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200 Valley Road, Suite 300 Mt. Arlington, NJ 07856 973.298.8500

11 Lawrence Road Newton, NJ 07860 973.383.6699

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Department of the Treasury Internal Revenue Service

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# EXTENDED TO NOVEMBER 15, 2023 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.



A	For th	e 2022 calendar year, or tax year beginning and	ending	-	
Β	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre	PRESCHOOL ADVANTAGE, INC.			
	Name chang		22-33600	99	
	Initial returr	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) 53	
	termin	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,054,682.
	Amer	MORRISIOWN, NO 07900		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: AT DE COLVEDD		for subordinates	? Yes 🗶 No
		25 LINDSLEY DRIVE, SUITE 307, MORRISTOW	N, NJ	H(b) Are all subordinates in	
<u> </u>	Tax-ex	x = mpt status: X 501(c)(3)  501(c) ( ) (insert no.) 4947(a)(1) (insert no.) 4947(a)(1) (insert no.) (inse	or 🛄 527		list. See instructions
	Websi			H(c) Group exemption	
	_	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1995 N	State of legal domicile: NJ
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO FU	UND TU	TTIONS TO PI	RESCHOOLS
Activities & Governance		FOR LOW INCOME FAMILIES IN MORRIS AND SOM			
/err	2	Check this box if the organization discontinued its operations or disposed		1.1	sets. 15
ĝ	3			15	
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
tie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		63	
ži	6	Total number of volunteers (estimate if necessary)			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)		810,553.	927,418.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,251.	7,797.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,385.	12,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		874,189.	947,215.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	572,018.	570,250.
	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)		247,875.	293,388.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 108, 62	18.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,348.	91,964.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		891,241.	955,602.
	19	Revenue less expenses. Subtract line 18 from line 12		-17,052.	-8,387.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		2,113,765.	1,893,055.
at As	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		2,113,765.	1,893,055.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Т

Sign	Signature of officer			Date
	KYLE COLWELL, TREASURER			
	Type or print name and title	-		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	CHRIS PERROTTA, CPA	CHRIS PERROTTA, C		
Preparer	Firm's name NISIVOCCIA LLP			Firm's EIN 22-1914888
Use Only	Firm's address 200 VALLEY RD. SU	ITE 300		
	MT. ARLINGTON, NJ	07856		Phone no. (973) 328-1825
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)

	990 (2022) PRESCHOOL ADVANTAGE, INC. t III Statement of Program Service Accomplishments	22-33600	99 Pa
rai			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
	Briefly describe the organization's mission: PRESCHOOL ADVANTAGE PROVIDES FUNDING FOR QUALIFIED CHIL	מ חיד אידיקת.	תאידיית
	OUR PARTNER PRESCHOOLS.	DREN IO A	
	OUR FARINER FRESCHOOLS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? □	Yes X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expe	enses, and
	revenue, if any, for each program service reported.		
	(Code: ) (Expenses \$ 749,937. including grants of \$ 570,250.) (Rever		TONT
	PRESCHOOL ASSISTANCE: THE FIRST YEARS OF A CHILD'S LIFE		
	LAYING THE FOUNDATION FOR A LIFETIME LOVE OF LEARNING.		
	EDUCATION SETS THE STAGE FOR FUTURE GROWTH AND PROPELS		
	THEIR EDUCATIONAL PATHS. DESPITE THE UNDENIABLE IMPORTA EDUCATIONAL START, MANY LOCAL CHILDREN HAVE NO MEANS TO		SOLID
	PRESCHOOL. PRESCHOOL ADVANTAGE SERVES THE POPULATION OF		NO
	FAMILIES WHO DO NOT QUALIFY FOR GOVERNMENT FUNDED PROGR		
	EARN ABOVE THE POVERTY LEVEL, BUT ARE STILL EARNING BEL		
	SUSTAINABILITY FOR OUR REGION. THESE FAMILIES SIMPLY CA		
	COST OF A PRESCHOOL FOR THEIR CHILD THUS HINDERING THE		
	AND OPPORTUNITIES LATER IN LIFE. THE LACK OF SOURCES OF		
	WORKING FAMILIES UNABLE TO SUPPORT THE COST OF PRESCHOO		
	(Code:     ) (Expenses \$     including grants of \$     ) (Revel		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever		
40	(Code:         ) (Expenses \$) (Revent		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     749,937.	)	
	7/9 937		
4e	Total program service expenses 749,937.		
	SEE SCHEDULE O FOR CONTINUATION(		<sup>-</sup> orm <b>990</b>

Form 990 (2022)

Part IV Checklist of Required Schedules

PRESCHOOL ADVANTAGE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
E	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- <b>-</b>		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? 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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		<u> </u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	3 12-13-22	Form	990	(2022)

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2022.04030 PRESCHOOL ADVANTAGE, INC.

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Form 990 (2	2022)	PRESCHOOL	ADVANTAGE,	INC
Part IV	Checklist of F	Required Schedu	lles (continued)	

			-	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i>	26		x
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
_	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Part V, line 1	34		x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
6	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		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
8	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>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	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 5</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	x	
32004	4 12-13-22			(2022)
	5			
01	006 784010 01502R001 2022.04030 PRESCHOOL ADVANTAGE, INC.	015	502I	R01

Form 990	(2022)	PRESCHOOL	ADVANTAGE,	INC.
Part V	Statemen	its Regarding Other	IRS Filings and	Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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).		37	
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	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
_	If "Yes," complete Form 6069.			
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2022.04030 PRESCHOOL ADVANTAGE, INC.

