CLIENT'S COPY

Nisivoccia LLP 200 Valley Rd Suite 300 Mount Arlington, NJ 07856

June 24, 2019

PRESCHOOL ADVANTAGE, INC. 25 Lindsley Drive, Suite 307 MORRISTOWN, NJ 07960

DEAR RAY,

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations. A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Chris Perrotta, CPA

Department of the Treasury Do not send to the IRS. Keep for your records.	18
Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organization Employer identification	nannoer
PRESCHOOL ADVANTAGE, INC. 22-3360099	
Name and title of officer	
RAY HAWKINS	
TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you ch on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, then leave line 1b , 2b , 3 whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not co than one line in Part 1.	3b, 4b, or 5b, omplete more
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 9 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 9	
2a Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9) 2b	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b 3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b 5b	
Part II Declaration and Signature Authorization of Officer	
electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and co further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive ((a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refut the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdra debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes ow return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Age 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in t processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, organization's consent to electronic funds withdrawal.	my from the IRS nd, and (c) awal (direct ved on this ent at the to the
Officer's PIN: check one box only	
	<u>4321</u>
ERO firm name Enter fi do not	ve numbers, but enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementior enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS I program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	

number (EFIN) followed by your five-digit self-selected PIN.

22787212345	
Do not enter all zeros	

L

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature	NISIVOCCIA	LLP

Date	06	12	4	/1	9
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Form 8879-EO (2018)

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18



Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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.

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



<u>A</u> F	or th	e 2018 calendar year, or tax year beginning and o	ending		
B c	Check if pplicat	C Name of organization		D Employer identific	ation number
	_Addr chan	PRESCHOOL ADVANTAGE, INC.			
	Nam	ge Doing business as		22-3	360099
	_ Initia _ retun	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	25 LINDSLEY DRIVE, SUITE 307		(973)) <u>532-2501</u>
	termi ated	n- City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,720,059.
	Amer Amer	MORRISTOWN, NJ 07960		H(a) Is this a group re	turn
	Appli tion	Finame and address of principal officer. KAL HAWKIND		for subordinates	? Yes 🚺 No
	pend	^{mg} 25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN	N, NJ	H(b) Are all subordinates in	
11	⊺ax-e>	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 📃 527	If "No," attach a	ist. (see instructions)
J١	Vebs	ite: NWW. PRESCHOOLADVANTAGE. ORG		H(c) Group exemption	number 🕨
<u>K </u> F	orm o	f organization; 🔲 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1995 M	State of legal domicile: NJ
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: \underline{TO} FU	JND TU	ITIONS TO PI	RESCHOOLS
anc		FOR LOW INCOME FAMILIES IN MORRIS AND SOM	IERSET	COUNTY.	
& Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Š.	3	Number of voting members of the governing body (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·	3	20
യ	4	Number of independent voting members of the governing body (Part VI, line 1b) _			20
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	3
viti	6	Total number of volunteers (estimate if necessary)		6	100
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		0.
	ļ			Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		351,979.	652,424.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	<u> </u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		209,845.	223,130.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		596,357.	934,710.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		328,253.	386,267.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm \odot}$		167,845.	<u> 199,957.</u>
Expenses	1 6a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>19.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,660.	<u>61,350.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		572,758.	<u>647,574.</u>
	19	Revenue less expenses. Subtract line 18 from line 12		23,599.	<u>287,136.</u>
2 Sec			Be	jinning of Current Year	End of Year
Fund Balances	20	Total assets (Part X, line 16)		1,140,832.	1,326,085.
1d B	21	Total liabilities (Part X, line 26)		0.	0.
2 2 2	22	Net assets or fund balances. Subtract line 21 from line 20		1,140,832.	1,326,085.
Pa	irt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	

Sign Here	Signature of officer RAY HAWKINS, TREASURER Type or print name and title	Date
Paid Preparer	Print/Type preparer's name CHRIS PERROTTA, CPA Firm's name NISIVOCCIA LLP	Preparer's signature CHRIS PERROTTA, CPA 06/24/19 self-employed ₽01450368 Firm's EIN ≥ 22-1914888
Use Only May the II	Firm's address 200 VALLEY RD. S MT. ARLINGTON, N RS discuss this return with the preparer shown ab	IJ 07856 Phone no. (973) 328-1825

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1 2 3	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PRESCHOOL ADVANTAGE PROVIDES FUNDING FOR QUALIFIED CHILDREN TO OUR PARTNER PRESCHOOLS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
2	Briefly describe the organization's mission: <u>PRESCHOOL ADVANTAGE PROVIDES FUNDING FOR QUALIFIED CHILDREN TO</u> <u>OUR PARTNER PRESCHOOLS</u> . Did the organization undertake any significant program services during the year which were not listed on the	
2	PRESCHOOL ADVANTAGE PROVIDES FUNDING FOR QUALIFIED CHILDREN TO OUR PARTNER PRESCHOOLS.	ATTE
3	OUR PARTNER PRESCHOOLS. Did the organization undertake any significant program services during the year which were not listed on the	
3	Did the organization undertake any significant program services during the year which were not listed on the	
3		
3		
3		
3		Yes
3		
	If "Yes," describe these new services on Schedule O.	Yes
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes
1	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentation of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentation of the section of the sectio	xpenses, a
	revenue, if any, for each program service reported.	
l a	(Code:) (Expenses \$507,230. including grants of \$386,267.) (Revenue \$	
	PRESCHOOL ASSISTANCE: THE FIRST YEARS OF A CHILD'S LIFE ARE CR	ITICA
	LAYING THE FOUNDATION FOR A LIFETIME LOVE OF LEARNING. EARLY CI	HILDH
	EDUCATION SETS THE STAGE FOR FUTURE GROWTH AND PROPELS CHILDRED	N ONT
	THEIR EDUCATIONAL PATHS. DESPITE THE UNDENIABLE IMPORTANCE OF 2	A SOL
	EDUCATIONAL START, MANY LOCAL CHILDREN HAVE NO MEANS TO ATTEND	
	PRESCHOOL. PRESCHOOL ADVANTAGE SERVES THE POPULATION OF STRUGG	LING
	FAMILIES WHO DO NOT QUALIFY FOR GOVERNMENT FUNDED PROGRAMS BECA	
	EARN ABOVE THE POVERTY LEVEL, BUT ARE STILL EARNING BELOW THE	
	SUSTAINABILITY FOR OUR REGION. THESE FAMILIES SIMPLY CANNOT AF	
	COST OF A PRESCHOOL FOR THEIR CHILD THUS HINDERING THE CHILD'S	
	AND OPPORTUNITIES LATER IN LIFE. THE LACK OF SOURCES OF ASSIST	
·····	WORKING FAMILIES UNABLE TO SUPPORT THE COST OF PRESCHOOL LED TO	J THE
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	The second environment of the second se	
lc	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
-	1 / / / / / / / / / / / / / / / / / / /	
	Other program services (Describe in Schedule O.)	
	Other program services (Describe in ochedule O.))
	(Expenses \$ including grants of \$) (Poweries \$,
	(Expenses \$ including grants of \$) (Revenue \$	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 507,230.	Form 9
e	Total program service expenses 507,230.	Form 9
e		Form 9

