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.		. 2a		Х
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
D	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.		20		21
	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				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? \cdot		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t 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.

Form **990** (2023)

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning Aug $\,$ 01 $\,$, 2023, and ending Jul $\,$ 31 $\,$, 20 $\,$ 24 $\,$

2023

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 87-1882472 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 **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 362,098 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 **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here . . . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or X I am a person subject to tax with respect to (name Under penalties of periury. I declare that , (EIN) 87-1882472 of entity) MONARCH ACADEMY 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 | 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 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. Signature of officer or person subject to tax 08/22/2024 **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 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. COREY DIXON 09/18/2024 ERO's signature Date **ERO Must Retain This Form—See Instructions**

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

Form **8879-TE** (2023)