			EXTENDED TO MAY 15, 20			OMB No. 1545-0047
Form 990			Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (2021
			Do not enter social security numbers on this form a	-		Open to Public
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
_					UN 30, 2022	•
	Check if applicab	le: C Name o	forganization	-	D Employer identifica	tion number
	Addre		AN MIDDLE SCHOOL			
	Name	3	usiness as		43-1873629	9
	Initial			Room/suite	E Telephone number	-
	Final	4130	WYOMING	loon, outo	(314)771-7	7674
	termi	0_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,776,839.
	Amer returr	ded CT	LOUIS, MO 63116		H(a) Is this a group retu	rn
	Appli tion		nd address of principal officer: MARY ELIZABETH GRIM	ES	for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No
		empt status:		r 🗌 527	If "No," attach a lis	t. See instructions
			ANMIDDLESCHOOL.ORG		H(c) Group exemption r	number 🕨
K	orm o		X Corporation Trust Association Other ►	L Year	of formation: 2000 M S	State of legal domicile: MO
Pa	art I	Summary				
Ø	1		e the organization's mission or most significant activities: MARIA			
ŭ		SCHOOL	WELCOMING ADOLESCENT GIRLS OF ALL E	BACKGR	OUNDS, IS CO	MITTED
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asset	
Š	3					21
			lependent voting members of the governing body (Part VI, line 1b) \dots			21
es	5		of individuals employed in calendar year 2021 (Part V, line 2a)			24
Activities &	6		of volunteers (estimate if necessary)			50
Act	7a				<u>7a</u>	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		A			Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		<u>2,568,077.</u> 27,969.	<u>3,196,500.</u> 26,797.
Revenue	9	0	ce revenue (Part VIII, line 2g)		110,398.	70,178.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		11,703.	4,320.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,718,147.	3,297,795.
	12 13		 add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) 		239,340.	239,600.
	14				0.	0.
	40	-	r compensation, employee benefits (Part IX, column (A), line 4)		1,125,945.	1,233,222.
ses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) \blacktriangleright 454,29	8.		•••
Ě	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		663,651.	900,316.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,028,936.	2,373,138.
	19		expenses. Subtract line 18 from line 12		689,211.	924,657.
OL					ginning of Current Year	End of Year
lanc	20	Total assets (F	Part X, line 16)		9,307,657.	9,476,323.
Net Assets or	21		(Part X, line 26)		5,106,666.	4,677,545.
Net	22	Net assets or	fund balances. Subtract line 21 from line 20		4,200,991.	4,798,778.
Pa	art II	Signature	e Block			
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my kr	nowledge and belief, it is
<u>true</u>	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	

Sign	Signature of officer		Date						
Here	MARY ELIZABETH GRIMES,	PRESIDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					
Paid	DEIDRA A. DOERR, CPA	DEIDRA A. DOERR,	CPA 04/12/23 self-employe	P01070884					
Preparer	Firm's name 🕒 KERBER , ECK & BH	RAECKEL LLP	Firm's EIN 🕨	43-0352985					
Use Only	Firm's address SOUTH MEMOR	AL DR. STE 900							
	SAINT LOUIS, MO	63102	Phone no. 31	4-231-6232					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) MARIAN MIDDLE SCHOOL	43-1873629	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	<u></u>	
1	Briefly describe the organization's mission: <u>MARIAN MIDDLE SCHOOL SERVES ADOLESCENT GIRLS OF ALL RELI</u> AND ETHNIC BACKGROUNDS. WE ARE COMMITTED TO BREAKING THE		AL,
	POVERTY BY FOSTERING COMPREHENSIVE DEVELOPMENT AS A FOUN		
	COLLEGE READINESS.	DATION FOR	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?	Y	es 🚺 No
•	,		es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,690,745. including grants of \$239,600.) (Rever		2,684.)
	TO PROVIDE A CATHOLIC MIDDLE SCHOOL PROGRAM FOR YOUNG WO		
	THEM WITH A FULL RANGE OF EDUCATIONAL EXPERIENCES TO PRE	PARE THEM F	'OR
	ENTRY INTO ACADEMICALLY STRONG HIGH SCHOOLS.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,690,745.		000
		L'and	- 990 (2021)

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 Form 990 (2021)
 MARIAN MIDDLE SCHOOL

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
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		X X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Δ	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	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			_ <u></u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х

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 Form 990 (2021)
 MARIAN MIDDLE
 SCHOOL

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	i i		
	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	i i		
	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	i i		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i i		
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	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	í		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	í		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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 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?	í		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	<u></u>		
			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 1b 0	-		
	Dial the experimentian experiment with herein an experimentation of the second state of the			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2021) MARIAN MIDDLE SCHOOL	43-1873	629	P	_{age} 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				<u> </u>
				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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	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 Ac	counts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		
f a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
g b	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
0		-	8		
9	Sponsoring organizations maintaining donor advised funds.		Ū		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			ļ
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		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		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	•			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2	2021)
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MARIAN MIDDLE SCHOOL

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	.		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	1

b	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	Х	
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		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)-	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			

		(
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing	g documents, conflict of interest policy, and financial
	statements available to the public during the tax year.	