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Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management** 

Х

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	. 5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
1	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			. <b>7a</b>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					37
	persons other than the governing body?			. <b>7b</b>		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?				X	┥
b	Each committee with authority to act on behalf of the governing body?			<b>8b</b>	X	–
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			1
<b>-</b>	Did the eventiation have local charters, hyperates, an efficience			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. <b>10a</b>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl			10b		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?				37	
a b	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belo	e ming the lonn?		- 23	
a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	x	
a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
С				12c	x	
3	on Schedule O how this was done				X	
, ,	Did the organization have a written document retention and destruction policy?				X	
5	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	an Oy in	acpondent			
а	The organization's CEO, Executive Director, or top management official			15a	x	
b	Other officers or key employees of the organization			15b	x	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $[NJ]$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c	)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy,	and fina	incial	
	statements available to the public during the tax year.		-			
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records			
	NANCY BANGIOLA - (973) 532-2501					
	25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 0796	0				
2006	3 12-13-22			For	n <b>990</b>	(2022)
_	7				_	
01	006 784010 01502R001 2022.04030 PRESCHOOL ADVA	<b>JTA</b>	E, INC.	01	502	R01

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Name and title         Average hours per verse biols and attraction users of the and attraction users bottow and attraction users bottow and attraction users bottow and attraction users bottow and attraction users from the organization (W-2/1099-MSC/ 1099-NEC)         Estimated attraction users (W-2/1099-MSC/ 1099-NEC)         Estimated attraction users (W-2/1099-MSC/ 1099-NEC)         Estimated attraction users (W-2/1099-MSC/ 1099-NEC)           (1) MANCY BANGIOLA EXECUTIVE DIRECTOR         40.000         x         x         88,840.         0.         11,407.           (2) ADRIENCE KIRBY VICE PRESIDENT         x         x         0.         0.         0.           (3) BETTE SIMMONE (4) PARY HAWKINS         8.000         x         x         0.         0.         0.           (4) PARY HAWKINS         8.000         x         x         0.         0.         0.         0.           (5) GALL REUTHER         2.000         x         x         x         0.         0.         0.           (6) LAREEN DIEMAN         2.000         x         x         0.         0.         0.         0.           (2) GARLEN DIEMAN         2.000         x         x         0.         0.         0.         0.           (3) GARLEN DIEMAN         2.000         x         x         0.         0.         0.         0.	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any point and section and bours for related organizations         compensation from the organizations         compensation from the organizations         compensation other compensation (W-2/1099-NISC/ 1099-NEC)         anound of other compensation (W-2/1099-NISC/ 1099-NEC)           (1) NANCY BANGIOLA         40.00         X         X         0.         0.         11,407.           (2) ADDITIONE KITABY         2.000         X         X         0.         0.         0.           (3) BETE SIMMONIS         2.000         X         X         0.         0.         0.           (4) FAX HANKINS         2.000         X         X         0.         0.         0.           RUSTEE         2.000         X         X         0.         0.         0.         0.			(do		Pos	ition		000			
Veek (list ary hours for ganizations below line)     Inom hours for ganizations (W2/1099-MISC)     Inom hours for organizations (W2/1099-MISC)     Compensations (W2/1099-MISC)       (1) NANCY BANGIOLA     40.00     X     88,840.     0.     11,407.       (2) ADALENNE KIRBY     2.00     X     0.     0.     0.       (3) BETTE SIMONS     2.00     X     X     0.     0.     0.       (4) RAY HARKINS     8.00     X     X     0.     0.     0.       (4) RAY HARKINS     8.00     X     X     0.     0.     0.       (5) GAIL REUTHER     2.00     X     X     0.     0.     0.       (6) LARREN DIEMAR     2.000     X     X     0.     0.     0.       (6) LARREN DIEMAR     2.000     X     X     0.     0.     0.       (7) CARGLYN SIMPSON     2.000     X     X     0.     0.     0.       (8) JORINA MACKOFF     2.000     X     X     0.     0.     0.       (9) WILE COLNELL     2.000     X     X     0.     0.     0.       (10) JUDY FIERCE     2.000     X     X     0.     0.     0.       (11) DENISE LANZA     2.000     X     0.     0.     0.     <			box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
(1)         NANCY BANGIOLA         40.00         x         88,840.         0.         11,407.           C(2)         ADRIENE KIRBY         2.00         x         0.         0.         0.         0.           IMMEDIATE PAST PRESIDENT         x         0.         0.         0.         0.         0.           (3)         BETTE SIMMONS         2.00         x         x         0.         0.         0.           (4)         RAY HAWKINS         8.00         x         x         0.         0.         0.           (5)         GAIL REUTHER         2.00         x         x         0.         0.         0.           (6)         LURENTER         2.00         x         x         0.         0.         0.           (7)         CAROLYN SIMPSON         2.00         x         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.           (10)         JUDY PIERCE         X         X         0.         0.         0.         0.         0.           (11)         DENISE LANEA         2.00         X		week		cer an	nd a d I	irecto	or/trus	tee)	from	from related	other
(1)         NANCY BANGIOLA         40.00         x         88,840.         0.         11,407.           C(2)         ADRIENE KIRBY         2.00         x         0.         0.         0.         0.           IMMEDIATE PAST PRESIDENT         x         0.         0.         0.         0.         0.           (3)         BETTE SIMMONS         2.00         x         x         0.         0.         0.           (4)         RAY HAWKINS         8.00         x         x         0.         0.         0.           (5)         GAIL REUTHER         2.00         x         x         0.         0.         0.           (6)         LURENTER         2.00         x         x         0.         0.         0.           (7)         CAROLYN SIMPSON         2.00         x         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.           (10)         JUDY PIERCE         X         X         0.         0.         0.         0.         0.           (11)         DENISE LANEA         2.00         X			ector								
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(8) JOSHUA MACKOFF       2.00       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.         (9) KYLE COLWELL       2.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (10) JUDY PIERCE       2.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (11) DENISE LANZA       2.00       X       0.	(7) CAROLYN SIMPSON	2.00									
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(9)       KYLE COLWELL       2.00       X       X       0.       0.       0.         (10)       JUDY PIERCE       2.00       X       0.       0.       0.       0.         (11)       DENISE LANZA       2.00       X       0.       0.       0.       0.         (11)       DENISE LANZA       2.00       X       0.       0.       0.       0.         (12)       GINGER MICHAELS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12)       GINGER MICHAELS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13)       MATT MIRET       2.00       X       X       0.       0.       0.       0.       0.         (14)       MARIA SAVETTIERE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       <	(8) JOSHUA MACKOFF	2.00									
TREASURER       X       X       X       X       0.       0.       0.         (10) JUDY PIERCE       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) DENISE LANZA       2.00       X       0.       0.       0.       0.         (12) GINGER MICHAELS       2.00       X       0.       0.       0.       0.         (12) GINGER MICHAELS       2.00       X       0.       0.       0.       0.         (13) MATT MIRETT       2.00       X       X       0.       0.       0.         (14) MARIA SAVETTIERE       2.00       X       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) ANDREW SCHNEIDER       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(10) JUDY PIERCE       2.00       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (11) DENISE LANZA       2.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (12) GINGER MICHAELS       2.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (13) MATT MIRETT       2.00       0.0.0.0.       0.0.0.         VICE PRESIDENT       X       X       0.0.0.0.       0.0.0.         (14) MARIA SAVETTIERE       2.00       0.0.0.0.       0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.       0.0.0.         (15) ANDREW SCHNEIDER       2.000       X       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.       0.0.0.         (16) PAM SULLIVAN       2.000       X       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.       0.0.0.	(9) KYLE COLWELL	2.00									_
TRUSTEE       X       O.       O.       O.       O.         (11) DENISE LANZA       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12) GINGER MICHAELS       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       2.00       X       0.       0.       0.       0.         (13) MATT MIRETT       2.00       X       0.       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.	TREASURER		Х		X				0.	0.	0.
(11) DENISE LANZA       2.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (12) GINGER MICHAELS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) MATT MIRETT       2.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.       0.         (14) MARIA SAVETTIERE       2.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.	(10) JUDY PIERCE	2.00									_
TRUSTEEX0.0.0.(12) GINGER MICHAELS2.00X0.0.TRUSTEEX0.0.0.(13) MATT MIRETT2.00X0.0.VICE PRESIDENTXX0.0.(14) MARIA SAVETTIERE2.000.0.TRUSTEEX0.0.0.(15) ANDREW SCHNEIDER2.000.0.TRUSTEEX0.0.0.(16) PAM SULLIVAN2.00X0.0.TRUSTEEX0.0.0.TRUSTEEX0.0.0.1010101010	TRUSTEE		Х						0.	0.	0.
(12) GINGER MICHAELS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.	(11) DENISE LANZA	2.00									_
TRUSTEE       X       0.       0.       0.       0.         (13) MATT MIRETT       2.00       X       X       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.         (14) MARIA SAVETTIERE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) ANDREW SCHNEIDER       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) PAM SULLIVAN       2.00       X       0.       0.       0.       0.         ITRUSTEE       X       0.       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(13) MATT MIRETT       2.00       X       X       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.         (14) MARIA SAVETTIERE       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) ANDREW SCHNEIDER       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) PAM SULLIVAN       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	(12) GINGER MICHAELS	2.00									
VICE PRESIDENTXXX0.0.0.(14) MARIA SAVETTIERE2.00X0.0.0.TRUSTEEX0.0.0.0.(15) ANDREW SCHNEIDER2.00X0.0.0.TRUSTEEX0.0.0.0.(16) PAM SULLIVAN2.00X0.0.0.TRUSTEEX0.0.0.0.			X						0.	0.	0.
(14) MARIA SAVETTIERE       2.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) ANDREW SCHNEIDER       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) PAM SULLIVAN       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.	( - · )	2.00									•
TRUSTEEX0.0.0.(15) ANDREW SCHNEIDER2.00X0.0.TRUSTEEX0.0.0.(16) PAM SULLIVAN2.00X0.0.TRUSTEEX0.0.0.			Х		X				0.	0.	0.
(15) ANDREW SCHNEIDER       2.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) PAM SULLIVAN       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	(14) MARIA SAVETTIERE	2.00									
TRUSTEE     X     0.     0.     0.       (16) PAM SULLIVAN     2.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.			X						0.	0.	0.
(16) PAM SULLIVAN         2.00         X         0.	(15) ANDREW SCHNEIDER	2.00									•
TRUSTEE X O. O. O.			Х						0.	0.	0.
		2.00	.,								<b>^</b>
	TRUSTEE		X						0.	0.	0.
			-								
											<b>–</b> 000 (*****

