Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2021

Open to Public

_	mal Revenue Servic	The state of the s			Inspection
<u>A</u>	For the 2021	calendar year, or tax year beginning $08/01/21$, and ending $07/31/2$	22		
В	Check if applicable:	C Name of organization	D	Employe	Identification number
	Address change	MARTIN LUTHER KING SCHOOL, INC.	-	a man	TOTAL W
□.	Name change	Doing business as SEE SCHEDULE O		35-1	161409
\equiv	70-000-00	Number and street (or PiOs box if mail is not delivered to street address)	Room/suite E	Telephon	number y
	Initial return	6001 S ANTHONY BLVD		260-4	123-4333
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
		FORT WAYNE IN 46816	6	Gross rec	eipts\$ 2,377,284
ᆜ	Amended return	F Name and address of principal officer:	T S	01000 100	
	Application pending	GRETA MCKINNEY	H(a) Is this a group	return for	subordinates? Yes X No
		6001 S ANTHONY BLVD	H(b) Are all suboro	licaton Inc	uded? Yes No
		DELECTION OF THE STATE OF THE S			See instructions
	200 000 000 000 000		II NO, at	lacri a list	See instructions
	Tax-exempt status:		4		
_		WW.MLKDREAMSCHOOL.ORG	H(c) Group exemp	tion numb	er >
	Form of organization	X Corporation Trust Association Other ▶ L Y	ear of formation: 19	59	M State of legal domicile: IN
P	art I Su	ımmary		11	
	1 Briefly de	scribe the organization's mission or most significant activities:			
9	MLKM	S PROVIDES A MONTESSORI EDUCATION TO UP TO 100 P	RESCHOOL CI	HTLDR	EN FROM
a	LOW	INCOME FAMILIES THAT ENRICHES THE CHILD'S GROWTH	DEVELOPME	מ ידיואי	ND
E	DREA				**********
Governance	7	******** *** *************************			
	2 Number	s box I if the organization discontinued its operations or disposed of more than 2	25% of its net ass	1 1	_
ංර ග	3 Number (of voting members of the governing body (Part VI, line 1a)	CONTRACTOR CONTRACTOR	3	7
Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	7
Ž	j s rotarnun	nber of individuals employed in calendar year 2021 (Part V, line 2a)		5	33
PG	6 lotalnum	nber of volunteers (estimate if necessary)		6	150
_	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year	1 /2	Current Year
a	8 Contribut	ons and grants (Part VIII, line 1h)	459,	722	995,713
Ž	9 Program	service revenue (Part VIII, line 2g)	391,		518,347
Revenue	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)			
~	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,		58,151
- 1	12 Total rour	cride (i art viii, columni (A), lines 5, 6d, 6c, 9c, 10c, and 11e)	200	613	153
-	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	990,		1,572,364
- 1	13 Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)	55,	584	70,419
- 1		aid to or for members (Part IX, column (A), line 4)			0
8	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e) lraising expenses (Part IX, column (D), line 25) ▶ 38,023	537,	487	732,698
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)			0
<u>.</u>	b Total fund	raising expenses (Part IX, column (D), line 25) ▶ 38,023			
m	17 Other exp	enses (Part IX column (Δ) lines 11a_11d_11f_24a\	347,	509	408,175
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	940,		1,211,292
	19 Revenue	less expenses. Subtract line 18 from line 12			
58		STATE OF THE PARTY	49, Beginning of Curren	Year	361,072 End of Year
왕동	20 Total asse	ets (Part X, line 16)	3,589,		
Net Assets Fund Balanc	21 Total liabi	ities (Part X, line 16)			3,869,747
#E	22 Not accet	s or fund balances. Subtract line 21 from line 20	128,		232,928
_			3,460,	595	3,636,819
		nature Block			
tnu	e correct and or	perjury, I declare that I have examined this return, including accompanying schedules and stater	ments, and to the b	est of my	knowledge and belief, it is
	e, conect, and co	implete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledg	ge,	
	_				
Sig		gnature of officer		Date	
Her	e L _	GRETA MCKINNEY EXEC	DIRECTOR		
	Ту	pe or print name and litte			
	Print/Type	preparer's name Preparer's signature	Date	Tohask	if PTIN
Paid	STISAN			Check	and the second second
	aror		03/02/23	A Committee	
	Only Firm's nar		Firm's	EIN >	35-1344820
-00		9921 DUPONT CIRCLE DR W #300			C-2.14
	Firm's add		Phon	e no.	260-423-2414
May	the IRS discus	s this return with the preparer shown above? See instructions			X Yes No
For F	Paperwork Redu	ction Act Notice, see the separate instructions.			Form 990 (2021)