20	State the	e name, address,	, and telephone	number	r of the person	who po	ssesses the orgar	ization's books and rec	cords	►
	MARY	ELIZABET	TH GRIMES	5 –	(314)771	L-76	74			
	4130	WYOMING	STREET,	ST.	LOUIS,	MO	63116			

Form 990 (2		43-1873629	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete 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, 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 any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com ree		1099-NEC)		and related organizations
	line)	ndividual trustee or director	n stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY ELIZABETH GRIMES	40.00			0	×	υTe	ш			
PRESIDENT						X		145,677.	Ο.	15,708.
(2) RYAN CARNEY	1.00									
DIRECTOR		х						0.	Ο.	0.
(3) SISTER JULIE CUTTER	1.00									
MEMBER		Х						0.	Ο.	0.
(4) SISTER MARIE FENNEWALD	1.00									
MEMBER		Х		х				0.	Ο.	0.
(5) SISTER ROSALIE WISNIEWSKI	1.00									
MEMBER		Х		Х				0.	Ο.	0.
(6) JOHN HEADRICK	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LAURA HUGHES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) CARLA JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RUTH KIM	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CHRISTINE MCCOY	1.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(11) KIRK MILLS - LEFT 6/30/22	1.00									
DIRECTOR		Х						0.	0.	0.
(12) LINDSAY SELNER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JOHN FARNAN - LEFT 12/31/21	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOHN A. SHAUGHNESSY	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(15) ELIZABETH ANN GOODWIN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) TRUDY HAMILTON	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SR. JANET KUCIEJCZYK	1.00								_	
MEMBER				Х				0.	0.	<u> </u>

Form	990	(2021))

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable		Es	timate	ed
	hours per	box,	, unles	s per	rson i	s both	n an	compensation	compensation	n	an	nount	of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	I		other	
	(list any hours for	recto						the	organizations			pensa	
	related	e or di	ee			sated		organization	(W-2/1099-MIS	0/		om th	
	organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat 1 relat	
	below	dual ti	itiona	_	nploy	st cor	-	1000 1120)				inizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				e.ge		0110
(18) SR. BARBARA ROCHE	1.00												
MEMBER		1		х				0.		0.			0.
(19) JOHN MCARTHUR	1.00												
TREASURER		x		Х				0.		0.			0.
(20) THERESA SHAW	1.00												
DIRECTOR		x						0.		0.			0.
(21) LYNN ESCHENBACHER	1.00												
DIRECTOR		x						0.		0.			0.
(22) KATHY GARDNER	1.00												
DIRECTOR		x						0.		0.			0.
(23) SHANNON HAUF	1.00												
DIRECTOR		х						0.		0.			Ο.
(24) DEBBIE LIVINGSTON	1.00												
DIRECTOR		x						0.		0.			Ο.
(25) AURELIA WEIL	1.00												
MEMBER		1		х				0.		0.			Ο.
(26) MARY BETH BULTE	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								145,677.		0.	1	5,7	08.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								145,677.		0.	1	5,7	08.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch į	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	-									ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	rith c	or wi	thin		ear.				
(A)	addraaa	370	ONE					(B) Description of s	onviooo	C	(C ompei		n
Name and business	Description of s	ervices	0	ompe	Isalio								
							_						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **b**

Local process in local process in process (process process in process process in process process in local process in process procest process process process process process pr	Form 990 MARIAN MI	DDLE SC	нс	OL						43-187	3629			
Name and title Average how is per werk (list any) related organizations below below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations below (list any) related organizations (list any) related organizations	Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (
Hours (execk all that apply) week (list any bours for veek (list any bours for rolated organizations (W2/1089-MISC) compensation from related organizations (W2/1089-MISC) anount of other compensation from related organizations (27) TYLRE DUBN - LEPT 6/30/22 1.000 X 0 0. 0. 0. 0. (28) ALEXIS BERNEY 1.00 X 0 0. 0. 0. 0. 0. (29) BADY MATHEM 1.00 X 0 0. 0. 0. 0. (13) BIC208 MEE 1.00 X 0 0. 0. 0. 0. (13) BIC208 MEE 1.00 X 0 0. 0. 0. 0. (13) BIC208 MEE 1.00 X 0 0. 0. 0. 0. 0. <tr< td=""><td></td><td>(B)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		(B)												
per (Bit any) hours for related organizations below jack and below jack a	Name and title	-												
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(31) NICK RAGONE 1.00 x 0.0.0.0.0. MEMBER		1.00								0	0			
MEMBER X 0. 0. 0. 0.		1 0 0	X						0.	0.	0.			
		1.00	v						0	0	0			
	MEMBER		A						0.	0.	0.			
Image: Section A, line 1c Image: Section A, line 1c														
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Total to Part VII, Section A, line 1c														
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Total to Part VII, Section A, line 1c														
Total to Part VII, Section A, line 1c			1											
Total to Part VII, Section A, line 1c														
	Total to Part VII, Section A, line 1c													

		Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt	(D) Revenue exclu
				i otal revenue	function revenue	from tax un sections 512
ts	1 a	Federated campaigns 1a				
our	b	Membership dues 1b				
Ā	с	Fundraising events 1c	677,377.			
ar	d	Related organizations 1d				
and Other Similar Amounts	е	Government grants (contributions) 1e	243,186.			
ŝ	f	All other contributions, gifts, grants, and				
the			275,937.			
0 P	g	Noncash contributions included in lines 1a-1f	137,111.			
an	h	Total. Add lines 1a-1f	1	<u>3,196,500.</u>		
			Business Code			
	2 a	TUITION	611110	26,797.	26,797.	
Ð	b					
enu	С					
Sev	d					
Řevenue	е					
		All other program service revenue		06 808		
_		Total. Add lines 2a-2f		26,797.		
	3	Investment income (including dividends, intere		F0 100		F O 10
		other similar amounts)		52,183.		52,18
	4	Income from investment of tax-exempt bond p	. [
	5	Royalties				
			(ii) Personal			
		Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss)				
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Othor			
	7 a		(ii) Other			
Ð	D	Less: cost or other basis and sales expenses				
enuevenue						
eve		· · · · · · · · · · · · · · · · · · ·		17,995.		17,99
		Net gain or (loss)		17,995.		<u> </u>
	8 a	Gross income from fundraising events (not including \$ 677,377. of				
		contributions reported on line 1c). See				
		Part IV, line 18	21,110.			
	h	Less: direct expenses				
		Net income or (loss) from fundraising events	<u> </u>	-1,567.		-1,50
		Gross income from gaming activities. See	F	,		_, .
	-	Part IV, line 19				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities	▶			
		Gross sales of inventory, less returns	-			
		and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
			Business Code			
Revenue	11 a	MISCELLANEOUS	611110	5,887.	5,887.	
nue	b			-	-	
eve	с					
Ř		All other revenue				
				5,887.		·

MARIAN MIDDLE SCHOOL

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43-1873629

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	990 (2021) MARIAN MIDDL t IX Statement of Functional Expense			43-18	73629 Page
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(C)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	239,600.	239,600.		
	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				
	Compensation of current officers, directors,		4.4.550	14 500	
	trustees, and key employees	145,676.	14,553.	14,582.	116,54
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	866,382.	675,096.	54,192.	137,09
	Other salaries and wages	000,302.	075,090.	J4,192•	137,09
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	148,720.	104,496.	25,507.	18,71
	Payroll taxes	72,444.	46,666.	15,391.	10,38
	Fees for services (nonemployees):	,			
	Management				
	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	9,212.		9,212.	
g	Other. (If line 11g amount exceeds 10% of line 25,	124 051		40 01 5	
	column (A), amount, list line 11g expenses on Sch 0.)	134,951.		48,317.	86,63
	Advertising and promotion	F1 706	22 400	0 / 1 0	0 00
	Office expenses	51,796. 34,748.	<u>33,498.</u> 15,314.	<u>8,418.</u> 3,956.	<u>9,88</u> 15,47
1 -	Information technology	54,740.	15,514.	5,950.	15,47
5	Royalties	111,089.	90,625.	8,770.	11,69
,	Occupancy	111,005.	50,025.	0,110.	11,00
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	6,097.	3,175.	1,044.	1,87
)	Interest	113,242.	92,382.	8,940.	11,92
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	219,121.	178,757.	17,299.	23,06
3	Insurance	25,374.	20,700.	2,003.	2,67
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	GRADUATE SUPPORT	92,027.	92,027.		
	FOOD PROGRAM	60,874.	60,874.		
	MISCELLANEOUS	27,231.	8,785.	10,450.	7,99
d	ATHLETIC PROGRAMS	4,130.	4,130.		
е	All other expenses	10,424.	10,067.	14.	34
	Total functional expenses. Add lines 1 through 24e	2,373,138.	1,690,745.	228,095.	454,29
6	Joint costs. Complete this line only if the organization				

Form 990 (2021)

MARIAN	MIDDLE	SCHOOL

Pai		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,669,687.	1	2,631,293.
	2	Savings and temporary cash investments	1,473,053.	2	731,505.
	3	Pledges and grants receivable, net	997,318.	3	732,679.
	4	Accounts receivable, net	13,910.	4	25,304.
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	18,718.	9	12,059
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,119,840.Less: accumulated depreciation10b806,716.			
	b		2,501,796. 1,697,548.	10c	3,313,124 1,609,599
	11	Investments - publicly traded securities	1,697,548.		1,609,599
	12	Investments - other securities. See Part IV, line 11		12	420,760.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	935,627.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,307,657.	16	9,476,323
	17	Accounts payable and accrued expenses	36,279.	17	48,951
	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	5,070,387.	23	4,628,594
	24	Unsecured notes and loans payable to unrelated third parties	5,070,507.	24	4,020,394
	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	F	5,106,666.	25	4,677,545
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	5/100/0001	20	170777515
es		and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	2,566,816.	27	4,025,246.
sais	28	Net assets with donor restrictions	1,634,175.	28	773,532
ומנ		Organizations that do not follow FASB ASC 958, check here			
гuг		and complete lines 29 through 33.			
P.	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	4,200,991.	32	4,798,778.
~	33	Total liabilities and net assets/fund balances	9,307,657.	33	9,476,323.
			· ·	-	Form 990 (2021

 Form 990 (2021)
 I

 Part X
 Balance Sheet

Form	1990 (2021) MARIAN MIDDLE SCHOOL	43-18	73629	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,29	7,7	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,373	3,1	38.
3	Revenue less expenses. Subtract line 2 from line 1	3	924	1,6	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,200),9	91.
5	Net unrealized gains (losses) on investments	5	-326	5,8'	70.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,798	3,7'	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

ĺ	OMB No. 1545-0047				
	2021				
	Open to Public Inspection				

Nar	ne of t	he organization							identification number
			AN MIDDLE						3-1873629
Pa	art I	Reason for Public (Jonarity Status.	(All organizations must c	omplete th	nis part.) S	see instruction	S.	
The	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	X	A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section 5	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
c	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e		Check this box if the orga	anization received a \	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
<u> </u>	Prov	vide the following information	n about the supporte						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tet									
Tota	al								