232007 12-13-22

Form **990** (2022)

11001006 784010 01502R001

2022.04030 PRESCHOOL ADVANTAGE, INC.

8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from theReportable compensation from related(list any hours for relatedImage: the second	(F) Estimated amount of other compensation from the organization						
(list any hours for related organizations below line)     100 +000 +000 +000 +000 +000 +000 +000	and related organizations						
1b Subtotal     88,840.     0.       c. Total from continuation sheets to Part VII. Section A     0.     0.	11,407.						
c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	11,407.						
<ul> <li>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization</li> </ul>	0						
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	Yes No 3 X						
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i></li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services</li> </ul>	4 X						
rendered to the organization? If "Yes," complete Schedule J for such person	5 X						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated	sation from						
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       NONE       Description of services       C							
<ul> <li>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization</li> </ul>	Form <b>990</b> (2022)						

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		0 (2022) PRESCHOOL ADVANT	TAGE, INC.		22-3360	099 Page 9
Ра		VIII Statement of Revenue				
		Check if Schedule O contains a response or not	ote to any line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	a Federated campaigns 1a				
Gra		b Membership dues 1b				
ts, ( Απ		c Fundraising events 1c 328	8,990.			
Gif		d Related organizations 1d				
Sim,		e Government grants (contributions) 1e				
utio		f All other contributions, gifts, grants, and	8,428.			
trib Oth			0,420.			
Contributions, Gifts, Grants and Other Similar Amounts		g       Noncash contributions included in lines 1a-1f         h       Total. Add lines 1a-1f	927,418.			
<u> </u>			iness Code			
e	2	a				
e vic		b				
enu Se		c				
ram eve		d				
Program Service Revenue		e				
Ъ		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	( 5 )				5,381
	4	other similar amounts) Income from investment of tax-exempt bond procee				5,501
	4 5					
	5		Personal			
	6	a Gross rents 6a				
		b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
	7		jii) Other			
		assets other than inventory <b>7a 2</b> , <b>416</b> .				
ø		b Less: cost or other basis				
levenue		and sales expenses				
Seve			2,416.			2,416.
Other R		d Net gain or (loss)	2,410.			2,410
0		including \$ 328,990. of				
		contributions reported on line 1c). See Part IV, line 18 8a 95	5,867.			
			5,867.			
			0.			
		a Gross income from gaming activities. See				
		Part IV, line 19 9a 23	3,600.			
		b Less: direct expenses 9b 11	1,600.			
		c Net income or (loss) from gaming activities	12,000.			12,000.
	10	<b>a</b> Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold 10b				
		c Net income or (loss) from sales of inventory				
sno	44	_	iness Code			
Miscellaneous Revenue	11	a b				
ella						<u> </u>
lisc Re		d All other revenue				
2		e Total. Add lines 11a-11d				
	12			0.	0.	19,797.
23200	9 12	2-13-22				Form <b>990</b> (2022