	KING SCHOOL, INC.	35-1161409	Page 2
	Service Accomplishments		
Check if Schedule O cont	ains a response or note to an	y line in this Part III	X
1 Briefly describe the organization's mission SEE SCHEDULE O		otion C	<u> </u>
2 Did the organization undertake any signific	cant program services during the year	which were not listed on the	11
prior Form 000 or 000 F72	# · · · · · · · · · · · · · · · · · · ·		Yes X No
If "Yes," describe these new services on S	Schedule O.		
3 Did the organization cease conducting, or	make significant changes in how it co	onducts, any program	
services?			Yes X No
If "Yes," describe these changes on Scheo			
4 Describe the organization's program service			
expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for		the amount of grants and allocations to	o others,
the total expenses, and revenue, if any, to	reach program service reported.		
SCHOOL (MLKMS) IS TO THAT ENRICHES EVERY COMPLEX OF THE STATES TO OFFER A FULL EDUCATION TO UP TO 100	PROVIDE A MONTESSON HILD'S GROWTH, DEVI EL 4 (THE HIGHEST) ALSO ONE OF VERY L-DAY, FULL-YEAR QUE LOW-INCOME CHILDE	ON THE INDIANA PAT FEW MONTESSORI SCHO UALITY PRESCHOOL MO REN AND FAMILIES AN DOOR-TO-DOOR TRANSE	SCHOOL CHILDREN
* *************************	**************		CROMERON ROSES UND DE TRANSPORTE DE LA RESPONSA A FRANCISCO.
4h (Code) \ \(\(\(\(\) \\ \) \ \ \(\)	COS CANDO COMO COMO A COMO DO COMO DE LA COM		DEPTEMBLES DE SENSON PROMETORISMON
NT / A) (Revenue	
N/A	*************		
N/A		*****************************	
N/A			
N/A		*****************************	
N/A			
N/A			
N/A			
N/A *c (Code:) (Expenses \$			
N/A lc (Code:) (Expenses \$			
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N/A dc (Code:) (Expenses \$			
N/A lc (Code:) (Expenses \$			
N/A Ic (Code:) (Expenses \$ N/A	including grants of \$		
N/A 4c (Code:) (Expenses \$ N/A 4d Other program services (Describe on Sche	including grants of \$		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	82	7X	
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,			.,
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_5_	-	X
·	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			
	"Ves." complete Schedule D. Part I	_		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	X
•	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ŭ	-	-21
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.		3	
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			0.75
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
9	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 finâncial statements for the tax year include a footnote that addresses			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	<u> </u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	Α_
	Did the organization maintain an office, ampleyees, or agents outside of the United States?	14a	21	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			V200
	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		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	y	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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			
٨	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
200	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
	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	200		
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			68
20	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):	34	1.00	
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
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		_X_
31 32	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	20		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	_X_
	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		X
35a	Did the digarilation have a controlled entity within the meaning of section 512(b)(15)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	<u> </u>
	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			
4-			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 3 1b 0	5		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and		18	
_	reportable gaming (gambling) winnings to prize winners?	1c	х	
DAA	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	_	(2021)

1 0111	n 990 (2021) MARTIN LUTHER KING SCHOOL, INC. 35-1161409		P	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 33		382	==1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	1	7	V
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a	-	Х
	At any time during the calendar year, did the organization have an interest ln, or a signature or other authority over,	3b	_	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country ▶	44		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-0		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	5.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	in.		-22
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		v
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	_	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		25	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	100		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	20		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10	110	
	T(200 II)			
b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		33	
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	7.20		
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.	1750	2	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		J.	
С	Enter the amount of reserves on hand	37		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		**
	excess parachute payment(s) during the year?	15		<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	-857	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	1000		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	100	15.3	

_	n 990 (2021) MARTIN LUTHER KING SCHOOL, INC. 35-1161409			age t
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	ıction
	Check if Schedule O contains a response or note to any line in this Part VI	45444	CONT.	X
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	N	Yes	No
	If there are material differences in voting rights among members of the governing body, or	J	bus.	10
	if the governing body delegated broad authority to an executive committee or similar	220	83	
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7	- 346	XII.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		limit.	-1
	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ '		۱.,
	one or more members of the governing body?	7a	_	Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			۱.,
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1	v	1000
a	The governing body?	8a	X	_
9	Each committee with authority to act on behalf of the governing body?	8b		_
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		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		do 1	Λ
000	tion B. I dices (This occion B requests information about policies not required by the internal Neventa	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	х	
b		0 10		10
12a		12a	х	
b		12b	X	
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		7	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 0	1	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100	
16a	Did the organization invest in, contribute assets to, or participate In a joint venture or similar arrangement	1.00		
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- 61		n.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1000
	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 ▶ IN	11,225		
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 מב	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RETA MCKINNEY 6001 S ANTHONY BLVD ORT WAYNE IN 46816 260	-42	3 _ 1	221
- '	· IN INOIN ZOV	- - Z	J - 7	

Form 990 (2021) MARTIN	LUTHER	KING	SCHOOL,	INC.	35-11	L61409			Page 7
Part VII	Compensatio			tors, Truste	es, Key	Employees,	Highest	Compensated		
	Independent Check if Sche			sponse or no	te to an	y line in this F	Part VII			. 🗆
Section A.	Officers, Directo	ors, Trustees,	Key Empl	loyees, and Hig	hest Cor	npensated Emp	loyees		***************************************	
4a Campla	in this table for all a	arana rawillead	to be liste	Mindrague again	annetten fa	william to be a second	and the second distance of	data and control of the same	or all all all all all all all all all al	

- organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 or	ganization nor a	ny re	elate	d org	ganiz	ation	n co	mpensated any current of	ficer, director, or trustee.	
(A) Name and title	(B) Average hours per week	offi	(C) Position do not check more than one box, unless person is both an afficer and a director/trustee)				ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) GRETA MCKINNEY EXEC DIRECTOR	40.00			x				64,660	0	10,007
(2) LON BOHNKE	1.00									
VICE PRESIDENT (3) CARRIE FISHER	0.00	X		X				0	0	0
DIRECTOR	1.00	x						0	0	0
(4) FRANK GOMEZ TREASURER	1.00	x		x				0	0	0
(5) NICOLE KEESLING DIRECTOR	1.00	x						0	0	0
(6) ANDREA KENDALL	1.00									
PRESIDENT (7) PAUL RICKETTS	1.00	х		X				0	0	0
DIRECTOR (8) CONSTANCE SCOTT	0.00	x					-	0	0	0
DIRECTOR	1.00	x						0	0	0
(9)	**********									
(10)	CASSES depte 2.1 December									
(11)	eres essenting the fi									
CONTROL TRANSPORT CONTROL CONT	**********									