Sobodulo A	Earm	000	000
Schedule A		990) 202

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		(1) _ 0 . 0	(0) _0.0			(1) 1010
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	
12	, ,						
13	First 5 years. If the Form 990 is for th	0		,	5	()()	
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the c					·	
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the c		-			or more check th	
	and stop here. The organization qual						
17-							
178	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		17a and line 15 is	
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	in did not check a	box on line 13, 16	a, 160, 1/a, or 17	D, CHECK THIS DOX A	na see instructions	<u> </u>

Schedule A (Form 990) 2021

	Schedule A	Form 990) 202
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MARIAN MIDDLE SCHOOL

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	le organization's fi	rst, second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organiz	ation,
	-	0					·
Se	ction C. Computation of Publi	c Support Per	centage				·
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
16						16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	1 0						%
19a	a 33 1/3% support tests - 2021. If the						
ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/39	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

MARIAN MIDDLE SCHOOL

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

chedule A	(Form 990) 202	MARIAN	MIDDLE	SCHOOL
Part IV	Supporting	Organizations (cont	tinued)	

Part IV

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

SUDEIVISEU. UI	controlled the	Supporting organ	iizalion.
Section C. Type	Il Supporti	ing Organiza	tions

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

	Section D	All Type II	I Supporting	Organizations
--	-----------	-------------	--------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the vear	(see instructions
•		inal life organization used	to satisfy the integral rait	iest during the year	1000 1100 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

132025 01-04-22

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

(Form 990) 2021 MARIAN MIDDLE SCHOOL Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Schedule A (Form 990) 2021

Part V

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

	(Form 990) 202		MIDDLE				
Part V	Type III No	n-Functionally Integ	grated 509(a)(3) Supporting	g Organizations	(continued	J)
Section D	- Distributions						

Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A		ARIAN MIDDLE		43-1873629 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	3b, 3c, 4b, 4c, 5a, 6, 9a, 2 and 3; Part IV, Section	nations required by Part II, line 10; Part II, line 13 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F s 2, 5, and 6. Also complete this part for any ad	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

SCHEDULE D	Supplementa	I Financial Statements		OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990,				2021
,	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			Open to Public
Department of the Treasury Internal Revenue Service		0 for instructions and the latest information		Inspection
Name of the organizati	on		Emplo	over identification number
	MARIAN MIDDLE SCHOO			43-1873629
	-	Funds or Other Similar Funds or A	ccounts	 Complete if the
organizatio	n answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at e	nd of year			
2 Aggregate value of	f contributions to (during year)			
3 Aggregate value of	f grants from (during year)			
	t end of year			
		riting that the assets held in donor advised fur	nds	
are the organization	on's property, subject to the organization's e	xclusive legal control?		Yes 📃 No
6 Did the organization	on inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	only	
for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose confe	ring	
impermissible priv	ate benefit?		-	🗌 Yes 🗌 No
Part II Conserv	ation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part IV	/, line 7.	
1 Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).		
Preservation	of land for public use (for example, recreati	on or education) Preservation of a his	torically in	portant land area
Protection of	f natural habitat	Preservation of a cer	tified histo	pric structure
		, <u> </u>	tified histo	pric structure
Preservation	f natural habitat n of open space	, <u> </u>		
Preservation	f natural habitat n of open space through 2d if the organization held a qualifie	Preservation of a cer	onservatio	
 Preservation Complete lines 2a day of the tax yea 	f natural habitat n of open space through 2d if the organization held a qualifie r.	Preservation of a cer	onservatio	n easement on the last
 Preservation Complete lines 2a day of the tax yea a Total number of complete 	f natural habitat n of open space through 2d if the organization held a qualifie r. onservation easements	Preservation of a cered conservation contribution in the form of a c	onservatio	n easement on the last
 Preservation Complete lines 2a day of the tax yea Total number of complete lines Total acreage rest 	f natural habitat n of open space through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements	Preservation of a cered conservation contribution in the form of a c	onservatio	n easement on the last
 Preservation Complete lines 2a day of the tax yea a Total number of cr b Total acreage rest c Number of conservation 	f natural habitat n of open space through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements	Preservation of a cered conservation contribution in the form of a c	onservatio H 2a 2b	n easement on the last
 Preservation Complete lines 2a day of the tax yea a Total number of conser b Total acreage rest c Number of conser d Number of conser 	f natural habitat n of open space through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic stru vation easements included in (c) acquired af	Preservation of a cered conservation contribution in the form of a c cture included in (a) ter 7/25/06, and not on a historic structure	onservatio H 2a 2b	n easement on the last
 Preservation Complete lines 2a day of the tax yea a Total number of conser b Total acreage rest c Number of conser d Number of conser listed in the Nation 	of natural habitat n of open space through 2d if the organization held a qualifie r. poservation easements ricted by conservation easements vation easements on a certified historic stru vation easements included in (c) acquired af nal Register	Preservation of a cered conservation contribution in the form of a c	onservatio 2a 2b 2c 2d	on easement on the last leld at the End of the Tax Yea
 Preservation Complete lines 2a day of the tax yea a Total number of conser b Total acreage rest c Number of conser d Number of conser listed in the Nation 	of natural habitat n of open space through 2d if the organization held a qualifie r. poservation easements ricted by conservation easements vation easements on a certified historic stru vation easements included in (c) acquired af nal Register	Preservation of a cered conservation contribution in the form of a c cture included in (a) ter 7/25/06, and not on a historic structure	onservatio 2a 2b 2c 2d	on easement on the last leld at the End of the Tax Yea
 Preservation Complete lines 2a day of the tax yea a Total number of conser b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser year 	of natural habitat n of open space through 2d if the organization held a qualifie r. poservation easements ricted by conservation easements vation easements on a certified historic stru vation easements included in (c) acquired af nal Register	Preservation of a cered conservation contribution in the form of a cered conservation contribution in the form of a cered conservation (a) cture included in (a) ter 7/25/06, and not on a historic structure ased, extinguished, or terminated by the organ	onservatio 2a 2b 2c 2d	on easement on the last leld at the End of the Tax Yea