Form 990 (2018)		ADVANTAGE,	INC
Part IV Che	cklist of Required Sched	ules	

Is the organization described in section 501(c)(3) or 4947(8)(1) (other thma in private foundation? I X If the organization required to complete Schedule <i>B</i> , Schedule <i>G</i> , Contributor? 2 X Section 50(c)(3) organizations. Diff the organization engage in oblabyling activities, or have a section 50(1)(6) oblicition and models in that receives membership dues, assessments, or an annumbra and effect in Tevers. For Orlegito organization that receives membership dues, assessments, or an annumbra and optical complete Schedule <i>C</i> , Part <i>I</i> X Sole the organization requestion sole to organization that receives membership dues, assessments, or an annumbra and edited in Teverus Proceedure 92:197 <i>If Yes,</i> ⁺ complete Schedule <i>D</i> , Part <i>I</i> X Did the organization mexime not oblab conservation assement, including assemment to parts or parsa organ space. 7 X Did the organization mexime of oblab conservation and searce sectors 2014 <i>If Yes,</i> ⁺ complete Schedule <i>D</i> , Part <i>II</i> 9 X Did the organization mexime not oblab conservation assement, including assemment to parts. 7 X Did the organization mexime not an annount to Part X. In 21. for econserva constantial meximes, or other semilar asset? <i>If Yes,</i> ⁺ complete Schedule <i>D</i> , Part <i>II</i> 9 X Did the organization report an annount to fire and, buildings, and equipment in Part X, line 12. If <i>II</i> is the organization report an annount for inseminates - program disket in Part X, line 12. If <i>II</i> is the organization report an annount for insem				Yes	No
2 Is the organization requeer to complete Schedule 9, Schedule 9, Contribution 0 2 X 3 DX the organization engage in divide a cmapping activities on ballet of in opposition to candidates of a ball of of in opposition to candidate of the organization. But the organization takes exciton 501(b) election in effect 4 X 4 Section 501(c)(3) organizations. Dut the organization that nearows membership dues, assessments, of similar amounts as defined in Advised tonds or any similar funds or accounts for which donce there the right to provide advised tonds or any similar funds or accounts for which donce there the right to provide advised tonds or any similar funds or accounts for which donce there the right to provide advised tonds or any similar funds or accounts for which donce there the right to g X 7 Did the organization matrian any donor advised tonds or any similar funds or accounts for which donce there there there are on thiston takes areas, or histon takes to complete Schedule D, Part 1 G X 8 Did the organization merger as an instant accluretures 1/1 Yes, "complete Schedule D, Part 1, Yes, "complete	1				
Both a organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office, 117 (**e): complete Schedule C, Part II. X A Section 501(c)(3) organizations. Did the organization engage in biblying activities, or have a section 501(n) election in effect during the tary part II 'Nes': complete Schedule C, Part II. X 5 Did the organization a section 501(n)(4), 501(c)(5), or 501(c)(6) organization to the orden on the effect to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Nes'. complete Schedule D, Part II. K 5 Did the organization markins and yound accessment, buck and accounts? If 'Nes'. complete Schedule D, Part II. K 7 Did the organization markins and or any similar disease. The environment, historical and arras, or historic attructure? If 'Nes'. complete Schedule D, Part II. K 8 Did the organization markins control and consensing, debt management, receit repart, or debt negotiation service? If 'Nes'. complete Schedule D, Part III. K 9 Did the organization markins and the Part X, line 21, for second or or usotial account liability, erve as a custodian for anounts not lead in Part X, or provide credit counseling, debt management, receit repart, or debt negotiation service? If 'Nes'. complete Schedule D, Part II. Did the organization markin Part X, line 21, for second second liability, erve as a custodian for anounts not lead in Part X or provide credit counseling, and equipment in Part X, line 12 that 5% or more of its total asset reported in Part X, line 107 if 'Nes'. complete Schedule D, Part II. Did		If "Yes," complete Schedule A	1		
public office? // "res," complete Schedule Q, Part / is is<	2		2	X	
• Section 501(c)(3) organizatione. Did this organization engage in bobying activities, or have a section 501(h) election in effect during the key apend 11*/sec, complete Schedule C, Part II 4 X • Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) or	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X. 5 Is the organization a section Solic(a), 501(c)(a) to 501(c)(b) or 501(c)(a) to 501(c)(b) or 201(c)(a) to 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(3		<u> </u>
6 Is the organization ascietion 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or aminar amounts as defined in Revenue Proceeding e819 // 'vsc,' complete Schedule C, Part II 5 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historic land areas, or historic structures? If "'rsc," complete Schedule D, Part II 6 X 7 Did the organization report an amount in Part X, line 21, for ascrew or custodial account liability, serve as a custodian for anocurs not listed in Part X: or provide cradit courseling, debt management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount in Part X, line 21, for ascrew or custodial account liability, serve as a custodian for anocurs not listed in Part X, or provide cradit courseling, debt management, credit repair, or debt negotiation services? 7 X 11 If 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 10 thir yes, 'complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reporterin Part X, line 10 thir yes, 'co	4				
asimilar anounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part II 5 X 6 Dot the organization maintain any donce adviced funds or any summary including assements to preserve open space, the environment, histocic faures artuncters AT revis," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Re," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secret or or custadial account lishilty, serve as a outsodian for amounts in blick or parts, tor provide order to conseling, debt management, credit repair, or debt negoliation services? 7 X 9 Did the organization directly or through a related organization, hold assets in temporarily rosticted andowments, permanent endowments? If "ves," complete Schedule D, Part IV 8 X 10 Did the organization report an amount for investments - other socurities in temporarily rosticted andowments, permanent endowments? If "ves," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other socurities in Part X, line 12/III "ves," complete Schedule D, Part VIII 11 X 12 V Intel ST Y Tes," complete Schedule D, Part VIII 11 X 13 X Intel ST Y Tes," complete Schedule D, Part VIII 11 X </td <td>_</td> <td></td> <td>4</td> <td></td> <td><u> </u></td>	_		4		<u> </u>
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provide advice on the distribution or investment of anounts in such funds or accounts // "Ves," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // "Ves," complete Schedule D, Part // 7 X 8 Did the organization report an anount in Part X, line 21, for secret vor custactial account histories are ustodian for amounts no tisfed in Part X, or provide credit counseling, debt management, credit repart, or debt negotiation services? 7 X 9 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, personal account histories are ustodian for amounts no triber in Part X, inc 21, for seconde 20. Part V 9 X 10 Did the organization report an amount for land, bulkings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167, If "yes," complete Schedule D, Part V 11a X 11 B the organization report an amount for investments - ordner securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167, If "yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - ordner anount for investments - ordner anount for investments - ordner anount for investments for that axy are include a footone that addresset in temporality asset reported in Part X, line 167, If "Yes," complete Schedule D, Part X 11a	-		5		<u>x</u>
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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 IV. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no tilsted in Part X, cor provide careful counseling, debt management, credit repart, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 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 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments - other securities and Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for investments - pregram related in Part X, line 16? If Y	-	, , , , , , , , , , , , , , , , , , , ,	6		<u> </u>
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13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 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 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 II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facii	b				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		·····-
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Form **990** (2018)

