Form	8879-EO	
FOLU		

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning  $\underline{JUL 1}$  , 2020, and ending  $\underline{JUN 30}$  , 20 $\underline{21}$ 

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.



Internal Revenue Service

Name of exempt organization or person subject to tax

Name and title of officer or person subject to tax

ROCKY MOUNTAIN PREPARATORY SCHOOLS

Taxpayer identification number

45 - 1203094

CARA ENG		
CFO Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applic check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , or <b>7a</b> below, and the amount on that line for the blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , or <b>7b</b> , whichever is applicable, blank (do not e return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in F	ne return being filed with this f nter -0-). But, if you entered -0	orm was
		<b>4</b> 31 097 127
1a Form 990 check hereXbTotal revenue, if any (Form 990, Part VIII, column2a Form 990-EZ check here►bTotal revenue, if any (Form 990-EZ, line 9)		
<b>3a Form 1120-POL</b> check here ► <b>b Total tax</b> (Form 1120-POL, line 22)		
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990		
5a Form 8868 check here <b>b</b> Balance due (Form 8868, line 3c)		
6a Form 990-T check here <b>b</b> Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here <b>b</b> Total tax (Form 4720, Part III, line 1)		
Part II Declaration and Signature Authorization of Officer or Pers	son Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or	I am a person subject to	o tax with respect to
(name of organization)	_, (EIN)	and that I have examined a copy
true, correct, and complete. I further declare that the amount in Part I above is the amount I consent to allow my intermediate service provider, transmitter, or electronic return original to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transprocessing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution software for payment of the federal taxes owed on this return, and the financial institution to a payment, I must contact the U.S. Treasury Financial Agent at 1.888-353-4537 no later that (settlement) date. I also authorize the financial institutions involved in the processing of the pay identification number (PIN) as my signature for the electronic return and, if applicable, the context of the pay identification number (PIN) as my signature for the electronic return and, if applicable, the context of the the pay identification number (PIN) as my signature for the electronic return and the pay identification for the pay identification for the pay identification number (PIN) as my signature for the electronic return and is applicable, the context of the pay identification for the pay identification pay	tor (ERO) to send the return to nsmission, <b>(b)</b> the reason for b U.S. Treasury and its designant or account indicated in the tax or debit the entry to this account in 2 business days prior to the electronic payment of taxes to ment. I have selected a person	the IRS and any delay in ated Financial preparation nt. To revoke payment o receive nal
X   authorize CLIFTONLARSONALLEN LLP	to en	ter my PIN 22100
	to en	ter my PIN 22100 Enter five numbers, but do not enter all zeros
X lauthorize CLIFTONLARSONALLEN LLP	I within this return that a copy	Enter five numbers, but do not enter all zeros of the return is being filed with
X       I authorize       CLIFTONLARSONALLEN       LLP         ER0 firm name         as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I also	I within this return that a copy so authorize the aforementione my PIN as my signature on th eturn is being filed with a state	Enter five numbers, but do not enter all zeros of the return is being filed with ed ERO to enter my he tax year 2020 a agency(ies)
I authorize       CLIFTONLARSONALLEN       LLP         ER0 firm name         as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.         As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the return.	I within this return that a copy so authorize the aforementione my PIN as my signature on th eturn is being filed with a state	Enter five numbers, but do not enter all zeros of the return is being filed with ed ERO to enter my he tax year 2020 a agency(ies)
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I authorize <u>CLIFTONLARSONALLEN LLP</u> ER0 firm name as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax	I within this return that a copy so authorize the aforementione my PIN as my signature on th eturn is being filed with a state	Enter five numbers, but do not enter all zeros of the return is being filed with ed ERO to enter my he tax year 2020 e agency(ies) screen.
I authorize       CLIFTONLARSONALLEN LLP         ER0 firm name         as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.         As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return of officer or person subject to tax         Signature of officer or person subject to tax         Part III         Certification and Authentication         ERO's EFIN/PIN. Enter your six-digit electronic filing identification	I within this return that a copy so authorize the aforementions my PIN as my signature on th eturn is being filed with a state he return's disclosure consent 95405291740 Do not enter all zeros nically filed return indicated ab	Enter five numbers, but do not enter all zeros of the return is being filed with ed ERO to enter my et tax year 2020 e agency(ies) : screen. Date
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▼ I authorize       CLIFTONLARSONALLEN LLP ER0 firm name         as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.         As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Technical file file file file file file file fil	I within this return that a copy so authorize the aforementioned my PIN as my signature on the eturn is being filed with a state he return's disclosure consent 95405291740 0 not enter all zeros bically filed return indicated ab hized e-File (MeF) Information for Date ▶ _04/19/	Enter five numbers, but do not enter all zeros

Form <b>990</b>
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# 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.