	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	

	organization's accounting for conservation easements.				
Part	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the	organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works			
		historial transmission and the similar associate healt for multile sublikition, only action, or you are the further associate of a sublikition.			

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, o rooorah in furth

	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	Assets included in Form 990, Part X		\$				

Schedule D (Form 990) 2021

No

Sche		IDDLE SCHO					43-18			age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical 1	reasures, o	or Othe	r Simila	r Assets	s (contin	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of t	ne following that	at make s	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange prog	ram					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they furthe	r the organizat	ion's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical tr	easures, or oth	ner similai	r assets				
	to be sold to raise funds rather than to be mai	ntained as part of th	e organization's	collection? .				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organiza	ation answered	"Yes" or	n Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia		ary for contribut	ons or other as	ssets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a						····· ∟		· · ·	
~			string table.					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo					lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on	Form 990, Par	rt IV, line	10.		_		
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	468,824.	68,37	8. 6	56,776.		5,100.			
b	Contributions	15,248.	400,44	6.	1,602.		61,676.		5,	100.
с	Net investment earnings, gains, and losses	-61,102.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	422,970.	468,82	4. 6	58,378.		66,776.		5,	100.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, columr	ı (a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%							
b	Permanent endowment	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held	and administe	ered for th	ne organiz	ation	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	•		٦?				3b		
4	Describe in Part XIII the intended uses of the o		ment funds.							
Par	t VI Land, Buildings, and Equipme			0 5 00						
	Complete if the organization answered				<u>, ,</u>					
	Description of property	(a) Cost or ot basis (investm		ost or other sis (other)	1	Accumulat epreciation		(d) Boo		
1a	Land			70,178.					0,1	
	Buildings		3,	572,186.		481,3	64.	3,09		
	Leasehold improvements									
	Equipment			477,476.		325,3	52.	15	2,1	24.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X	. column (B). lin	e 10c.)				3,31	3,1	24.

Schedule D (Form 990) 2021

	(Form 990) 2021		MIDDLE	SCHOOL
Part VII	Investments -	 Other Securit 	ties.	

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Financial derivatives			· · ·
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(•)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2)	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.

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

X

Sche	dule D (Form 990) 2021 MARIAN MIDDLE SCHOOL	43-3	1873629 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,995,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-326,870.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	33,541.		
е	Add lines 2a through 2d			2e	-293,329.
3	Subtract line 2e from line 1			3	3,288,583.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,212.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,212.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,297,795.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,371,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,999.		
е	Add lines 2a through 2d			2e	7,999.
3	Subtract line 2e from line 1			3	2,363,926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,212.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,212.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,373,138.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE	SCHO	JOL	QUALI	FIES	S AS	ACH	IARITA	BLE	ORGAN	IZAT	TION	AS	DEFI	IED B	Y IN	ITER	NAL	
REVE	NUE	COD	E 501	L(C)(3)	AND A	CCORI	DINGL	Y, IT.	' IS	EXE	MPT	FROM	FEDE	RAL	INC	OME	
TAXE	s u	NDER	INTE	ERNAL	RE	VENUE	E CODE	E SEC	TION	501((A)	AND	SIMII	LAR P	ROVI	ISIO	NS OF	
STAT	'E LZ	AW.	THE	SCHC	OL	FILES	5 FEDI	ERAL	INFOR	MATI	ION	RETU	RNS.	THE	SCH	IOOL	's	
INFO	RMA	FION	RETU	JRNS	ARE	GENE	RALLY	SUE	BJECT	TO E	EXAM	INAT	ION H	ЗҮ ТН	E IN	ITER	NAL	
REVE	NUE	SER	VICE	FOR	A P	PERIO	OFT	THREE	E YEAR	S FF	ROM	THE	DATE	THEY	ARE	е то	BE	
FILE	D.																	

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET FUNDRAISING EXPENSES

CONSOLIDATING ENTRIES FOR FINANCIAL STATEMENT PRESENTATION

7,906.

25,635.