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	Forn	n 990 (20	21) MARTIN L	UTHER KI	NG	S	CH	00	L,	I	NC. 35-116	1409	Page 8
1b Subtotal c Total from continuation sheets to Part VII, Soction A d Total (add lines 1b and 1c) 2 Total from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ist organization and other compensation from the organization and other compensation from the organization and other compensation from the organization is the sum of reportable compensation from the organization is the sum of reportable compensation from the organization and other compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization and included is the sum of reportable compensation from the organization and related organization and included is the sum of reportable compensation from the organization and included is the sum of reportable compensation from the organization and included is the sum of reportable compensation from the organization and other compensation from the organization and other compensation from the organization of included is the sum of reportable compensation from the organization of included is the sum of reportable compensation from the organization of included is the sum of reportable compensation from the organization of included is the sum of reportable compensation from the organization of included is the sum of reportable compensation from the organization of included included is the sum of reportable compensation of included inc		N	(A) ame and title	(B) Average hours at per week (list any	(dd bo; off	o not o x, unle icer a	Pos check ess pe	C) sition more erson direct	than is both tor/trus	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
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for services rendered to the organization? If "Yes," complete Schedule J for such person.		organiza	tion and related orga	inizations greater	r tha	n \$1	150,0	000?	If "Y	es,"	complete Schedule J for	such	4 X
Section B. Independent Contractors	Sect	for servi	ces rendered to the o	organization? If "	Yes,	" cor	nple	te S	ched	ule .	J for such person		5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		Complet	e this table for your f	ive highest comp	omn	ated	inde	epen	dent	con	ntractors that received mor	e than \$100,000 of	nar.
Name and business address (A) Description of services (C) Compensation		out the same	Name and	(A) 1 business address	Onip	Onoc	10011	101		Lines			
	_												
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 ▶ 0 DAA Form 990 (202)		Total nur	mber of independent more than \$100,000	contractors (included of compensation	uding n fro	g but	t not	limi gan	ited to	o the	ose listed above) who	0	Form 990 (2021)

F 6	אונ י		f Sch	iedule O con	tains	a response o	r no	te to any line in	this Part VIII		
			I.	1.1	ı			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
13 Y				\Box		nor		OOTI	αn	L'OY	1 10
Tan	1a	Federated cam			1a	41,	250	CUL			J.V
0 6	b	Membership du			1b	7, 7	-				1
fts,	C	Fundraising eve			1c					AND THE ST	
<u>1</u>	d	Related organiz		* * * * * * * * * * * * * * * * * * * *	1d						13.7
ns,	e	Government grants (contributi	ons)	1e	475,4	164				A STATE OF THE STA
iệ jà	'	All other contributions and similar amounts n			1f	478,9	999			SI Year BEAL	
€£	g	Noncash contributions	included	d in							
Contributions, Gifts, Grants and Other Similar Amounts	-	lines 1a-1f			1g			225 542			
O E	h	Total. Add lines	1a-1	f			•	995,713			
a \			_			Business		F10 24F	F10 04F		
ξ	2a	************	D FE	ES		611	600	518,347	518,347		
Program Service Revenue	b	20-20-20-20-20-20-20-20-20-20-20-20-20-2) () () () () () () () () () (_				
E	ا	738881 1888688888		SERVE REFERENCE	0.00	*****	_				
ğ	l u					The second state of the se					
φ.	,	All other program	m can	ice revenue			-				
		Total. Add lines					•	518,347		The Control of	THE
		Investment inco									
		other similar am		_			ightharpoonup	48,235			48,235
	4	Income from inv			t bond	proceeds	•				
	5	Royalties				100-00	•				
				(i) Real		(ii) Personal			X 1 3= "1 8XX		
	6a	Gross rents	6a					197 ST 1 ELLEN		A Section	
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
		Net rental incom	ne or (loss)		2444444444	•		Ŧ-		
	7a	Gross amount from sales of assets		(i) Securities		(ii) Other					X921-03511
		other than inventory	7a	814,	013		323				
Other Revenue	b	Less: cost or other								11 - Mag	2 2 1 1
Ş		basis and sales exps.	7b	783,		21,6					area and
ď		Gain or (loss)	7c		745	-20,8	329	Control of the second			
je.		Net gain or (loss				*******	>	9,916			9,916
δ	8a	Gross income from	1 fundr	aising events				Lat. Tal. In FUSI			
		(not including \$	0.00000	NYSSERE SEE							
		of contributions rep		on line	120						
		1c). See Part IV, li		0.000,000,000,000,000	8a						DOMEST OF
		Less: direct exp		(4) 电电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电	8b						
		Net income or (I Gross income fr		-	events		>				
	Ja	activities. See P			9a					T	The second
	h	Less: direct exp			9b		-				
		Net income or (I					•				
		Gross sales of in		- 1	VILLES			A VIEW DOLL			
		returns and allow			10a						
	b	Less: cost of go			10b						507 L # 511
	C	Net income or (I	oss) fr	om sales of inv			•				
S			-			Business	_				
Miscellaneous Revenue	11a	OTHER INCO	ME			990	099	153	153		
lan	b			*************	4.00.000	0-2233A					
See	C										
N.		All other revenue									
\Box		Total. Add lines					•	153			
	12	Total revenue.	See in	nstructions		***********	•	1,572,364	518,500	0	58,151

_	Check if Schedule O contains a respo			100	Marian 222 200 200
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	HSPE	Ction	gonoral copolition	DV-
2	Grants and other assistance to domestic	F0 410	70.470		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	70,419	70,419		
4	Benefits paid to or for members				
5 6	Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified	71,333	37,906	20,883	12,54
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	548,981	481,699	60,982	6,30
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	68,194	61,628	6,566	
10 11	Payroll taxes Fees for services (nonemployees):	44,190	37,063	5,766	1,36
	Management				
b	Legal	4,967		4,967	
С	Accounting	38,154		38,154	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17	14 106		14 100	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	14,186		14,186	
3	(A) amount, list line 11g expenses on Schedule O.)	49,231	6,458	25,028	17,74
	Advertising and promotion				
13	Office expenses	16,888	6,213	10,602	7
14	Information technology	15,920		15,920	
15 16	Royalties	49,273	22,983	26,290	
17	Occupancy Travel	5,592	22,963	5,592	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	37352		3,332	
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	E1 E46	42 027	7. 600	
22 23	Depreciation, depletion, and amortization Insurance	51,546	43,937	7,609	
24	Other expenses. Itemize expenses not covered	ESSALE ANTES T			HERE I
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) PROGRAM EXPENSE	156 070	150 055	4 000	
a b	BUSINESS EXPENSE	156,978 2,947	152,055 1,140	4,923 1,807	
c	BAD DEBTS	2,027	5,766	-3,739	
d	MISC EXP	466	200	266	
	All other expenses Total functional expenses. Add lines 1 through 24e	1,211,292	927,467	245,802	38,02
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)		2217101	243,002	30,02