	Form 990 (2				ADVANTA	
1	Part IV	Checklist o	of Required	Schedu	l les (continuea	ŋ

PRESCHOOL ADVANTAGE, INC.

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<u> </u>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		2
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	2.5		
	Schedule K. If "No," go to line 25a	24a		2
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		╞
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			Ľ
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		-
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	┢
30	Did the organization receive undre than \$25,000 in hon-cash contributions in trees, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			╞━
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	X	L r
		<u></u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	Did the organization comply with backup with rolding rules for reportable payments to vendors and reportable gaming			
с	(gambling) winnings to prize winners?	10	Х	

	990 (2018) PRESCHOOL ADVANTAGE, INC. 22-3360	<u>1099</u>	P	age 5		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ŀ		
	filed for the calendar year ending with or within the year covered by this return 2a	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ļ				
	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:	j				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
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		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
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	·. · ·				
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	· *	1.00			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b				
10	Section 501(c)(7) organizations. Enter:			[
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ъ.			
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	ł	•			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ		· · .		
	amounts due or received from them.)		: 1:	1		
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 year12b			11144		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	.				
с	Enter the amount of reserves on hand13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ĺ		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.			L		

Form **990** (2018)

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Form 990 (2018)
Part VI	Gov

t VI	Governance, I	Management,	and Disclosure	9 For each "Ye	s" response to line	s 2 through 7b bel	ow, and for a "N	lo" response
	to line 8a, 8b, or 10	0b below, describe	e the circumstances,	, processes, or	changes in Sched	lule O. See instruct	tions.	

Check if Schedule O contains a response or note to any line in this Part VI		X
Section A. Governing Body and Management		
	Yes	No

			Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year1a20	Þ		
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	Ì	. 	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1 2
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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 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		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		İ	
	more members of the governing body?	7 <u>a</u>		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following;		· ·	
а	The governing body?	<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	·	<u>10a</u>		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a		11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
с			37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			l
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15.	X	· · ·
a 	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		A	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}		
108		10-		x
h		<u>16a</u>		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	104		
Sec	tion C. Disclosure	<u>16b</u>		
	List the states with which a copy of this Form 990 is required to be filed ►NJ			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	e oplui	availe	
18	for public inspection. Indicate how you made these available. Check all that apply.	s only)	availa	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinar	niol	
19	become in conclude or whether land it so, now) the organization made its governing documents, connect or interest policy, and	i nusuo	oidi	

statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨							
	MOLLY DUNN - (973) 532-2501							

25	LINDSLEY	DRIVE,	<u>SUITE</u>	307,	MORRISTOWN,	<u>NJ</u>	07960	
832006 12-31-	18		-					

01502R01

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

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cerar	dad	recto	pr/trus	stee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	sord	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee j	wpen		(1035-10130)		and related
	below	dual t	Institutional trustee		loldu	ist co	5			organizations
	line)	Individual trustee or director	Institt	Officer	Key employee	Highest compensated employee	Former			
(1) ADRIENNE KIRBY	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) BETTE SIMMONS	2.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) RAY HAWKINS	2.00									
TREASURER		X	L.	X				0.	0.	0.
(4) GAIL REUTHER	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) RICK THOENI	2.00									
TRUSTEE		X	L					0.	0.	0.
(6) LAUREN DIEMAR	2.00									
TRUSTEE	 	X				1	Í	0.	0.	0.
(7) MARK CARDONE	2.00									_
TRUSTEE		X						0.	0.	0.
(8) JESSIE LUBOW	2.00								_	
VICE PRESIDENT		X		Χ				0.	0.	0.
(9) JOSHUA MACKOFF	2.00									•
TRUSTEE		X						0.	0.	0.
(10) ROBERT PETERSON	2.00								•	
TRUSTEE		X						0.	0.	0.
(11) DIANNE ROBINSON	2.00								•	0
TRUSTEE		X						0.	0.	0.
(12) CHRISTINA DORANDO	2.00									0
TRUSTEE	2.00	X					<u> </u>	0.	0.	0.
(13) DENISE LANZA	2.00	77							0	0
TRUSTEE	2.00	X						0.	0.	0.
(14) YVETTE LONG	2.00	v						0.	0.	0
TRUSTEE	2.00	X						U.	U .	0.
(15) JUDY PIERCE	2.00	x						0.	ο.	0.
TRUSTEE	2.00									0.
(16) GINGER MICHAELS	2.00	x						0.	0.	0.
TRUSTEE	2.00	A.						· · · · · ·	U •	<u> </u>
(17) KAREN LOMBARDO	4.00	x						0.	ο.	0.
TRUSTEE 832007 12-31-18	L	11				L	L	· · ·	V • [Form 990 (2018)
032007 12-31-18						_				2010)