Schedule D (Form 990) 2021 MARIAN MIDDLE SCHOOL Part XIII Supplemental Information (continued)	43-1873629 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 2D	33,541.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NEW EINDRATCING EXDENCES	7 006
CONSOLIDATING ENTRIES FOR FINANCIAL STATEMENT PRESENTATION	93.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7 000
	Schedule D (Form 990) 2021

SC	HEDULE E	Schools		OMB No. 1545-0047				
(For	m 990)	Complete if the organization answered "Yes" on Form 990,		20	21			
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		ZU				
	nent of the Treasury Revenue Service	ice Go to www.irs.gov/Form990 for the latest information.						
	e of the organization							
INAILIE	or the organization							
Pa	t I	MARIAN MIDDLE SCHOOL	40-	1075	029			
					YES	NO		
1	Does the organiza	tion have a racially nondiscriminatory policy toward students by statement in its charter,						
	-	erning instrument, or in a resolution of its governing body?		1	х			
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc						
	catalogues, and of	her written communications with the public dealing with student admissions, programs, and	scholarships?	2	Х			
3	Has the organizati	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet						
		nes during its taxable year in a manner reasonably expected to be noticed by visitors to the						
		ugh newspaper or broadcast media during the period of solicitation for students, or during the						
	•	if it has no solicitation program, in a way that makes the policy known to all parts of the gene	eral		v			
	•	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ON ALL PRINT/BROADCAST MATERIAL, AS WELL AS THE	,	3	X			
		DDLE SCHOOL WEBSITE, IS MARIAN MIDDLE SCHOOL'S		-				
		TATEMENT, WHICH STATES THAT THE SCHOOL SERVES		•				
		T GIRLS OF ALL RELIGIOUS, RACIAL AND ETHNIC		-				
	BACKGROUN			-				
4		tion maintain the following?		•				
а	v			4a	Х			
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina		. 4b	Х			
с	Copies of all catale	ogues, brochures, announcements, and other written communications to the public dealing						
	with student admis	ssions, programs, and scholarships?		4c	Х			
d	Copies of all mate	rial used by the organization or on its behalf to solicit contributions?		4d	X			
	If you answered "N	lo" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
5	Does the organiza	tion discriminate by race in any way with respect to:		•				
		privileges?		5a		х		
	Admissions policie			5b		X		
		sulty or administrative staff?		5c		X		
		her financial assistance?		5d		X		
		98?		5e		Х		
				5f		X		
g	Athletic programs	?		5g		X		
		lar activities?		5h		X		
		es" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
				-				
_					37			
		tion receive any financial aid or assistance from a governmental agency?			X	37		
	Has the organizati	on's right to such aid ever been revoked or suspended?			x	X		
b	Has the organizati	on's right to such aid ever been revoked or suspended? ′es" on either line 6a or line 6b, explain on Part II.			X	X		
b	Has the organizati If you answered "\ Does the organiza	on's right to such aid ever been revoked or suspended? 'es" on either line 6a or line 6b, explain on Part II. tion certify that it has complied with the applicable requirements of sections 4.01 through 75.52 1075 0.0 5.527 even interview of the section of th			X	X		

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

MARIAN MIDDLE SCHOOL RECEIVES REIMBURSEMENT FOR THE FEDERAL LUNCH PROGRAM

FROM THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION.

SCHEDULE G	Suppleme	ental Information Regardin	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" o organization entered more than \$				r 19, or if the	2021	
Department of the Treasury		Attach to Form 99	90 or Fo	m 99	0-EZ.		Open to Public	
nternal Revenue Service		o to www.irs.gov/Form990 for ins	struction	s and	the latest informati		Inspection	
Name of the organization							identification number	
		MIDDLE SCHOOL					73629	
	complete this par	Complete if the organization answ t.	wered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not	
1 Indicate whether th	e organization rais	ed funds through any of the follow	ving activ	ities.	Check all that apply.			
a X Mail solicitat	ions	e X Solici	itation of	non-g	overnment grants			
b X Internet and	email solicitations	s f 📃 Solici	itation of	gover	mment grants			
c 🗌 Phone solici	tations	g 🔀 Spec	ial fundra	ising	events			
d 🛛 In-person so	licitations							
		or oral agreement with any individu	ial (incluc	ling of	fficers, directors, trus	tees, or		
key employees list	ed in Form 990, P	art VII) or entity in connection with	professi	onal fi	undraising services?	X	Yes No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pur	suant to	agreei	ments under which th	he fundraiser is t	o be	
compensated at le	•	· /·		5				
	, , , , , , , ,	<u> </u>			1			
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount pa to (or retained		
or entity (fund		(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by)	
, (contrib	utions?		listed in col.	i) organization	
ARK ADVISING, LLC -	9457		Yes	No				
STEEL DR., THORNTON		GRANT WORK		Х	379,025.	21,7	20. 357,305	
TAYLOR MANAGEMENT (,	,	,	
BOX 50155, CLAYTON	MO 63105	GRANT WORK		х	125,000.	16,7	86. 108,214	
,					,	,	, ,	
					1	1		
					504,025.	38,5	06. 465,519	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and	(a) Event #1	(b) Event #2 FALL WOMEN'S	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts		133,557.		698,487
	2	Less: Contributions		128,937.		677,377
	3	Gross income (line 1 minus line 2)	16,490.	4,620.		21,110
	4	Cash prizes				
	5	Noncash prizes				
001100	6	Rent/facility costs	8,146.			8,146
חוו בתר באחבו ואבא	7	Food and beverages				
ונ	8	Entertainment		F (0.4		14 524
	9	Other direct expenses		7,604.		14,531
	10	Direct expense summary. Add lines 4 through				<u>22,677</u> -1,567
-	11 rt	Net income summary. Subtract line 10 from II Gaming. Complete if the organization		000 Part IV line 10 or r		-1,507
		\$15,000 on Form 990-EZ, line 6a.			sported more than	
Т		······································		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Devenue						
-1	1	Gross revenue				
T						
。	2	Cash prizes				
חוובתו דעהמווזמי	3	Noncash prizes				
	4	Rent/facility costs				
اد	5	Other direct expenses				
- -	5	Other direct expenses	 Yes %	Yes %	Yes %	
,			Yes %		Yes%	
		Other direct expenses		│ Yes% │ No	Yes% No	
נ		Volunteer labor	No		No No	
د	6		No	No	No No	
	6	Volunteer labor	No	No	No►	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin ter the state(s) in which the organization cor	No Ugh 5 in column (d) e 7 from line 1, column (d) nducts gaming activities:	No	No ▶	
a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract lin	No Ugh 5 in column (d) <u>e 7 from line 1, column (d)</u> nducts gaming activities: g activities in each of these	No No	No ▶	YesN
ab	6 7 8 Is t	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract lin ter the state(s) in which the organization cor the organization licensed to conduct gaming No," explain:	No ugh 5 in column (d) e 7 from line 1, column (d) nducts gaming activities: g activities in each of these	No No	No ►	
a	6 7 8 Is t Is t We	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract lin ter the state(s) in which the organization cor he organization licensed to conduct gaming	No Ugh 5 in column (d) e 7 from line 1, column (d) Inducts gaming activities: g activities in each of these s s revoked, suspended, or te	states?	No ►	