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<sup>10</sup> 

PRESCHOOL ADVANTAGE, INC. Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	570,250.	570,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,164.	50,082.	20,033.	30,049
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.60.004			10.440
7	Other salaries and wages	160,394.	80,197.	32,079.	48,118
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11 500	E 700	2 210	2 400
9	Other employee benefits	11,598.	5,799.	2,319.	3,480 6,370
0	Payroll taxes	21,232.	10,616.	4,246.	6,370
1	Fees for services (nonemployees):				
а	Management	202		202	
b	Legal	383.		383.	
	Accounting	13,138.		13,138.	
d	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4,097.		4,097.	
	column (A), amount, list line 11g expenses on Sch 0.)	873.		656.	217
12	Advertising and promotion	22,562.	11,282.	4,511.	6,769
3	Office expenses	22,502.	11,202.	±,5±±•	0,705
14 15	Information technology				
15 16	Royalties	30,441.	15,221.	6,088.	9,132
17		50,1110	10,2210		57152
8	Travel Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,737.		3,737.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,600.		2,600.	
23	Insurance	1,587.		1,587.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	5,268.	2,634.	1,054.	1,580
b	PUBLIC RELATIONS	3,856.	3,856.		
с	DIRECT APPEAL	2,903.			2,903
d	DUES AND SUBSCRIPTIONS	425.		425.	
е	All other expenses	94.		94.	
5	Total functional expenses. Add lines 1 through 24e	955,602.	749,937.	97,047.	108,618
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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PRESCHOOL ADVANTAGE, INC. Part X Balance Sheet

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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,948.	1	17.
	2	Savings and temporary cash investments	653,223.	2	444,232.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>15,354.</u> <u>15,004.</u>			
	b	Less: accumulated depreciation	10b	15,004.	1,050.	10c	350.
	11	Investments - publicly traded securities			1,448,636.	11	1,441,448.
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			4,908.	14	3,008.
	15	Other assets. See Part IV, line 11	·····	4,000.	15	4,000.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	2,113,765.	16	1,893,055.
	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 F				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, subst					
Lial		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 05	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	-				
		-				25	
	26	of Schedule D			0.	26	0.
		Organizations that follow FASB ASC 958, che		e X	-		
Sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,113,765.	27	1,893,055.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	luipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Re	32	Total net assets or fund balances			2,113,765.	32	1,893,055.
	33	Total liabilities and net assets/fund balances			2,113,765.	33	1,893,055.
							Form <b>990</b> (2022)

Form 990 (2022)

Forn	1990 (2022) PRESCHOOL ADVANTAGE, INC.	22-	3360099	Pag	ge <b>12</b>
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			15.
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.
3	Revenue less expenses. Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,11		
5	Net unrealized gains (losses) on investments	5	-212	2,3	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 0 0 1	~ ~	
<b>D</b> -	column (B))	10	1,893	3,0	55.
Ра	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
		0		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH		_		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				v
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?			Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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 the			х	
	review, or compilation of its financial statements and selection of an independent accountant?			<u>л</u>	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	ieaule (	J.		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
Ŀ	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2022)
			Form	330 (	(2022)

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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number

# Name of the organization

					NTAGE, INC.					2-3360099	
Pa	art	Ι	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
The 1 2 3 4		gani 	nization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> . A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
5			An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	d or opera	ted by a g	overnmental u	ınit descrik	bed in	
6 7 8		<u> </u>	A federal, state, or local go An organization that norma section 170(b)(1)(A)(vi). (C A community trust describe	ally receives a substa complete Part II.)	ntial part of its support f	rom a gov			he general	public described in	
9			An agricultural research or or university or a non-land- university:	ganization described grant college of agric	in section 170(b)(1)(A)( ulture (see instructions).	ix) operate Enter the	name, city	y, and state of	the colleg	le or	
10	L		An organization that norma activities related to its exer income and unrelated busin See section 509(a)(2). (Co	npt functions, subject ness taxable income	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment	
11 12			An organization organized An organization organized more publicly supported or lines 12a through 12d that	and operated exclus ganizations describe	ively for the benefit of, to ed in <b>section 509(a)(1)</b> o	perform t r <b>section</b> t	the functio <b>509(a)(2)</b> .	ons of, or to ca See <b>section 5</b>	509(a)(3).		
ab			<ul> <li>Type I. A supporting orgative supported organization organization. You must of Type II. A supporting organization.</li> </ul>	on(s) the power to re complete Part IV, Se	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting	
			control or management c organization(s). <b>You mus</b>			ame perso	ons that co	ontrol or mana	ige the sup	pported	
C	:		J Type III functionally interits supported organizatio						lly integrat	ed with,	
d			Type III non-functionally that is not functionally int requirement (see instruct	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	-		
e	•		Check this box if the orgation functionally integrated, o					а Туре I, Туре	II, Type III		
f	E	inte	er the number of supported of	organizations							
g	j F		vide the following information	<u> </u>	ed organization(s).						
		(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)	
Tot	al										

### Schedule A (Form 990) 2022

Part II

PRESCHOOL ADVANTAGE, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	652,424.	654,736.	786,797.	810,138.	927,418.	3,831,513.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	652,424.	654,736.	786,797.	810,138.	927,418.	3,831,513.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						318,460.
	Public support. Subtract line 5 from line 4.						3,513,053.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	652,424.	654,736.	786,797.	810,138.	927,418.	3,831,513.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	30,414.	33,835.	25,570.	26,011.	5,381.	121,211.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						3,952,724.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stor						L
	ction C. Computation of Publ		-				00 00
	Public support percentage for 2022 (					14	88.88 %
	Public support percentage from 2021					15	88.29 %
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A (	(Form 990)	) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		ion,
_	check this box and stop here						
	ction C. Computation of Publ					· · ·	
	Public support percentage for 2022 (					15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
2320	23 12-09-22					Schedule /	A (Form 990) 2022
_				16			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2022

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Part IV	Suppor	ting Or	ganizations (continued)
Schedule /	A (Form 990)	) 2022	PRESCHOOL

PRESCHOOL ADVANTAGE, INC.