7

Form 990 (2018) PRESCHOOI									22-3360	099	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)	1	
(A) Name and title	(B) Average hours per week	je (do not check mo box, unless perso			C) itior more rson	iO N ore than one on is both an		(D) Reportable compensation	(E) Reportable compensation from related	Esti amo	(F) mated punt of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	froi orgai and	ensation m the nization related izations
(18) CAROLYN SIMPSON TRUSTEE	2.00	x						0.	0.		0.
(19) EUGENE HUANG PAST PRESIDENT	2.00	x						0.	0.		0.
(20) MATT MIRETT	2.00					-					
TRUSTEE (21) MOLLY DUNN	40.00	X			-	\vdash	-	0.	0.		0.
EXECUTIVE DIRECTOR				x				53,893.	0.	13	,763.
		l		L							
1b Sub-total c Total from continuation sheets to Part VI								<u>53,893.</u> 0.	0.		<u>,763.</u> 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n								53,893.	0.	13	<u>,763.</u>
compensation from the organization										<u> </u>	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	Yes No
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior) and	d oti	her compensation from	the organization		
and related organizations greater than \$1505 Did any person listed on line 1a receive or a			•						dual for services	4	<u> </u>
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Scheduk	e <u>J f</u>	or su	uch,	pers	son	<u></u>		<u></u>	5	<u> </u>
1 Complete this table for your five highest co	mpensated inc	debe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compens	ation fro	m
the organization. Report compensation for (A)	the calendar y	ear i	endi	ng v	vith	or w	ithir 	n the organization's tax) (B)	/ear.	(C)	<u>-</u>
Name and business	address	NC	ONI	<u> </u>			_	Description of s	ervices C	Compens	ation
											<u></u>
							_				
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz		ot lir	nite	d to		se li: D	sted	above) who received m	lore than		
	<u></u>								,,,,,,, _	Form 99	90 (2018)
832008 12-31-18						~					

		(2018) PRESC	CHOOL ADV	JANTAGE ,	INC.		22-3360	099 Page 9
Pa	t V]]							[]
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d e	Membership dues	1b 1c 1d tions) 1e	57,682.				
Contribu and Othe	-	similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f: \$		652,424.			
<u> </u>		Total. Add lines faith	*******	Business Code				
e l	2 a							
e Ç	b							
enu enu	c							
Tan Jevi	d							ļ,
Program Service Revenue	е							
٩	f	All other program service reve						
		Total. Add lines 2a-2f						
	3 4	Investment income (including other similar amounts) Income from investment of ta	x-exempt bond	proceeds	30,414.			30,414.
	5	Royalties						
		Gross rents		(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)		-		t i i i i i i i i i i i i i i i i i i i		
		Net rental income or (loss)	(i) Securities	(ii) Other				
	7 a	assets other than inventory	729,047.					
	h	Less: cost or other basis	125,041	<u> </u>				
ĺ	~	and sales expenses	700,305.					. *
	с	Gain or (loss)						
		Net gain or (loss)			28,742.			28,742.
er Revenue		Gross income from fundraisin including \$57, 6 contributions reported on line Part IV, line 18	582 • of a 1c). See					
Other Revenue		Less: direct expenses						
-		Net income or (loss) from fund		····· •	223,130.			223,130.
		Gross income from gaming ac Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less	returns					<u></u>
		and allowances		1 1				
		Less: cost of goods sold Net income or (loss) from sale			(
ŀ	U	Miscellaneous Revenu		Business Code			·····	
ŀ	11 a	······································		Busiliess Code				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			934,710.	0.	0.	282,286.
00000	12-31							Form 990 (2018)

11390624 784010 01502R001 2018.04000 PRESCHOOL ADVANTAGE, INC. 01502R01

	1 990 (2018) PRESCHOOL AI rt IX Statement of Functional Expense		2	22-33	60099 Page 10
1	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				······
2	Grants and other assistance to domestic individuals. See Part IV, line 22	386,267.	386,267.		
3	Grants and other assistance to foreign				
Û	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
·	trustees, and key employees	67,656.	33,827.	13,532.	20,297.
6	Compensation not included above, to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	116,404.	58,203.	23,280.	34,921.
8	Pension plan accruals and contributions (include				<u> </u>
÷	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,276.	1,138.	455.	683.
10	Payroll taxes	13,621.	6,811.	2,724.	4,086.
11	Fees for services (non-employees):				.,
	Management				
b	Legal				
c	Accounting	9,972.		9,972.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,786.		1,420.	366.
13	Office expenses	14,339.	6,378.	4,134.	3,827.
14	Information technology		0,5701		570271
15	Royalties				
16	Occupancy	25,241.	12,621.	5,048.	7,572.
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	926.		926.	
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	808.		808.	
23	Insurance	905.		905.	<u> </u>
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	2,419.		2,419.	,
b	DIRECT APPEAL	2,102.			2,102.
c	PUBLIC RELATIONS	1,543.	1,543.		
d	REPAIRS AND MAINTENANCE	884.	442.	177.	265.
	All other expenses	425.		425.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	647,574.	507,230.	66,225.	74,119.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			Í	
	educational campaign and fundraising solicitation				

832010 12-31-18

Check here

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educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10