Schedule G (Form 990) 2021	MARIAN MIDDLE SCHOOL	43-1873629 Page 3
11 Does the organization condu	ct gaming activities with nonmembers?	
12 Is the organization a grantor,	beneficiary or trustee of a trust, or a member of a partnership or o	ther entity formed
13 Indicate the percentage of ga		
	;	13 a %
	of the person who prepares the organization's gaming/special eve	
Name ►		
Address 🕨		
15a Does the organization have a	a contract with a third party from whom the organization receives g	paming revenue? Yes No
b If "Yes." enter the amount of	gaming revenue received by the organization 🕨 💲	and the amount
	by the third party \triangleright \$	
c If "Yes," enter name and add		
Name 🕨		
Address 🕨		
16 Gaming manager information		
Name 🕨		
Gaming manager compensat	ion ▶ \$	
Description of services provid	ded 🕨	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
•	inder state law to make charitable distributions from the gaming p	
retain the state gaming licens		
	ions required under state law to be distributed to other exempt or	janizations or spent in the
	ctivities during the tax year > \$ Iformation. Provide the explanations required by Part I, line 2b	a columna (iii) and (i); and Dart III, lines 0, 0h, 10h
	b, as applicable. Also provide any additional information. See instr	
SCHEDULE G, PART	I, LINE 2B, LIST OF TEN HIGHEST P	AID FUNDRAISERS:
	i	
(I) NAME OF FUNDR	AISER: ARK ADVISING, LLC	
(I) ADDRESS OF FU	NDRAISER: 9457 STEEL DR., THORNTO	N, CO 80229
PART I, LINE 2B,	COLUMN (V):	
TAYLOR MANAGEMENT	GROUP ASSISTED THE SCHOOL IN APP	LYING FOR GRANTS FROM
FOUNDATIONS AND O	THER GRANTING ORGANIZATIONS.	

Part IV Supplemental Information (continued)

ARK ADVISING, LLC ASSISTED THE SCHOOL IN APPLYING FOR GRANTS FROM

FOUNDATIONS AND OTHER GRANTING ORGANIZATIONS.

SCHEDUL (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni ' on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Internal Reven	ue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of th	ne organization MARIAN MI	DDLE SCHO	OL					Employer identification number 43-1873629
Part I	General Information on Grants a	Ind Assistance						
crite	s the organization maintain records ria used to award the grants or assis cribe in Part IV the organization's pro Grants and Other Assistance to	stance?	oring the use of grant	funds in the United	d States.			X Yes No
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			-
1 (a) Ւ	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	r total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				······ • ·····
3 Ente	r total number of other organization	s listed in the line 1	I table					
LHA For	Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

MARIAN MIDDLE SCHOOL

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	43	239,600.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

43-1873629

SCH	IEDULE J	Compensatio	on Information		OMB No. 1	545-004	47
(For	rm 990)	-			20	91	I
					20		1
Depart	m 990) For certain Officers, Directors, Trustees, Kay Employees, and Highest Compensated Five 900. Interformer Service Complete if the organization form 990. Part IV, line 23. Market he form 990. Interformer Service So to wow.irs.gov/Form990 for instructions and the latest information. Interformer Service Market he form 990. Image: Service Servi						ic
					Inspe		
Nam	m 990) For cartain Offices, Directors, Trustess, Key Employees, and Highest Compensated Employees. >> Complete if the organization answered "Yes" on Form 990, Part IV, line 23. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>						nber
				43-1	873629	9	
Pa		Regarding Compensation					
						Yes	No
				990,			
			•				
			Personal services (such as maid, chauneu	r, chei)			
h	If any of the bayes	n line to are checked, did the organization follow a	a written policy regarding poyment or				
	•				1b		
					2		
	trustees, and onice	s, including the OLO/Executive Director, regarding			2		
3	Indicate which if an	v of the following the organization used to establis	sh the compensation of the organization's				
Ū				on to			
			, ,				
	·						
	·						
	·			ommittee			
			· · · · · · · · · · · · · · · · · · ·				
4	During the year, did	any person listed on Form 990, Part VII, Section A	, line 1a, with respect to the filing				
а	Receive a severanc	payment or change-of-control payment?			4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified reti	irement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation a	arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable	amounts for each item in Part III.				
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	anization pay or accrue any compensatio	n			
	•						
							X
							X
		-					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	anization pay or accrue any compensatio	n			
							X
					6b		X
		-					
					7		X
				е			37
		•			8		X
	Prom 990) For certain Officers_Directors, Trustees, Key Employees, and Highest Compensated Employees > Complete if the organization answered Yes' on Form 990, Part IV, line 23. > Attach to Form 990. > A to envouring.gov/Form990 for instructions and the latest information. The organization A that the form 990. > To the own.irs.gov/Form990 for instructions and the latest information. A that M IDDLE SCHOOL 43 - 18 Anti Council on A, line 14. Complete Part III to provide any relevant information regarding these terms. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding these terms. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the set ens. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the set ens. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the set ens. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the set ens. Part VI, Section A, line 14. Complete Part III to provide any relevant information regarding the set ens. Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? In		9		<u> </u>		
LHA	For Paperwork Re	duction Act Notice, see the Instructions for For	m 990.	Schedu	ule J (Form	n 990)	2021