Form 990 (2021) MARTIN LUTHER KING SCHOOL, INC. 35-1161409 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 761,853 Cash-non-interest-bearing 607,099 2 Savings and temporary cash investments 308,266 308,151 2 3 Pledges and grants receivable, net 140,000 3 392,800 4 Accounts receivable, net 33,023 37,645 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 6,347 2,730 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _10a 1,106,717 b Less: accumulated depreciation 10b 445,692 600,058 661,025 10c 11 Investments—publicly traded securities 1,861,528 1,673,167 11 12 Investments—other securities. See Part IV, line 11 33,219 12 32,261 Investments-program-related, See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,589,425 3,869,747 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 23,361 48,691 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 105,469 184,237 Total liabilities. Add lines 17 through 25 128,830 26 232,928 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,449,067 27 1,545,852 Net assets with donor restrictions 2,011,528 2,090,967 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3,869,747 Form 990 (2021)

3,636,819

31

32

33

3,460,595

3,589,425

31

32

Form	990 (2021) MARTIN LUTHER KING SCHOOL, INC. 35-1161409		Pag	je 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1,57		
2	Total expenses (must equal Part IX, column (A), line 25)	1,21		
3	Revenue less expenses. Subtract line 2 from line 1		1,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32 column (A))	3,46		
5	Net unrealized gains (losses) on investments 5	-1/8	4,8	348
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O) 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	2 63		110
Da	32, column (B)) rt XII Financial Statements and Reporting	3,63	0,0	179
га	Check if Schedule O contains a response or note to any line in this Part XII			
_	Check if Schedule O contains a response of flote to any line in this Fart XII		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		162	NO
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.		131	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	20.551		TX T
	reviewed on a separate basis, consolidated basis, or both:		1	
	Separate basis Consolidated basis Both consolidated and separate basis	1 (1)		
b	Were the organization's financial statements audited by an independent accountant?	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		14	TO VI
	separate basis, consolidated basis, or both:	-17.03	36:	
	X Separate basis Consolidated basis Both consolidated and separate basis		W.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on		rather land	750
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	19591		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

2021

Open to Public

► Attach to Form 990 or Form 990-EZ.

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

ation. Inspection

		-1		ER KING SCHOOL,			35-116							
P	art I	Reas	on for Public Charit	y Status. (All organization	ons mus	st comple	ete this part.) See instr	uctions.						
The	orga	nization is no	t a private foundation becau	ise it is: (For lines 1 through 12	2, check c	nly one bo	x.)							
1		A church, co	nvention of churches, or as	sociation of churches describe	ed in sect	ion 170(b)(1)(A)(i).							
2	X)(A)(ii). (Attach Schedule E (F										
3				vice organization described in			\)(iii).							
4	П			ed in conjunction with a hospita				ne hospital's name.						
	_	city, and stat						, , , , , , , , , , , , , , , , , , , ,						
5	\Box	•	gr	of a college or university owner	ed or ope	ated by a	governmental unit described	in	1015					
	_	325 C. T.	D(b)(1)(A)(iv). (Complete Pa				goronnontan anni accombod							
6	П			governmental unit described in	section	170(b)(1)	(A)(v).							
7	П			substantial part of its support				blic						
	_	described in	section 170(b)(1)(A)(vi). (Complete Part II.)	nom a ga		a diat of home the general pu	DII O						
8	П			170(b)(1)(A)(vi). (Complete P	art II.)									
9	П	-		scribed in section 170(b)(1)(,	rated in co	oniunction with a land-grant of	ollege						
		or university	or a non-land-grant college	of agriculture (see instructions). Enter th	ne name, c	ity, and state of the college	Or						
	_	university:												
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
44	\Box						*							
11	Н	-	- '	exclusively to test for public s	•		` ' ' '							
12				exclusively for the benefit of, tations described in section 50										
		the box on li	nes 12a through 12d that de	escribes the type of supporting	organizat	ion and co	mnlete lines 12e 12f and 1	1)(3). Check 2a						
	а			perated, supervised, or controll										
				wer to regularly appoint or elec				giving						
				complete Part IV, Sections A										
	b			upervised or controlled in conr		th its supp	orted organization(s), by hav	rina						
		control of	r management of the suppo	orting organization vested in the	same pe	ersons that	control or manage the supp	orted						
				e Part IV, Sections A and C.										
	С	Type III	functionally integrated. A	supporting organization opera	ted in cor	nection w	ith, and functionally integrate	d with,						
				nstructions). You must comple										
	d	Type III	non-functionally integrate	ed. A supporting organization of	operated	n connecti	on with its supported organized	zation(s)						
		that is no	of functionally integrated. In	e organization generally must	satisfy a	distribution	requirement and an attentiv	eness						
				must complete Part IV, Sect										
	0	functiona	lly integrated, or Type III n	ceived a written determination on on-functionally integrated supp	ortina ora	anization	sa type i, type ii, type iii							
	f		mber of supported organiza											
				the supported organization(s).										
(1)		of supported	(II) EIN	(III) Type of organization	(lv) is the	organization	(v) Amount of monetary	(vI) Amount of	_					
		anization	.,	(described on lines 1-10		ur governing	support (see	other support (see						
				above (see instructions))	docu	ment?	instructions)	instructions)						
_					Yes	No								
(A)														
-														
(B)														
(C)														
(D)														
_														
(E)														
-me-m														
Cota	21													