2018.04000 PRESCHOOL ADVANTAGE, INC.

Form 990 (2018) 01502R01

PRESCHOOL ADVANTAGE, INC. Part X Balance Sheet

22-3360099 Page 11

		Check if Schedule O contains a response or no	te to ar	y line in this Part X	<u></u>		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			181,598.	1	1,059.
	2	Savings and temporary cash investments			50,523.		437,578.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
	1	trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					······································
	}	section 4958(f)(1)), persons described in sectior	n 4958(c)(3)(B), and contributing			· .
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	·····
Å	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,354.			
	b	Less: accumulated depreciation		11,004.	1,658.	10c	4,350.
	11	Investments - publicly traded securities			903,053.		879,098.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14	· · · · · · · · · · · · · · ·	
	15	Other assets. See Part IV, line 11			4,000.	15	4,000.
	16	Total assets. Add lines 1 through 15 (must equ			1,140,832.		1,326,085.
	17	Accounts payable and accrued expenses			17	· · · · · · · · · · · · · · · · · · ·	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.	(
abi		Complete Part II of Schedule L				22	
1	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
	{	Schedule D				25	
<u></u>	26	Total liabilities. Add lines 17 through 25			0.	26	0.
	}	Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🛣 and 👘		ļ	
ŝ		complete lines 27 through 29, and lines 33 an	d 34.				
ũ	27	Unrestricted net assets			1,140,832.	27	1,326,085.
Sala	28	Temporarily restricted net assets	<u>L</u>		28		
Вþ	29	Permanently restricted net assets	<i></i>			29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🛄 📗		İ	
ç		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	·····		30		
Ass.	31	Paid in or capital surplus, or land, building, or ec	luipmei	nt fund		31	
et /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			1,140,832.	33	<u>1,326,085.</u>
	34	Total liabilities and net assets/fund balances			1,140,832.	34	<u>1,326,085.</u>

Form **990** (2018)

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Form 990 (2018)

Form	990 (2018) PRESCHOOL ADVANTAGE, INC.	22-33	50099	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
+	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2			574.
3	Revenue less expenses. Subtract line 2 from line 1	3			.36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1, 140),8	32.
5	Net unrealized gains (losses) on investments	5	-101		
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,326	5,0	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			10
	consolidated basis, or both:			• •	-
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1
	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 requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			- (00	(0010)

Form 990 (2018)

832012 12-31-18

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(Form 990 or 990-EZ)

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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury

OMB No. 1545-0047

Open to Public

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18

Interna	Reven	iue Service		Go to www.irs.go	v/Form990 for instruct	ions and t	he latest i	information.		Inspection	
Nam	Name of the organization		ion						Employer identification number		
				OOL ADVANTAGE, INC.					2-3360099		
Par	tI	Reason	for Public	Charity Status (All organizations must c	omplete th	his part.) S	ee instruction	S		
The o	<u> </u>		•		(For lines 1 through 12, 4		,				
1					on of churches describe			1)(A)(i).			
2		A school des	scribed in <mark>sect</mark>	tion 170(b)(1)(A)(ii). (Attach Schedule E (Fon	n 990 or 9	90-EZ).)				
3		•		• •	anization described in <mark>s</mark>						
4		A medical re	search organiz	zation operated in co	njunction with a hospita	I describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
-		city, and stat	te:								
5 l		-	-		llege or university owne	d or opera	ited by a g	overnmental	unit descrit	ped in	
r				Complete Part II.)							
6 L					nental unit described in						
7 l	X	•		-	intial part of its support	from a gov	rnmental	l unit or from f	the general	public described in	
r				Complete Part II.)							
8 [(1)(A)(vi). (Complete Par						
9 L		-			in section 170(b)(1)(A)	-					
				grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or	
	_	university:									
10 L					than 33 1/3% of its su						
				• •	•				• •	t from gross investment	
					(less section 511 tax) fr	rom busine	esses acqu	lired by the o	rganization	after June 30, 1975.	
r				mplete Part III.)							
11		+	-		ively to test for public sa	-					
12 L		-			ively for the benefit of, t						
				-	d in section 509(a)(1) o		-			neck the box in	
		7	-		of supporting organization				-		
а	L				upervised, or controlled						
			-		gularly appoint or elect	a majonty	or the aire	ctors or truste	es of the s	upporting	
	L	-		complete Part IV, Se							
b					or controlled in connect						
			-	••••	anization vested in the s	same perso	ons that co	ontroi or mana	ige the sup	ропеа	
_		٦Ť	.,	st complete Part IV,		in connor	tion with	and functions	lly into arot	a d with	
С	<u> </u>	••	-	•	g organization operated				iny integrate	ed with,	
		ר <i>ר</i> י	-		b). You must complete l		•	-	بعرما مرسمي		
d	L	- •			orting organization oper				-	.,	
			•		zation generally must sa	•		-	u an allenii	weness	
		- ·	•	•	nplete Part IV, Section	-			1)		
e	L		-		written determination fro nally integrated support			a rype i, rype	п, туре ш		
4	Ento										
				n about the supporte	d organization(s)		••••••				
<u> </u>) Name of supp		(ii) EIN	(iii) Type of organization	(īv) is the orga	nization lisled	(v) Amount of	monetary	(vi) Amount of other	
	• ·	organization			(described on lines 1-10	Yes	ng document? No	support (see ir	,		
				· · · · · · · · · · · · · · · · · · ·	above (see instructions))						
]				
										·····	
				1							
Total				I		I	<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

01502R01

	edule A (Form 990 or 990-EZ) 2018 P art II Support Schedule for	RESCHOOL	ADVANTAGE	Sections 170	$(h)(1)(\Lambda)(iv)$ and	$\frac{22-336}{d \cdot 170(b)(1)(A)(b)}$	0099 Page 2
	(Complete only if you checke	-					•
	fails to qualify under the tests			-	an taked to quality		sorganization
Se	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	endar year (or fiscal year beginning in)	(a) 2014	(1) 2015	(a) 2016	(d) 2017	(-) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(a) 2017	(e) 2018	
	membership fees received. (Do not						
	include any "unusual grants.")	277,906.	303 113	260,559.	351 070	652,424.	1 046 211
~	Tax revenues levied for the organ-	211,300.	303,4430	200,339.	551,575.	034,424.	1,846,311
2	ization's benefit and either paid to	ĺ				Í	
	or expended on its behalf						
3	The value of services or facilities					·	
3	furnished by a governmental unit to						
	the organization without charge						
А	Total. Add lines 1 through 3	277,906.	303,443.	260,559.	351,979.	652,424.	1,846,311
5	-	277,500.	303,443.	200,335.	551,575.	0341747	1,040,311
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						116,208.
6	Public support. Subtract line 5 from line 4.		·····				1,730,103
	ction B. Total Support			L	1	I	1,730,103
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	277,906.	303,443.	260,559.	351,979.	652,424.	1,846,311.
	Gross income from interest.	27772001	505,445.	200,339.	331,3,3,	002;424	T'040'2TT'
Ŷ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,862.	18,192.	15,742.	15,890.	30 414	101,100.
٩	Net income from unrelated business		10,192.				101,100.
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<u>~</u>
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			·			1,947,411.
11	Gross receipts from related activities,					12	1,947,411.
	First five years. If the Form 990 is for						
10	organization, check this box and stor						
See	ction C. Computation of Publ	ic Support Pe	rcentage	***************	<u></u>		
	Public support percentage for 2018 (······································			14	88.84 %
	Public support percentage from 2017						94.44 %
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies	-					
h	33 1/3% support test - 2017. If the c						
~	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances tes						
Ň	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				• •		·
19	Private foundation. If the organizatio		-				
10	Finale roundation. If the organizatio	a dia not check al	55X 011 III E 15, 102	a, 100, 17d, 01 17L	, check this box a	nd see instructions	•