43-1873629

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY ELIZABETH GRIMES	(i)	145,677.	0.	0.	5,863.	9,845.	161,385.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE PRESIDENT'S PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

25

Other

(

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2021
Open to Public

Name	of the	organization	
Indille		organization	

Nam	e of the organization				Employer identification number
	MARIAN MIDDL	E SCHO	OL		43-1873629
Pa	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	11	137,111.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				

26	Other 🕨	()								
27	Other 🕨	()								
28	Other 🕨	()								
29	Number of	Forms 82	83 received b	y the organiz	zation during	g the tax year for c	ontributions					
	for which th	ie organiz	ation complet	ted Form 82	83, Part V, D	Donee Acknowledg	gement	. 29				
											Yes	No
30a	During the	year, did f	the organizatio	on receive by	y contributio	on any property rep	oorted in Part I, I	ines 1 th	rough 28, that it			
	must hold f	or at leas	t three years f	rom the date	e of the initia	al contribution, and	d which isn't req	uired to b	be used for			
	exempt pur	poses for	the entire hol	ding period	?					30a		Х
b	lf "Yes," de	scribe the	e arrangement	in Part II.								
31	Does the or	ganizatio	n have a gift a	cceptance p	oolicy that re	equires the review	of any nonstand	lard cont	ributions?	31	Х	
32a	Does the or	ganizatio	n hire or use t	hird parties	or related or	rganizations to soli	icit, process, or s	sell nonc	ash			
	contributior	່ າຣ?		•		•				32a		Х
b	lf "Yes," de	scribe in [[]	Part II.									
33	If the organ	ization di	dn't report an	amount in c	olumn (c) fo	r a type of propert	y for which colu	mn (a) is	checked,			

describe in Part II.

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

Schedule M (Form 990) 2021

43-1873629 Page 2

Schedule M (Form 990) 2021 MARIAN MIDDLE SCHOOL
Part II Supplemental Information. Provide the information **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Name of the organization

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.



MARIAN MIDDLE SCHOOL

Employer identification number 43-1873629

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO BREAKING THE CYCLE OF POVERTY THROUGH EDUCATION. MARIAN FOSTERS EACH

Supplemental Information to Form 990 or 990-EZ

STUDENT'S SPIRITUAL, ACADEMIC, SOCIAL, MORAL, EMOTIONAL, AND PHYSICAL

DEVELOPMENT FROM MIDDLE SCHOOL THROUGH POST-SECONDARY EDUCATION AS A

FOUNDATION FOR CAREER SUCCESS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS. NEW MEMBERS MAY JOIN UPON APPROVAL OF AT

LEAST TWO-THIRDS OF THE MEMBERS AT THE ANNUAL MEETING OR SPECIAL MEETING.

ONLY THE MEMBERS CAN AMEND THE ARTICLES AND BYLAWS OF THE CORPORATION,

APPOINT AND REMOVE A DIRECTOR, AND APPROVE THE ANNUAL AUDIT OF THE

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS SHALL BE APPOINTED BY THE MEMBERS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS OF THE BOARD OF DIRECTORS REQUIRE THE APPROVAL OF THE

MEMBERS:

-THE ADOPTION OR CHANGE IN THE MISSION STATEMENT OF THE SCHOOL.

-BORROWING, GUARANTEES, MORTGAGES OR DEEDS OF TRUST IN AN AMOUNT SET FROM

TIME TO TIME BY THE MEMBERS.

-THE ADOPTION OF THE ANNUAL OPERATING BUDGET.

-THE ADOPTION OF THE ANNUAL CAPITAL BUDGET.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY

CONFLICTS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT'S PERFORMANCE AND PAY ARE REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST.

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(F	000	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

21 **Open to Public** Inspection

Employer identification number

43-1873629

Department of the Treasury Internal Revenue Service

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

Name of the organization

MARIAN MIDDLE SCHOOL

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MARIAN MIDDLE SCHOOL SUPPORTING ORGANIZATION							
- 84-2934058, 4130 WYOMING STREET, ST.	TO SUPPORT THE OPERATIONS						
LOUIS, MO 63116-3935	OF MARIAN MIDDLE SCHOOL	MISSOURI	501(C)(3)	LINE 2			х
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 MARIAN MIDDLE SCHOOL

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

									1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		or addy		400010		Yes	No

MARIAN MIDDLE SCHOOL Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g		1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

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Schedule R (Form 990) 2021 MARIAN MIDDLE SCHOOL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:		(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC	

Schedule R (Form 990) 2021

MARIAN MIDDLE SCHOOL

Schedule R (Form 990) 2021 MARI Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.