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021
Part III Support S 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 falls to	quality under	r the tests liste	d below, pleas	e complete Pa	art II.)	
	ction A. Public Support		т	4 11			
	endar year (or fiscal year beginning in)	(a) 2017	à № (b) 20,18	(c)=2019	(d) 2020	** (e) 2021	🦹 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		DUC			ノリレ	V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		祭			el .	7
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					2377 3 10 5	
500	tion B. Total Support				22 kg line 3		
	ndar year (or fiscal year beginning in)	(=) 0047	//s) 0040	7-1-0040 T	750 0000		
9		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o organization, check this box and stop her		second, third, fou	irth, or fifth tax yea	r as a section 50	1(c)(3)	
Sec	tion C. Computation of Public S		entage	********			
15	Public support percentage for 2021 (line 8	, column (f), divid	ed by line 13. colu	umn (fl)		15	%
16	Public support percentage from 2020 Sche	edule A, Part III, I	ine 15	· // // // // // // // // // // // // //		16	%
Sec	tion D. Computation of Investment	ent Income F	Percentage			1 .0	
17	Investment income percentage for 2021 (I			13, column (f))	MURRAY CONCOUNT OF	17	%
18 i	nvestment income percentage from 2020 S	chedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests-2021. If the orga	anization did not c	check the box on li	ne 14, and line 15	is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this bo	ox and stop here	. The organization	qualifies as a pul	olicly supported o	rganization	
b	33 1/3% support tests—2020. If the orga	anization did not c	check a box on line	e 14 or line 19a, ar	nd line 16 is more	than 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop I	here. The organiz	ation qualifies as a	publicly supporte	ed organization	· · · · · · · · · · · · · · · · · · ·
20	Private foundation. If the organization did	d not check a box	on line 14, 19a,	or 19b, check this I	oox and see instru	uctions	9000000000 P

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.)

Sect	ion A. All Supporting Organizations	100	5 //	
1	Are all of the organization's supported organizations listed by name in the organization's governing	10 A	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			100
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		9	
	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		YES	
	lines 3b and 3c below.	3a		
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	12	Series	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	475		-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
Ť	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.	4.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c	11-12	
- Cu	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		100	
		1011		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	-: 3		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document).	5a		
U	Type I or Type II only. Was any added or substituted supported organization part of a class already	VIII.		
^	designated in the organization's organizing document?	5b		
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
0	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	1		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	12		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		(TEIR	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line		- 1 - 1	
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8.3		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	uc.	1 3	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	188	11-7	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1	13.50	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		15.5	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to		1000	

determine whether the organization had excess business holdings.)

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. 3a

	ule A (Form 990) 2021 MARTIN LUTHER KING SCHOOL,	IN	C. 35-1161	409 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on the	Vov. 2	0, 1970 (explain in Part Vi). See
_	instructions. All other Type III non-functionally integrated supporting organizations may	ust co	mplete Sections A through	1 E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	1 2 1	
2	Recoveries of prior-year distributions	2		100
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		
Sec	tion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			. 1213.04
	(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		y y a state of the	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	Market Committee (1)	
7	Check here if the current year is the organization's first as a non-functionally integrated	і Туре	III supporting organization	1

Schedule A (Form 990) 2021

District Control	t V Type III Non-Functionally Integrated 509(a)(3	NG SCHOOL, INC	izations (continued)	
Sec	tion D – Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses a III		
2	Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity		n (in	nnv
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		T y
4	Amounts paid to acquire exempt-use assets			1 0
5	Qualified set-aside amounts (prior IRS approval required-provide of	letails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	ization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	cion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		110-2021	Amount for 2021
2	Underdistributions, if any, for years prior to 2021			Symtage .
	(reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	F 0040			
	C 0047			
	From 2017			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years	C 18		
_	Applied to 2021 distributable amount		INCO DOS DO ÉS	
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from	THE REAL PROPERTY.		
7	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	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		T AV THE ST	CONTRACTOR OF THE PARTY OF THE
9	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:			
а	Excess from 2017			
	Excess from 2018		DENEMOTE TO	
	Excess from 2019			
4 5 5 1	Excess from 2020			
0	Excess from 2021			

Schedule A (Fe			MA	RTIN	LUTH	ER	KING	SCHO	OL,	INC.		35-1	16140	9	Page 8
Part VI	Supple	mental	Informa	tion. F	Provide t	he ex	planation	ons requ	uired by	Part I	I, line	10; Pai	t II, line	17a or	17b; Part
	III, line	12; Part	IV, Sect	ion A, I	lines 1, :	2, 3b,	3c, 4b	, 4c, 5a,	, 6, 9a,	9b, 9c	;, 11a,	11b, aı	nd 11c;	Part IV,	Section
	3a_and	3b Par	, Fait IV	1. Part	V Sect	ion R	Jine 1	Section Part \	/ Section	szar on D	ia 3; F lines 5	aπ IV,	Section	E, lines ≀Part \/	1c, 2a, 2k Section E
	lines 2,	5, and 6	3. Also c	complet	e this p	art for	anv a	dditiona	inform	ation.	(See i	nstructi	ons.)	i Fait V,	#
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer Identification number

MARTIN LUTHER Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/s% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) PAGE 1 OF 3 Name of organization Employer Identification number MARTIN LUTHER KING SCHOOL, INC. 35-1161409 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. Name, address, and ZIP + Type of contribution Total contributions 1 Person Payroll 345,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 Person Payroll 25,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 ... Person Payroll 20,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Person Payroll 30,000 Noncash (Complete Part II for noncash contributions.) (a) (b) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5 Person X Payroll \$ 6,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6 Person Payroll \$ 5,000 Noncash (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