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	I Supporting	Organizations	

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test	durina the	veatsee instructions).

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

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3b Schedule A (Form 990) 2022

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No Yes

Schedule A				ADVANTAGE,		
Part V	Type III	Non-I	Functionally Integrate	d 509(a)(3) Suppo	orting O	rganizations

Sectior	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	et short-term capital gain	1		
<b>2</b> R	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
<b>7</b> 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectior	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other factors			
(e	xplain in detail in <b>Part VI</b> ):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	ubtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
Se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
<b>7</b> R	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Sectior	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> E	nter greater of line 2 or line 3.	4		
<b>5</b> In	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
e	nergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part IV, Section A, li ine 1; Part IV, Secti	ines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	4b, 4c, 5a, 6, 9 3; Part IV, Seci	a, 9b, 9c, 11a, tion E, lines 1c	, 11b, and 11c; Pa , 2a, 2b, 3a, and 3	e 10; Part II, line 17 <i>a</i> art IV, Section B, line 3b; Part V, line 1; Pa his part for any add	es 1 and 2; Part   Irt V, Section B,	IV, Section C, line 1e; Part V,
Section D, lines 5, 6	5, and 8; and Part	V, Section E, li		6. Also complete t	his part for any add	itional informatic	
				21		Schedule	A (Form 990) :

C

#### (Form 990)

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.



Employer identification number

22-3360099

Department of the Treasury Internal Revenue Service Name of the organization

# PRESCHOOL ADVANTAGE, INC.

Par	organizations Maintaining Donor Advise		ACCOUNTS. Complete if the
		(a) Donor advised funds	(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 f	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	Iferring
Par			IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
C h	Number of conservation easements on a certified historic str		<u>2c</u>
u	Number of conservation easements included in (c) acquired a	• • •	2d
3	historic structure listed in the National Register Number of conservation easements modified, transferred, re		
3	year	leased, extinguished, or terminated by the org	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	;, _;,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	, , , , , , , , , , , , , , , , , , , ,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Traceuros or Othe	r Similar Assots
Fai	Complete if the organization answered "Yes" on Form		a Sinna Assets.
10	If the organization elected, as permitted under FASB ASC 95		halanco shoot works
Ia	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its final		
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	···· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		,,
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022
	09-01-22		·
		27	

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		DL ADVANTAC					_	22-33			age <b>2</b>
	t III Organizations Maintaining C		-							nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check ar	ny of the	following that	it make s	ignifica	nt use of its			
	collection items (check all that apply):										
а											
b											
с	Preservation for future generations										
4											
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
De	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		te if the ore	ganizatio	n answered '	"Yes" on	Form §	990, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par										
<b>1</b> a	Is the organization an agent, trustee, custodia								7		٦
	on Form 990, Part X?							····· L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tabl	e:					Amoun	+	
									Amoun	L	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance						. <b>1</b> f				1
	Did the organization include an amount on Fo		-					····· L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	-						o vooro book		rvooro	book
		(a) Current year	(b) Prior		(c) Two year		( <b>a)</b> 11116		(e) Fou		
	Beginning of year balance	1,309,253.	1,16	56,824.	1,024	4,957.		854,028.			947.
	Contributions	<u> </u>						1 - 0 - 0 - 0			260.
	Net investment earnings, gains, and losses	-6,098.	14	12,429.	14:	1,867.		170,929.		-48,	996.
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs									346,	183.
	Administrative expenses										
g	End of year balance	1,303,155.		9,253.		6,824.	1	,024,957.		854,	028.
2	Provide the estimated percentage of the curr	•	e (line 1g, c	olumn (a	a)) held as:						
	Board designated or quasi-endowment	100.0000	%								
b	Permanent endowment .0000	%									
С	Term endowment .0000 9										
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that a	re held a	nd administe	ered for th	he				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fun	ds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, lir	ne 11a. S	See Form 990	), Part X,	line 10				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ac	ccumul	ated	(d) Boo	k valu	е
		basis (investm	ient)	basis	(other)	dep	oreciati	on			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	5,354.		15,	004.		3	50.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	X, column (	'B), line 1	0c.)		<u></u>			3	50.
								Schedule	D (Forr	n 990)	2022

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a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (1)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	an Farma 000 Dart IV line	11a Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" of			af
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(5)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
at (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [ (1)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
<ul> <li>(Col. (b) must equal Form 990, Part X, col. (B) line 13.)</li> <li>art IX</li> <li>Other Assets.</li> <li>Complete if the organization answered "Yes" of (a) [</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> </ul>		11d. See Form 990, Part X, line 15.	(b) Book value
<ul> <li>(col. (b) must equal Form 990, Part X, col. (B) line 13.)</li> <li>art IX Other Assets. Complete if the organization answered "Yes" (a) [</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul>		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
art IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
<ul> <li>(al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</li> <li>art IX</li> <li>Other Assets.</li> <li>Complete if the organization answered "Yes" of (a) [</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>		11d. See Form 990, Part X, line 15.	(b) Book value
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
art IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes	Description		
art IX Other Assets. Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2)	Description		
at IX Other Assets. Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3)	Description		
art IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)	Description		
art IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes" (a)         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes" (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (a) Description of liability         (1)         Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes" (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 PRESCHOOL ADVANTAGE, INC.			22	2200033	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per	Return	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	734,	,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-212,323	•		
b	Donated services and use of facilities	2b				
с						
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,323.
3	Subtract line 2e from line 1			3	947,	,215.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
_				6	947	,215.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				-	, 21.5.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme				-	, 21.5 •
Pa					rn.	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses pe		rn.	,602.
	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses pe	r Retu	rn.	
1	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	nts Wi	th Expenses pe	r Retu	rn.	
1 2	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	nts Wi	th Expenses pe	r Retu	rn.	
1 2 a b	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	nts Wi 2a 2b	th Expenses pe	r Retu	rn.	
1 2 a b	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	nts Wi 2a 2b 2c	th Expenses pe	r Retu	rn.	
1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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 2b 2c 2d	th Expenses pe	r Retu	rn. 955,	, <u>602.</u> 0.
1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	nts Wi 2a 2b 2c 2d	th Expenses pe	r Retu	rn. 955,	,602.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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.)	nts Wi 2a 2b 2c 2d	th Expenses pe	r Retu	rn. 955,	, <u>602.</u> 0.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	2a 2b 2c 2d	th Expenses pe	r Retu	rn. 955,	, <u>602.</u> 0.
1 2 3 4 3	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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:	2a 2b 2c 2d 4a	th Expenses pe	r Retu	rn. 955,	, <u>602.</u> 0.
1 2 b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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 2b 2c 2d 4a 4b	th Expenses pe	r Retu	rn. 955, 955,	<u>,602.</u> 0. ,602.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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         2b         2c         2d         2d<	th Expenses pe	r Retu 1 2e 3 4c	rn. 955, 955,	<u>,602.</u> 0. ,602.