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 PRESCHOOL ADVANTAGE, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked	the box on line 1	0 of Part I or if the	organization failed	l to qualify under F	Part II. If the organi	zation fails to
	qualify under the tests listed b			- gamzation raidu	s quany andor i		
See	ction A. Public Support	0.011, 10000 0011					
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		1				
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				1		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
e	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						···
10	3 received from disqualified persons						
н	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	· · · ·			-	1. S. S.	
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
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.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	-					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2018 (I			column (f))		15	%
16	Public support percentage from 2017		-			16	%
	ction D. Computation of Inves						
	17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %						
18							
-	33 1/3% support tests - 2018. If the					L I	
190	more than 33 1/3%, check this box a						
Ŀ	33 1/3% support tests - 2017. If the	=					
E.	line 18 is not more than 33 1/3%, che	-					
20			•				
	23 10-11-18	ald flot offective		a, or roo, oncos ti) or 990-EZ) 2018
0020							

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Schedule A (Form 990 or 990-EZ) 2018

2018.04000 PRESCHOOL ADVANTAGE, INC. 01502R01

1

2

3a

3h

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

2018.04000 PRESCHOOL ADVANTAGE, INC. 01502R01

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Schedule A	(Form 990 or 990-EZ) 2018	PRESCHOOL	ADVANTAGE,	INC
Part IV	Supporting Organiz	ations (continued	d)	

22-3360099 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	1 1 a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*

	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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.

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Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

Зb

Yes No

	edule A (Form 990 or 990-EZ) 2018 PRESCHOOL ADVANTAGE, IN			22-3360099 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		-
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 PRESCHOOL ADVANTAGE, INC.

Pa	t v Type III Non-Functionally Integrated 505	P(a)(3) Supporting Orga	anizations (continued)	r
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		/	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6.	··· <u>·······</u> ··························		
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·····		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			ANG-14
2	Underdistributions, if any, for years prior to 2018 (reason-	· · · ·		
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
а	From 2013			······································
b	From 2014	· ·		
C	From 2015			
d	From 2016			·····
e	From 2017		·	·
f	Total of lines 3a through e		·	
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u> i </u>	Carryover from 2013 not applied (see instructions)			-
_i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	·		·····
a	Excess from 2014			
b	Excess from 2015	····		
с	Excess from 2016			
d	Excess from 2017			·····
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 PRESC	HOOL ADVANTAG	E, INC.		<u>3360099 P</u>	² age
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	Provide the explanations re 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 3; Part IV, Section E, lines	quired by Part II, line 10 1a, 11b, and 11c; Part IV 1c, 2a, 2b, 3a, and 3b; F	, Section B, lines 1 and 2; art V, line 1; Part V, Sectio	Part IV, Section C on B, line 1e; Part), V,
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		0010 01000	20			
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(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.



Nam	e of the organization	Employer identification number 22-3360099
Pa	PRESCHOOL ADVANTAGE, INC. rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
га		Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
~	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
L		, ine /.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	· ·
	Protection of natural habitat	ISTORIC STRUCTURE
~	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure 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
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	lization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	pomente during the year
7	Amount of expenses incurred in monitoring, inspecting, nanoling of violations, and emorcing conservation ea \$	asements opining the year
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	2)(i)
8		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
9		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org conservation easements.	gainzation's accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd halance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	public service, provide, in a arryin,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	valance sheet works of art historical
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	
	relating to these items:	rvice, provide the following amounts
	•	▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	· · · · <u></u>
2	-	Provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ \$
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
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Ра	rt III Organizations Maintaining C				· · · · · · · · · · · · · · · · · · ·				
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	a significa	ant use of its	collectio	in iten	ns
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's e	xempt pi	irpose in Pai	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other sim	ilar asset	s			
	to be sold to raise funds rather than to be ma	aintained as part of t	<u>he organization's c</u>	ollection?		<u></u> [Yes		<u>No</u>
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes"	on Form	990, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par	rt X, line 21.			_				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets r	ot includ	ed			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	0				Amoun	nt	
с	Beginning balance					c .			
d	Additions during the year						· · · ·		
e	Distributions during the year								
f	Ending balance				Į.				
	Did the organization include an amount on Fe					·	Yes		No
	If "Yes," explain the arrangement in Part XIII.					······			=
Pa									
		(a) Current year	(b) Prior year	(c) Two years back	· · · ·	oo voare hack	(a) Fou	r veare	e hack
10	Beginning of year balance	902,947.					(e) ou		
			844,228,	858,991		912,562.			.277.
b	Contributions	346,260.	100 000						<u>,001.</u>
c ,	Net investment earnings, gains, and losses	-48,996.	106,262.	53,745	•			42	.735.
	Grants or scholarships		· · · ·	<u> </u>					
е	Other expenditures for facilities]					
	and programs	346,183.	44,969,			40,000.			
f	Administrative expenses		2,574.			3,678,			<u>,451.</u>
g	End of year balance	854.028.	902,947.		.	<u>858,991</u> .		<u>912</u>	,562,
2	Provide the estimated percentage of the curr			a)) held as:					
	Board designated or quasi-endowment	100.00	_%						
	Permanent endowment .00	%							
c	Temporarily restricted endowment	.00_%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the orga	anization			
	by:						.	Yes	No
	(i) unrelated organizations					•••••	3a(i)	X	
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	<,,			3b	L	<u> </u>
_4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pa	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10).			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumu	ated	(d) Boo	k valu	le
		basis (investr	nent) basis	(other) c	lepreciati	ion	• •		
ta	Land								
	Buildings					• • • •	• •		0.
	Leasehold improvements								<u> </u>
	Equipment		1	5,354.	11	004.		4.3	50.
	Other			- /	<u> </u>			=/ =	0.
	Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1					4 7	50.
10(a)	ried most ra through te. (countrilla) must be	gouri onnooo, i art.	<u>,</u>	<u>~~~</u> /	<u></u>	Schedule			
							(EVEN		7 4 4 10