Schedule Name of	B (Form 990) (2021) organization	P2	GE 3 OF 3 Page 2			
	TIN LUTHER KING SCHOOL, INC.		Employer Identification number 35-1161409			
Part	Contributors (see instructions). Use duplicate copies o					
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
. 13		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions	Type of contribution			
. 14		\$ 302,800	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b)	(c)	(d)			
110.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$ 3000000000000000000000000000000000000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b)	(c)	(d)			
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1 11111	2 MARTINET TO THE THE TAXABLE TO THE	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)			
	Nume, address, and ZIF + 4	Total contributions	Type of contribution			
F/14/2/2-12/		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)			
	,	Total contributions	Type of contribution			
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Diublia lac		Employer identification number
MARTIN LUTHER KING SCHOOL, INC. Part I Organizations Maintaining Donor Adv	:pecijon	35-1161409
Part I Organizations Maintaining Donor Additional Complete if the organization answered the complete if the organization answered the complete if the organization answered the complete in th	"Yes" on Form 990, Part IV, line 6.	s or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)	achierore, II	
3 Aggregate value of grants from (during year)	AND STATE OF THE S	
Aggregate value at end of year	AND CONTROL OF THE CO	
5 Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
funds are the organization's property, subject to the organiz	ration's exclusive legal control?	☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	Tes No
only for charitable purposes and not for the benefit of the do	nnor or donor advisor, or for any other purpose	
and the second s		П П
Part II Conservation Easements.	***************************************	Yes No
Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
Purpose(s) of conservation easements held by the organizat	tion (shock all that switch	
Preservation of land for public use (for example, recreating	11400-20010	
Protection of natural habitat		
Preservation of open space	Preservation of a certified	historic structure
2 Complete lines 2a through 2d if the organization held a qual easement on the last day of the tax year.	lified conservation contribution in the form of a c	conservation
a Talal and I do not be a		Held at the End of the Tax Yea
a Total number of conservation easements	**************************	2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic str	ructure included in (a)	2c
a Number of conservation easements included in (c) acquired	after 7/25/06, and not on a	
historic structure listed in the National Register	***************************************	2d
Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the
tax year		•
Number of states where property subject to conservation ear	sement is located >	
5 Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements i	it holds?	Yes No
Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	g and and and an	on eacomente daming the year
Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation of	acomonto durina the year
> \$	and of violations, and emoleng conservation ea	asements during the year
Does each conservation easement reported on line 2(d) abo	ave satisfy the requirements of earlier 470/EV/4	(D)()
and section 170(h)(4)(B)(ii)?	ove satisfy the requirements of section 170(n)(4)	
In Part XIII, describe how the organization reports conservation	Andrew Commence of the Commenc	Yes No
balance sheet, and include, if applicable, the text of the footr	on easements in its revenue and expense state	ement and
organization's accounting for conservation easements.	iole to the organization's financial statements th	at describes the
	of Art Historical Transvers as Of	han Olasila a
Part III Organizations Maintaining Collections Complete if the organization answered "	Yes" on Form 900 Port IV line 9	ner Similar Assets.
a If the experientian elected as a security to the Europe	res on Form 990, Fait IV, line 6.	
a If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet works
of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furthera	ance of public
service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and balance	ce sheet works of
art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheranc	e 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		▶ \$
ii the digariization received or neid works of art, historical trea	asures, or other similar assets for financial gain.	provide the
following amounts required to be reported under FASB ASC 9	958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1		▶ \$
Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
b Assets included in Form 990, Part X r Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2021
		(1 01111 000) ZUZ

Schedule D	(Form 990) 2021 MARTIN L					Page 2
Part III	Organizations Maintainir	ng Collections o	f Art, Historical	Treasures, or O	ther Similar As	sets (continued)
3 Using collect	the organization's acquisition, accession items (check all that apply):	sion, and other record	ls, check any of the fo	ollowing that make sig	nificant use of its	
b S c P	ublic exhibition cholarly research reservation for future generations	Inst	Loan or exchange pro	ion-	Cor)V
4 Provid	le a description of the organization's	collections and explai	n how they further the	e organization's exem	pt purpose in Part	- y
5 During	the year, did the organization solicit					
	to be sold to raise funds rather than	to be maintained as	part of the organization	on's collection?	CONTRACTOR CONTRACTOR CO.	Yes No
Part IV						
	Complete if the organization 990, Part X, line 21.	on answered "Yes	s" on Form 990, F	Part IV, line 9, or	reported an amo	ount on Form
	organization an agent, trustee, custo		•			
	ed on Form 990, Part X? s," explain the arrangement in Part XI	Il and complete the fo	ollowing table:	\$275-1245-2-2-11-125		Yes No
	orposition and igometric in that A	ii and complete the it	JIOWING (ADIC.			Amount
c Beginn	ning balance				1c	-
d Addltid	ons during the year		OF THE STATE OF TH		1d	
e Distrib	utions during the year	PART IN TRANSPORT IN			1e	
f Ending	balance	F			1f	
2a Did the	e organization include an amount on	Form 990, Part X, line	e 21, for escrow or cu	istodial account liabilit	y?	Yes No
b If "Yes	," explain the arrangement in Part XI	II. Check here if the e	explanation has been	provided on Part XIII		
Part V		/ m/s				
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginn	ning of year balance	1,894,747	1,596,125	1,442,834	1,434,685	1,325,114
	outions vestment earnings, gains, and					
losses		-105,107	337,632	139,219	73,221	119,728
	or scholarships				,	
	expenditures for facilities and					
progra	ms	70,000	26,100		55,000) <u> </u>
f Admin	strative expenses	14,212	12,910	10,738		
	year balance	1,705,428	1,894,747	1,571,315	1,442,834	1,434,685
2 Provide	e the estimated percentage of the cu		e (line 1g, column (a)) held as:		
	designated or quasi-endowment	%				
o Torm	nent endowment ► 47.00 % endowment ► 53.00 %					
	ercentages on lines 2a, 2b, and 2c sh	sould equal 100%				
3a Arotha	ere endowment funds not in the poss	ould equal 100%.	otion that are bald an	d		
	ration by:	ession of the organiza	ation that are neid and	administered for the		[V] N
•	,					Yes No
(ii) Ro	related organizations				*************	3a(i) X
h If "Voe	lated organizations	reter. treated on requi	rod on Cohodula D2	***********		3a(ii) X
4 Descri	be in Part XIII the intended uses of the	zations listeu as requi	ned on Schedule R?		****************	3b
Part VI	Land, Buildings, and Eq		ownent lunus.			
III IZWEVEZI	Complete if the organization		on Form 990. F	art IV. line 11a.	See Form 990. F	art X. line 10.
	Description of property	(a) Cost or other ba			Accumulated	(d) Book value
		(investment)	(other		preciation	
1a Land				3,275		113,275
b Building	gs		61	.8,272	174,947	443,325
d Equipm	old improvements nent		37	5,170	270,745	104,425
e Other	MANAGER AND A CONTRACT OF THE				210/123	101,123
Total. Add li	nes 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line 1	10c.)		661,025