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:

232054 09-01-22

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

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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) 2022

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11001006 784010 01502R001 2022.04030 PRESCHOOL ADVANTAGE, INC.

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, 2022.

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, 2022 AND 2021.

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.

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Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	DMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on				or 19	, or if the	2022			
Dependencent of the Treesure	0	rganization entered more than \$1 Attach to Form 990 o						Open to Public			
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instruc				n.		Inspection			
Name of the organization	Name of the organization Employer identification number										
PRESCHOOL ADVANTAGE, INC.       22-3360099         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
	complete this part		ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not			
a Aail solicitat b Internet and c Phone solici d In-person so	tions l email solicitations itations olicitations	s f ── Solicitat g ── Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events						
		or oral agreement with any individual					s, or 🗌 Yes	s No			
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			-						
compensated at le				ugroo							
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration			

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

Schedule G (Form 990) 2022

232081 10-27-22

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

			(a) Event #1	(b) Event #2	(c) Other events	( ) ]
					. ,	(d) Total events (add col. (a) through
				GOLF OUTING	1	col. (c)
2			(event type)	(event type)	(total number)	
	1	Gross receipts	241,032.	171,817.	12,008.	424,857
	2	Less: Contributions	192,908.	124,074.	12,008.	328,990
	3	Gross income (line 1 minus line 2)	48,124.	47,743.		95,867
	4	Cash prizes				
3	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
ĩ	8	Entertainment				
	9	Other direct expenses		47,743.		95,867
	10	Direct expense summary. Add lines 4 throug				95,867
		Net income summary. Subtract line 10 from				0
-	nrt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.			reported more than	
000000			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue			23,600.	23,600
					11 600	11 600
3	2	Cash prizes			11,600.	11,600
	3	Noncash prizes				
הווברו באהבווסבס	3 4					
הווברו באהבי	3 4 5	Noncash prizes				
	4 5	Noncash prizes	└── Yes% └── No	└── Yes % └── No	X Yes 100.00 %	
	4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes % └── No	No	No	11,600
	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	yh 5 in column (d)	No	<u> </u>	11,600
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	yh 5 in column (d)	No	<u> </u>	
•	4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	yh 5 in column (d) 7 from line 1, column (d)	No	□ No	12,000
- ) a	4 5 7 8 Ent	Noncash prizes	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: <u>N</u>	IJ states?	□ No	12,000
, a	4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: <u>N</u>	IJ states?	□ No	12,000
ab	4 5 7 8 Ent	Noncash prizes	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: <u>N</u>	IJ states?	□ No	12,000
a b Da	4 5 7 8 Ent 1 Is t 0 If "	Noncash prizes	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: <u>N</u>	IJ states?	□ No	12,000
a b	4 5 7 8 Ent 1 Is t 0 If "	Noncash prizes	h 5 in column (d) from line 1, column (d) fucts gaming activities: M activities in each of these	IJ states?	□ No	12,000

33 2022.04030 PRESCHOOL ADVANTAGE, INC.

Schedule G (Form 990) 2022	PRESCHOOL	ADVANTAGE,	INC.	22-3360099 Page 3
<b>12</b> Is the organization a grantor, ben				
				Yes X No
13 Indicate the percentage of gaming				
<b>a</b> The organization's facility <b>b</b> An outside facility				
14 Enter the name and address of th				
		J		
Name NANCY BANGI	OLA			
			ACTING NT 070	60
Address 25 LINDSLE	I DRIVE, SU	1TE 307 - 1	MORRISTOWN, NJ 079	00
<b>15a</b> Does the organization have a con	tract with a third party	from whom the orga	nization receives gaming revenue?	Yes X No
<b>b</b> If "Yes," enter the amount of gam	ing revenue received t	ov the organization	\$ and the	amount
of gaming revenue retained by the				amount
c If "Yes," enter name and address				
Name				
Address				
<b>16</b> Gaming manager information:				
Name				
0	٠			
Gaming manager compensation	\$			
Description of services provided				
Director/officer	Employee	Indepen	dent contractor	
17 Mandatory distributions:				
<b>a</b> Is the organization required under	r state law to make cha	aritable distributions	from the gaming proceeds to	
retain the state gaming license?				
b Enter the amount of distributions organization's own exempt activit	-		o other exempt organizations or spe	ent in the
	<u> </u>		d by Part I, line 2b, columns (iii) and	(v): and Part III. lines 9. 9b. 10b.
			ormation. See instructions.	
232083 10-27-22			4	Schedule G (Form 990) 2022
001006 784010 01502F	202		4 ESCHOOL ADVANTAGE.	INC. 01502R01

11

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	Schedule G (Form 99	2
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Part IV Supplemental Information (d	
	Schedule G (For
32084 04-01-22	35
01006 784010 01502R001	2022.04030 PRESCHOOL ADVANTAGE, INC. 01502

SCHEDUL (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of	the Treasury		<b>-</b>	Attach to Form		····, ··· · · · · · · · · · · ·		Open to Public
Internal Reven	ue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of th	e organization <b>PRESCHOOL</b>	ADVANTAG	E, INC.					Employer identification number $22 - 3360099$
Part I	General Information on Grants a	and Assistance						
criter	s the organization maintain records ria used to award the grants or assi	stance?				ty for the grants or ass		tion X Yes No
	cribe in Part IV the organization's pr							
Part II	Grants and Other Assistance to recipient that received more than					anization answered "	es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter	r total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				

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

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

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Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UITION ASSISTANCE	98	570,250.	0.		