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Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ne 11b. See Form 990,	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or e	nd-of-year market valu
) Financial derivatives				
) Closely-held equity interests				
Other				····
(A)				······
(B)	····			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	· · · ·		······	
Complete if the organization answered "Yes" of	n Form 990. Part IV I	ne 11c See Form 990	Part V line 13	
(a) Description of investment	(b) Book value			nd of year market valu
(1)				
(2)			<u> </u>	
(3)				
(4)				······································
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)		·····		
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				······
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) De	n Form 990, Part IV, li escription	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) vtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Defendence (a) Defendence (b) (1) (2) (3) (4)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Detection (a) Detection (b) (1) (2) (3) (4) (5)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Detection (a) Detection (a) Detection (a) Detection (b) (1) (2) (3) (4) (5) (6)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (7)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) etal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Defended (a)	· · · · · · · · · · · · · · · · · · ·	ne 11d. See Form 990,		(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (7)	escription			(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	escription			(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (3) (1) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (3) (4) (5) (5) (1) (6) (1) (1) (2) (3) (2)	escription		Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col, (B) line 13.) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (a) (c) (b) (c) (c) (c) (b) (c) (c) (c) (a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c)<	escription		Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Data (b) Data (c) escription	ne 11e or 11f. See Form	Part X, line 15.		
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription	ne 11e or 11f. See Form	Part X, line 15.	
 (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes 	escription	ne 11e or 11f. See Form	Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Data (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) (2) (3) (1) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	escription	ne 11e or 11f. See Form	Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) (2) (3) (4) (5) (3) (4) (5)	escription	ne 11e or 11f. See Form	Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) Determination (a) Determination (a) Determination (a) Determination (a) Determination (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (b) must equal Form 990, Part X, col. (B) line (column (col	escription	ne 11e or 11f. See Form	Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) (3) (4) (5) (6) (2) (3) (4) (5) (6) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription	ne 11e or 11f. See Form	Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription	ne 11e or 11f. See Form	Part X, line 15.	

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Schedule D (Form 990) 2018

	edule D (Form 990) 2018 PRESCHOOL ADVANTAGE, INC.				<u>360099 Page</u> 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per F	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a			
1	Total revenue, gains, and other support per audited financial statements			1	832,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-101,883.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	<u>2</u> c			
d	Other (Describe in Part XIII.)	<u>2d</u>			
е	Add lines 2a through 2d			2e	-101,883.
3	Subtract line 2e from line 1			3	934,710.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, ,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	·····		
b	Other (Describe in Part XIII.)	4b		ļļ	
c	Add lines 4a and 4b			4c	0.
_				5	934,710.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial State			-	
Pa		ements Wi		-	n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State	e ments Wi 2a.	th Expenses per	-	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	e ments Wi 2a.	th Expenses per	Retur	n.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.	th Expenses per	Retur	n.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a	th Expenses per	Retur	n.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	th Expenses per	Retur	n.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a 2b 2b	th Expenses per	Retur	n.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d	th Expenses per	Retur	n. <u>647,574.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d	th Expenses per	Retur	n. <u>647,574.</u>
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2b 2c 2d	th Expenses per	Retur	n. <u>647,574.</u> 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2b 2c 2d	th Expenses per	Retur	n. <u>647,574.</u> 0.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a	th Expenses per	Retur	n. <u>647,574.</u> 0.
1 2 3 4 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d 4a 4b	th Expenses per	Retur	n. <u>647,574.</u> 0. <u>647,574.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 4a 4b	th Expenses per	Retur	n. <u>647,574.</u> 0. <u>647,574.</u>

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

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE

MINIMUM WORKING CAPITAL IN SUPPORT OF THE MISSION OF THE ORGANIZATION.

PART X, LINE 2:

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THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE

FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE

OF NEW JERSEY, CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT.

ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN

PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

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THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2018. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. THE ORGANIZATION DID NOT HAVE AMOUNTS ACCRUED FOR THE YEARS ENDING DECEMBER 31, 2018 AND 2017.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH THE UNITED STATES FEDERAL AND STATE OF NEW JERSEY JURISDICTIONS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE AND THE APPLICABLE FORM CRI WITH THE STATE. THE ORGANIZATION IS SUBJECT TO EXAMINATIONS AT ANY TIME WITHIN CERTAIN STATUTORILY DEFINED PERIODS FROM THE LATEST FILING DATE FOR FEDERAL AND FOR NEW JERSEY.

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	sing or Gaming ,	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" on	Form	990, I	 Part IV, line 17, 18, d			2018
	c	organization entered more than \$1 Attach to Form 990			•			CUIU Open to Public
Department of the Treasury Internat Revenue Service	► Go	to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organization							1	ntification number
Part I Fundrais		OL ADVANTAGE, INC.		/ H -	- Frank 000 Deat 11/		22-3360	
	complete this par	 Complete if the organization answer t. 	erea n	res o	n Form 990, Part IV,	iine i	7. Form 990-E2	2 mers are not
 a Ail Solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees lister 	ions email solicitations ations licitations n have a written c ed in Form 990, P highest paid indiv	s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover alsing ding o lional f	overnment grants mment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address or entity (fund	s of individual	(ii) Activity	fund have c or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
· <u> </u>			 					
					₹ 			
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			[· · · · · · · · · · · · · · · · · · ·
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·	,				· · · · · · · · · · · · · · · · · · ·		···-	
T - 4 - 1								
		n is registered or licensed to solicit o			s or has been notified	l it is	exempt from re	gistration
·····								
								·
		· · · · ·						. <u> </u>
	······································							
			<u> </u>					
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form S	990 or	990-E	EZ. S	iched	lule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