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation:
(1) Financial		and I	Cost or end-of-year m	arket value
	eld equity interests	echc	$\mathbf{m} + \mathbf{n}$	$\cap V$
(3) Other		~~~		V Y
(A)	CONTROL CONTRO			-
(B)				
(C)	***************************************			
(D)	***************************************			
(E)	***************************************			
(F)	*************************************			
(G)	TOTAL CONTROL			
(H)				
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	. Form 000 Ded IV	line 11a Cas Farm 000	Dark V. Braz. 40
	Complete if the organization answered "Yes" or	(b) Book value		
	(4) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)			SSS. SI GIRL-OL-YORI III	
(2)				
(3)			†=	
(4)				-
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV	, line 11d. See Form 990,	
441	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colum	in (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	Form 990, Part IV	, line 11e or 11f. See Forr	n 990, Part X,
	line 25.			
	(a) Description of liability			(b) Book value
	income taxes			
	NDABLE ADVANCE			184,237
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (h) must squal Form 000. Bod V and (D) line 051			104 005
	n (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the foc	thata to the assert of	Va financial statement (1)	184,237
manization's	liability for uncertain tax positions under FASB ASC 740. Che	ck here if the text of the	footnote has been provided in P	art XIII
guinzations				

Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990			9	Page 4
Complete if the organization answered thes on Form 990	ments Wi	th Revenue per	Retu	rn.
1 Total revenue, gains, and other support per audited financial statements	, Paπ IV, I	ine 12a.	4	1,477,843
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	occurrence ac-m	*************		1,177,013
a Net unrealized gains (losses) on investments	2a		1	IN I I
b Donated services and use of facilities	2b			UV
c Recoveries of prior year grants	2c	副 版	-	
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d Subtract line 2e from line 1			2e	1 477 042
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		3	1,477,843
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,186	F 7	
b Other (Describe in Part XIII.)	4b	80,335	X.	
c Add lines 4a and 4b			4c	94,521
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,572,364
Part XII Reconciliation of Expenses per Audited Financial Stat	ements V	ith Expenses p	er Re	turn.
Complete if the organization answered "Yes" on Form 990	, Part IV, I	ine 12a.		
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 			1	1,301,619
a Donated services and use of facilities	2a		-8	
b Prior year adjustments				
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1	**********		3	1,301,619
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,186		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b	-104,513		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	-90,327 1,211,292
Part XIII Supplemental Information.	ALCO COLORS		- 0	1,211,232
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	ind 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 provid	e any additio	nal information.		
PART V, LINE 4 - INTENDED USES FOR ENDOWME				
	NT FUN	DS	******	
ARRAY ATTEN OF THE CONTRACTOR STREET,	NT FUN		*****	
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PR	NT FUN		PS I	FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PR	NT FUN	SCHOLARSHI	PS I	FOR STUDENTS
AUGO A TOTAL OF THE CONTRACTOR	NT FUN	SCHOLARSHI	PS I	FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PR	NT FUN	SCHOLARSHI	PS I	FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PR	NT FUN	SCHOLARSHI	PS I	FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTOCOLORS TO ATTE	NT FUN ROVIDE	SCHOLARSHI		FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PER TO OFFSET TUITION AND FOR TEACHERS TO ATTENDED TO THE TOTAL PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE	NT FUN ROVIDE	SCHOLARSHI	HER	
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTOCOLORS TO ATTE	NT FUN ROVIDE	SCHOLARSHI		FOR STUDENTS
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PER TO OFFSET TUITION AND FOR TEACHERS TO ATTE PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS	NT FUN ROVIDE	SCHOLARSHI	HER \$	70,419
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PER TO OFFSET TUITION AND FOR TEACHERS TO ATTENDED TO THE TOTAL PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE	NT FUN ROVIDE	SCHOLARSHI	HER	
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PER TO OFFSET TUITION AND FOR TEACHERS TO ATTE PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS	NT FUN ROVIDE	SCHOLARSHI	HER \$	70,419
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PER TO OFFSET TUITION AND FOR TEACHERS TO ATTE PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS	NT FUN ROVIDE	SCHOLARSHI	HER \$	70,419
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTOCOFFSET TUITION AND FOR TEACHERS TO ATTENDED TO THE TOTAL PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS REALIZED G/L	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$	70,419 9,916
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTECTION OFFSET TUITION AND FOR TEACHERS TO ATTEMPT OF THE PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS REALIZED G/L PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDE OF THE PART XII, LINE AMOUNTS INCLUDE OF THE AMOUN	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$	70,419 9,916
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTOCOFFSET TUITION AND FOR TEACHERS TO ATTENDED TO PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS REALIZED G/L	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$	70,419 9,916
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTECTION AND FOR TEACHERS TO ATTENDED TO OFFSET TUITION AND FOR TEACHERS TO OFFSET TUITION AND FOR THE OFFSET TUITION AND FOR T	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$ \$ THEF \$	70,419 9,916
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTECTION OFFSET TUITION AND FOR TEACHERS TO ATTEMPT OF THE PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE SCHOLARSHIPS REALIZED G/L PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDE OF THE PART XII, LINE AMOUNTS INCLUDE OF THE AMOUN	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$ \$ THEF	70,419
THE ENDOWMENTS HAVE BEEN ESTABLISHED TO PROTECTION AND FOR TEACHERS TO ATTENDED TO OFFSET TUITION AND FOR TEACHERS TO OFFSET TUITION AND FOR THE OFFSET TUITION AND FOR T	OVIDE ON TRA	SCHOLARSHI INING. ETURN - OT	HER \$ \$ THEF \$ \$	70,419 9,916