**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 O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



01502R01

22-3360099

PRESCHOOL ADVANTAGE, INC.

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

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

FUNDED ALMOST 1,850 HALF-DAY PRESCHOOL TUITIONS FOR OVER 1,350

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 PRIOR TO THE RETURN BEING 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 LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 20211 10-28-22

11001006 784010 01502R001

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization PRESCHOOL ADVANTAGE, INC.	Employer identification number 22-3360099
IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE	A PART OF ANY
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WIT	H THE CONFLICT
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 XII, LINE 2C 232212 10-28-22

11001006 784010 01502R001

Schedule O (Form 990) 2022

lame of the organization PRESCHOOL ADVANTAGE, INC.	Employer identification nur 22-3360099
PRESCHOOL ADVANTAGE, INC. HAS ESTABLISHED AN AUDIT COM	•
THE AUDIT PROCESS, ENGAGE INDEPENDENT AUDITORS, AND REV	VIEW IRS FORM 990
ON AN ANNUAL BASIS.	
32212 10-28-22	Schedule O (Form 990)

Form <b>4562</b>						
Department of the Treasury Internal Revenue Service						
Name(s) shown on return						

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

OMB No. 1545-0172 202

Attachment Sequence No. **179** 

Identifying number

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

	t I Election To Expense Certain Prop	erty Under Section 1	19 Note: If you have any li	sted property, o	complete Part		
	laximum amount (see instructions)						1,080,00
	otal cost of section 179 property pla						2,700,00
<ul> <li>3 Threshold cost of section 179 property before reduction in limitation</li> <li>4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-</li> </ul>							2,700,00
	ollar limitation for tax year. Subtract line 4 from li						
<u>5 D.</u> 6	(a) Description of		(b) Cost (busir		(c) Elected (		
7 Li	isted property. Enter the amount fro	m line 29		7			
	otal elected cost of section 179 prop					. 8	
	entative deduction. Enter the <b>small</b>						
	arryover of disallowed deduction fro						
<b>1</b> B	usiness income limitation. Enter the	smaller of business	s income (not less than ze	ero) or line 5		11	
<b>2</b> S	ection 179 expense deduction. Add	lines 9 and 10, but	don't enter more than lin	e 11		12	
	arryover of disallowed deduction to			13			
_	: Don't use Part II or Part III below fo						
Par	epeela 2 epieela anti-						
	pecial depreciation allowance for qu	alified property (oth	ner than listed property) p	laced in service	during		
	roperty subject to section 168(f)(1) e						70
	ther depreciation (including ACRS)					16	/ (
	t III MACRS Depreciation (Don		Section A				
<b>7</b> M	IACRS doductions for assots places	t in sonvice in tax v	-	0		17	
	ACRS deductions for assets placed	-	ears beginning before 202			17	
	you are electing to group any assets placed in se	ervice during the tax year	ears beginning before 202	counts, check here			em
	you are electing to group any assets placed in se	ervice during the tax year	ears beginning before 202	counts, check here		ation Syste	
8 If y	you are electing to group any assets placed in so Section B - Asset	ervice during the tax year ts Placed in Servic (b) Month and year placed	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here	eral Deprecia	ation Syste	
8 lf y	you are electing to group any assets placed in so Section B - Asset (a) Classification of property	ervice during the tax year ts Placed in Servic (b) Month and year placed	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here	eral Deprecia	ation Syste	
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8 fy 9a b	you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property	ervice during the tax year ts Placed in Servic (b) Month and year placed	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here	eral Deprecia	ation Syste	
8 ⊮ 9a b c	you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	ervice during the tax year ts Placed in Servic (b) Month and year placed	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here	eral Deprecia	ation Syste	
8 <sup>If</sup> y 9a b c d	you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property	ervice during the tax year ts Placed in Servic (b) Month and year placed	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here	eral Deprecia	ation Syste	
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8 fr 9a b c d e f	you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	ervice during the tax year ts Placed in Service (b) Month and year placed in service	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	25 yrs.	(e) Convention	(f) Method (f) Method S/L S/L S/L	
8 fry 9a b c d f f g h	you are electing to group any assets placed in so         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         15-year property         20-year property         25-year property         25-year property         Residential rental property	ervice during the tax year ts Placed in Service (b) Month and year placed in service	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs.	eral Deprecia (e) Convention	(f) Method (f) Method S/L S/L S/L S/L	
8 If y 9a b c d e f g	you are electing to group any assets placed in so         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         15-year property         20-year property         20-year property         25-year property         Residential rental property         Nonresidential real property	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention	(f) Method (f) Method S/L S/L S/L S/L S/L	(g) Depreciation deductio
8 If y 9a b c d e f g h	you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deductio
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8 fry 9a b c d e f g h i i 0a b c c	you are electing to group any assets placed in si Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property Residential rental property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / Placed in Service / Placed in Service	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deductio
8 If y 9a b c d e f g h i i 0a b c d	you are electing to group any assets placed in si Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Residential real property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / Placed in Service / / Placed in Service	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. 12 yrs.	eral Deprecia (e) Convention	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deductio
8 If y 9a b c d e f g h i 0a b c d Par	section B - Asset         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         Residential rental property         Nonresidential real property         Section C - Assets         Class life         12-year         30-year         40-year         Summary (See instructions.	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / / Placed in Service / / / / / / / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste	(g) Depreciation deductio
8 1fy 9a b c d e f g h i 0a b c d Par 1 Li	section B - Asset         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         20-year property         Residential rental property         Residential real property         Class life         12-year         30-year         40-year <b>Summary</b> (See instructions.         isted property. Enter amount from ling	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deductio
8 1/1 9a b c d e f g h i b c d Par c1 Li 2 To	section B - Asset         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         20-year property         20-year property         20-year property         Residential rental property         Residential real property         Class life         12-year         30-year         40-year <b>Summary</b> (See instructions.         isted property. Enter amount from line         otal. Add amounts from line 12, line:	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2022 Tax Year U es 19 and 20 in column (g	Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Ising the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste	(g) Depreciation deductio
8 1/1 9a b c d e f g h i b c d b c d l l l l l l l l l l l l l l l l l l	you are electing to group any assets placed in signature         Section B - Assets         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         15-year property         20-year property         25-year property         25-year property         25-year property         25-year property         Residential rental property         Nonresidential real property         Section C - Assets         Class life         12-year         30-year         40-year         Summary (See instructions.         isted property. Enter amount from line         12. Jener         and the appropriate line	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2022 Tax Year U es 19 and 20 in column (g artnerships and S corpora	Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Ising the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste	(g) Depreciation deduction
8 15 9a 9a 6 6 7 9 6 7 9 1 1 1 1 1 1 2 7 6 7 3 7 3 7	section B - Asset         Section B - Asset         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         20-year property         20-year property         20-year property         Residential rental property         Residential real property         Class life         12-year         30-year         40-year <b>Summary</b> (See instructions.         isted property. Enter amount from line         otal. Add amounts from line 12, line:	ervice during the tax year ts Placed in Service (b) Month and year placed in service / / / / / Placed in Service / / / Placed in Service / / / / placed in Service / / / / / / / / / / / / /	ears beginning before 202 into one or more general asset acc e During 2022 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2022 Tax Year U es 19 and 20 in column (g artnerships and S corpora e current year, enter the	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Con	ation Syste	(g) Depreciation deduction