		le G (Form 990 or 990-EZ) 2018 PRESCH(-3360099 Page 2
Pa	art					
		of fundraising event contributions and g		1		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					1	(add col. (a) through
			FALL GALA (event type)	GOLF OUTING (event type)	(total number)	- col. (c))
пe			(event type)	(event type)		
Revenue		- · ·	112 020	125 720	16 207	265 056
Ве	1	Gross receipts	213,830.	135,729.	16,297.	365,856.
		Less Cantributions	33,714.	21,399.	2,569.	57,682.
	2	Less: Contributions	<u> </u>	41,399.	2,909.	57,002.
	3	Gross income (line 1 minus line 2)	180,116.	114,330.	13,728.	308,174.
	3		100,110.	, <u>,,,,,,,</u>	10,720.	<u> </u>
	4	Cash prizes				
	-					· · · · · · · · · · · · · · · · · · ·
	5	Noncash prizes				
es	ľ	, torreader prized				
sus	6	Rent/facility costs				
ă	ľ					·
Direct Expenses	7	Food and beverages				
Dire	-	· · · · · · · · · · · · · · · · · · ·				
_	8	Entertainment				
	9	Other direct expenses		39,555.		85,044.
	10	Direct expense summary. Add lines 4 throug			▶	85,044.
	11	Net income summary. Subtract line 10 from				223,130.
Pa	nrt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				,
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
	1	Gross revenue]		
		Cash primes				
ses	2	Cash prizes		s		
Expenses	3	Noncash prizes				
Ă	3	Noncash prizes				
ect	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
			····			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9		ter the state(s) in which the organization cond				
		he organization licensed to conduct gaming a				Ves No
b	lf "	No," explain:				
	•					
					-	
		ere any of the organization's gaming licenses r				Yes No
D	Π.	Yes," explain:				
				· , ,		
83208	32 10	0-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 PRESCHOOL ADVANTAGE, INC. 22-	3360099	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	🗌 Yes	No
I3 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	9
b An outside facility	1 1	9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name 🕨		
Address 🕨		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	•••	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address ►		
16 Gaming manager information:		
Name 🕨		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	000 000	
32083 10-03-18 Schedule G (For 37	m 990 or 990	-EZ) 2018
57		

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	orm 990 or 990-EZ)		ADVANTAGE,	INC.
Part IV S	Supplemental In	formation (continued)		

			•	
			 Schedule G (Fo	rm 990 or 990
	. <u> </u>		 	
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			 <u></u>	*****
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SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar lete if the organizatio	nd Individua	Is in the Ŭn " on Form 990, Pa	ited States		OMB No. 1545-0047 2018 Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization PRESCHO	OL ADVANTAG		-				Employer identification number 22-3360099
Part I General Information on Gran	nts and Assistance						
 Does the organization maintain reco criteria used to award the grants or a Describe in Part IV the organization? 	assistance?	-					
2 Describe in Part IV the organization' Part II Grants and Other Assistance					anization answered "	(es" on Form 990, Pa	rt IV line 21 for any
recipient that received more th					anization answered	103 Off Off Off 000,1 a	
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c) 3 Enter total number of other organization LHA For Paperwork Reduction Act No. 	ations listed in the line	1 table	he line 1 table				Schedule I (Form 990) (2018)

22-3360099

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE	85	386,267			
			angan Milaka Milaka Indon Waka Takada, Wai A. 1997 - A		

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

PART I, LINE 2:

TUITION ASSISTANCE IS APPLIED TO SCHOOL TUITION AND IS NOT USED FOR OUTSIDE

PURPOSES. TUITION ASSISTANCE IS AWARDED IN ACCORDANCE WITH ESTABLISHED

GUIDELINES.

SCHEDULE	М
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

2018 Open to Public Inspection

Employer identification number

22-3360099

Name	of t	the	orgar	nization
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PRESCHOOL ADVANTAGE, INC.

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		-	ts
1	Art · Works of art				··· · · · · · · · · · · · · · · · · ·			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles				and Midden the ansatz addition in the			
7	Boats and planes							
8	Intellectual property							
9	Securities · Publicly traded	Х	4	31,951.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any nonstandard contribut	ions?	31		x
	Does the organization hire or use third parties o			•				
				· · · · · · · · · · · · · · · · · · ·		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II	x -y	5, · · · · · · · · · · · · · ·					

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

Schedule M (Form 990) 2018

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Part II	Supplemental is reporting in Part	Information. Pro	mber of contributions	required by Part I.	lines 30b, 32b, and 33, a ms received, or a combir	22 - 3360099 nd whether the org nation of both. Also	anization
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32142 10-18-1	8					Schedule M (F	orm 990) 2
				42			

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

Name of the organization

PRESCHOOL ADVANTAGE, INC.

EZ 2018 Open to Public Inspection Employer identification number

OMB No. 1545-0047

22-3360099

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOUNDING OF PRESCHOOL ADVANTAGE IN MORRISTOWN IN 1995. TO DATE, WE HAVE

FUNDED ALMOST 1,400 HALF-DAY PRESCHOOL TUITIONS FOR OVER 900 CHILDREN.

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

PRESCHOOL ADVANTAGE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

PRESCHOOL ADVANTAGE, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 82211 10-16

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
PRESCHOOL ADVANTAGE, INC.	22-3360099
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT. IN AD	DITION, WHENEVER A
LARGE PURCHASE OR OTHER TRANSACTION FOR SERVICES ARE PROV	IDED THEY ARE
REVIEWED FOR APPROVAL. THE TRUSTEES ARE REQUIRED TO MAKE	FULL DISCLOSURE OF
ANY INTEREST THEY, THEIR FAMILY, OR ORGANIZATION MAY HAVE	. THE BOARD THEN
DECIDES IF INVOLVEMENT WOULD CONSTITUTE A CONFLICT OF INT	EREST.

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

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AN INDEPENDENT BODY. THE

QUALIFICATIONS AND EXPERIENCE OF THE INDIVIDUAL ARE ALSO TAKEN INTO ACCOUNT WHEN DETERMINING COMPENSATION.

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

PRESCHOOL ADVANTAGE, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 07960. IN ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 07960.

FORM 990, PART XII, LINE 1

PRESCHOOL ADVANTAGE, INC. USES THE MODIFIED CASH BASIS OF ACCOUNTING

FOR FINANCIAL STATEMENT PURPOSES.

FORM 990, PART XI, LINE 2C

PRESCHOOL ADVANTAGE, INC. HAS ESTABLISHED AN AUDIT COMMITTEE TO OVERSEE

THE AUDIT PROCESS, ENGAGE INDEPENDENT AUDITORS, AND REVIEW IRS FORM 990 Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

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