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SCHEDULE E

(Form 990)

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARTIN LUTHER KING

Employer Identification number 35-1161409

_ p	art MARTIN LUTHER KING SCHOOL, INC. 35-1161409	9 1	9	
	aiti	J	VEC	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	YES	NO
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain, If you need more space, use Part II	3	x	
	THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY STATES MLKMS CONTINUES TO DEDICATE ITSELF TO THE MISSION OF PROVIDING EQUAL EDUCATION TO ALL CHILDREN, REGARDLESS OF RACE, RELIGIOUS AFFILIATION, OR FAMILY INCOME."			
4	Does the organization maintain the following?		-10	- 8
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	nondiscriminatory basis?	4b	x	
С	copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4c 4d	X	514
		14	13.5	
5	Does the organization discriminate by race in any way with respect to:		70	
а	Students' rights or privileges?	5a		x
b	Admissions policies?	5b		x
С	Employment of faculty or administrative staff?	5c		<u>x</u>
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		<u>x</u>
f	Use of facilities?	5f		<u>x</u>
g	Athletic programs?	5g		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		X
		É		
		40		
6a	Does the organization receive any financial aid or assistance from a governmental agency?		v	
b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b	X	х
	if you answered thes on either line ba, or line bb, explain on Part II.	UU		1
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	15

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION THE ORGANIZATION RECEIVES FUNDS THROUGH THE DEPARTMENT OF EDUCATION'S CCDF
VOUCHER PROGRAM, THE DEPARTMENT OF AGRICULTURE CHILD AND ADULT CARE FOOD
PROGRAM AND FROM THE STATE OF INDIANA THROUGH THE INDIANA FAMILY AND SOCIA
SERVICES ADMINISTRATION FOR THE ON MY WAY PRE-K PROGRAM.
*

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Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

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OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 2 L Employer identification number X Yes 35-1161409 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance SCHOOL MARTIN LUTHER KING Name of the organization

Part II

Part I

	τ-	(a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash (e) Amount of (f) Method of valuation (g) Description of government (government) (g) Description of government (g) Table (g) Description of government (g) Table (g) Description of government (g) Table (g)	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
	ε			(ii applicable)			Other)	TOTA CONTINUE CONTINU	क्राध्यक्षित
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	(2)								
	107200								
	(3)								
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	S 25550								
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	2000								
	(8)								
1 1	6 9 6 6 6 F								
	(6)								
	1								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		ter total number of section 501(c)(3) and government o	rganizations liste	d in the line	1 table				•

Schedule I (Form 990) (2021)

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

Enter total number of other organizations listed in the line 1 table

Schoolae (Feen 990) (2021) MARTIN LUTHER KING SCHOOL, INC. 35-1161409 Fat III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant of assistance of the organization answered "Yes" on Form 990, Part IV, line 22. (b) Type of grant of assistance of the organization and the organization of the
WERE LOW INCOME AND COULD NOT QUALIFY FOR CCDF VOUCHERS.
WERE PROVIDED TO 10 FAMILIES
AT OR ABOVE POVERTY LEVEL. THE SCHOLARSHIPS CAN PROVIDE UP TO $\%$ THE WEEKLY
PROGRAM IS BASED ON THE STATE'S GUIDELINES FOR INCOME THAT IS A PERCENTAGE
100
SCHOLARSHIPS ARE GIVEN TO FAMILIES THAT ARE LOW INCOME AND CANNOT QUALIFY
SCHOLARSHIPS ARE GIVEN TO STUDENTS AS A REDUCTION IN WEEKLY TUITION.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
9
2
4
2
2
SCHOLARSHIPS 10 70,419
(book, recipients cash grant noncash assistance FMV, appraisal, other)
Part III can be duplicated if additional space is needed.
SCHOOL, INC. 35-1161409

Schedule I (Form 990) (2021)

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Name of the organization Employer identification number MARTIN LUTHER KING SCHOOL, INC 35-1161409 DOING BUSINESS AS - ADDITIONAL NAMES MARTIN LUTHER KING MONTESSORI SCHOOL, INC. FORM 990 - ORGANIZATION'S MISSION TO PROVIDE QUALITY CARE AND EDUCATION THAT FOSTERS THE CHILD'S NATURAL ABILITY TO LEARN WHILE PROMOTING SELF CONFIDENCE, SOCIAL/COGNITIVE DEVELOPMENT AND INDEPENDENCE. PROVIDE SERVICES TO FAMILIES WHO MAY NOT OTHERWISE AFFORD THE BENEFITS OF QUALITY EARLY CHILDHOOD EDUCATION. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE IRS FORM 990 IS REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES, AS WELL AS THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE ENTIRE BOARD ANNUALLY. FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION THE ORGANIZATION'S 990S FOR THE LAST THREE YEARS ARE AVAILABLE AT WWW.GUIDESTAR.ORG. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.