For	rm 4562 (2022)	PRE	SCHOOL	ADVA	NTAG	Е, З	INC.					22-	3360	099	Page 2
Pa	art V Listed Proper	<b>ty</b> (Include a	utomobiles, ce	rtain otl	ner vehic	les, ce	rtain airc	raft, ar	nd propert	y used f	or				
	entertainment, Note: For any				standar	d mile:	ane rate d	or dedi	icting leas	e exner	se com	nlete <b>on</b>	lv 24a		
	24b, columns	(a) through (	c) of Section A	all of S	ection B	, and S	Section C	; if app	licable.				<b>iy</b> 240,		
		-	on and Other		-	ution:	See the i	instruc	tions for li	mits for	passeng	ger autor	nobiles.	)	
<u>24a</u>	a Do you have evidence to s	support the bu	isiness/investme	nt use cl	aimed?	<u> </u>	res 🗋	No	24b If "Y	es," is th	ne evide	nce writ	ten?	_ Yes ∟	No
	(a)	(b) Date	(c) Business/		(d)	B	(e) asis for depr	reciption	(f)		g)		(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	l ot	Cost or her basis		usiness/inve	estment	Recovery period		thod/ ention		eciation uction		on 179
	, ,	service	use percentag	e			use only						aotion	С	ost
25	Special depreciation all							0							
	used more than 50% in					<u></u>		<u></u>		<u></u>	. 25				
26	Property used more that	in 50% in a c	qualified busine	ess use:					i	i		i		i	
		: :	9	_											
		: :	9												
	<b>D</b>	<u> </u>	9												
27	Property used 50% or le	· · ·		-						0.1					
		: :	9	_						S/L -				-	
		: :	9	_						S/L ·				-	
		(h) lines 05	9 through 07 Fr				1	1		S/L -	00			-	
	Add amounts in column												29		
29	Add amounts in column	i (i), iii le 20. E					n on Use			<u></u>		<u></u>	. 29		
Cor	mplete this section for ve	hicles used					-			or relate	d noreor	a If you	provider	1 vohicle	
	your employees, first ans										•				3
.0 ,					see in yee	111000	anexee		boompieu	ing this t	00000111		vernoles		
				(	a)		(b)		(c)	(	d)	(	e)	(	f)
30	Total business/investment	miles driven d	luring the	-	nicle		ehicle	۱ v	/ehicle		nicle		nicle		nicle
	year ( <b>don't</b> include commu	iting miles)	-												
31	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32	<u>2</u>					_								
34	Was the vehicle availab	le for persor	nal use	Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate								_						
36	Is another vehicle availa	able for perso	onal												
	use?														
			- Questions f										_		
	swer these questions to		-	ceptior	n to com	pleting	Section	B for v	ehicles us	ed by e	nployee	es who <b>a</b> i	ren't		
	re than 5% owners or re			. 1. 11. 14			- <b>f</b>  . ! .							No.	
37	Do you maintain a writte										, by you	r		Yes	No
20	employees? Do you maintain a writte		tomont that nr											·	
30	employees? See the ins		-	-											
39	Do you treat all use of v														
	Do you provide more th													·	
	the use of the vehicles,														
41	Do you meet the require														
••	Note: If your answer to														
Pa	art VI Amortization			-,											
	(a)			(b)		(c) Amortiza			(d)		(e)			(f)	
	Description o	f costs		imortization begins		amou	able nt		Code section		Amortiza period or per		Ai fo	(f) mortization or this year	
42	Amortization of costs th	nat begins du	uring your 2022	tax yea	ar:										
_				: :											
_				: :											
43	Amortization of costs th	nat began be	fore your 2022	tax yea	ar					STM	т 1	43			900.
44	Total. Add amounts in o	column (f). S	ee the instructi	ons for	where to	repor	t					44		1,	900.
2162	252 12-08-22												F	orm <b>456</b>	<b>2</b> (2022)
• •							42								
00	1006 784010	01502R	001	202	2.040	130	PRES	CHO	DL AD	VANT	AGE,	INC	•	01502	2R01

11001006 784010 01502R001

FORM 4562	PART VI	- AMORTIZA	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE	01/01/19	9,500.		60M	4,592.	1,900.
TOTAL TO FORM 4562, LINE	43					1,900.