OMB No. 1545-0047 20 6 L **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021							
	heck if pplicable:	C Name of organization	D Employer identifica	tion number			
	Address change	ROCKY MOUNTAIN PREPARATORY SCHOOLS					
	Name change	Doing business as	45-120309	4			
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number				
	Final return/	600 GRANT STREET 700	720-608-02				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	31,097,127.			
	Amendeo	DERVER, CO 80205	H(a) Is this a group retu				
	Applica- tion pending	F Name and address of principal officer: TRICIA NOYOLA	for subordinates?				
		SAME AS C ABOVE	H(b) Are all subordinates inclu				
		pt status: $X 501(c)(3) = 501(c) ()  ()  (insert no.) = 4947(a)(1) \text{ or } 527$	If "No," attach a lis				
		► ROCKYMOUNTAINPREP.ORG ganization: X Corporation Trust Association Other ► L Year	H(c) Group exemption				
		ganization: X Corporation Trust Association Other ► L Year Summary	of formation: 2012 M	State of legal domicile: CO			
		iefly describe the organization's mission or most significant activities: EDUCATE ST	UDENTS WITH	TCOROIIS			
e		CADEMIC PREPARATION TO SUCCEED IN A 4 YEAR COL					
Governance		neck this box					
veri		umber of voting members of the governing body (Part VI, line 1a)					
Ő		umber of independent voting members of the governing body (Part VI, line 1b)		11			
		tal number of individuals employed in calendar year 2020 (Part V, line 2a)		336			
ities		tal number of volunteers (estimate if necessary)		11			
Activities &		tal unrelated business revenue from Part VIII, column (C), line 12		0.			
Ac		et unrelated business taxable income from Form 990-T, Part I, line 11		0.			
	211		Prior Year	Current Year			
	<b>8</b> Co	ontributions and grants (Part VIII, line 1h)	26,644,678.	30,847,069.			
Revenue		ogram service revenue (Part VIII, line 2g)	0.	0.			
eve		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	9,717.	15,447.			
Ř		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	460,923.	234,611.			
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,115,318.	31,097,127.			
	<b>13</b> G	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	<b>14</b> Be	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,146,281.	19,487,606.			
Expenses	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
xpe	b To	tal fundraising expenses (Part IX, column (D), line 25) ►0 .					
Ш	<b>17</b> Of	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,679,137.	7,511,024.			
	<b>18</b> To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,825,418.	26,998,630.			
		evenue less expenses. Subtract line 18 from line 12	289,900.	4,098,497.			
s or			ginning of Current Year	End of Year			
sset 3alaı	<b>20</b> To	tal assets (Part X, line 16)	22,644,198.	30,804,994.			
Net Assets or Fund Balances	<b>21</b> To	tal liabilities (Part X, line 26)	21,841,399.	25,903,698.			
	22 Ne	et assets or fund balances. Subtract line 21 from line 20	802,799.	4,901,296.			
			nto and to the best of realized	and halist it is			
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer		iowiedge and bellet, it is			
uue,	correct,	and complete. Declaration of preparer (other than onlicer) is based on all mormation of which preparer	nas any knowleuge.				
Cia-		Signature of officer	Date				
Sigr Her		CARA ENG , CFO					
1101	~ !						

	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	WADE MCMULLEN	WADE MCMULLEN	04/19/22 <sup>d</sup> self-employed P00541671				
Preparer	Firm's name <b>CLIFTONLARSONALL</b>	EN LLP	Firm's EIN 🕨 41-0746749				
Use Only	Firm's address 2210 EAST ROUTE	66					
	GLENDORA, CA 917		Phone no. (626) 857-7300				
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
	Little For Device and Device the Astable in the second instructions						

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

	1 990 (2020) ROCKY MOUNTAIN PREPARATORY SCHOOLS rt III Statement of Program Service Accomplishments	45-12030	94 Pa	age <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: <u>THE SCHOOL'S MISSION IS TO EDUCATE STUDENTS IN PRE-KINDE</u> THROUGH 8TH GRADE WITH THE RIGOROUS ACADEMIC PREPARATION		ER	
	DEVELOPMENT, AND INDIVIDUALIZED SUPPORT NECESSARY TO SUC			
	YEAR COLLEGE AND LIFE.			
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	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X	No
•	If "Yes," describe these changes on Schedule O.			]
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	• •		
4a	(Code:) (Expenses \$ 21,716,871. including grants of \$) (Reven	ue \$ 2	234,611	1.)
	THE SCHOOL'S MISSION IS TO EDUCATE STUDENTS IN PRE-KINDE		'HROUGH	H
	8TH GRADE WITH THE RIGOROUS ACADEMIC PREPARATION, CHARAC DEVELOPMENT, AND INDIVIDUALIZED SUPPORT NECESSARY TO SUC		1	
	YEAR COLLEGE AND LIFE. THE SCHOOL SERVED APPROXIMATELY,			<u>г</u>
	CREEKSIDE, 437 STUDENTS AT SOUTHWEST, 538 STUDENTS AT FL			
	STUDENTS AT BERKELEY.			
4b	(Code:) (Expenses \$ including grants of \$) (Reven			)
10				/
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$		)
A.1	Othey program convices (Describe on Selecture O)			
4d	Other program services (Describe on Schedule O.)	١		
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses >     21,716,871.	)		
			Form <b>990</b> (	(2020)
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Form	990	(2020)
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## Form 990 (2020) ROCKY MOUNTAIN PREPARATORY SCHOOLS Part IV Checklist of Required Schedules SCHOOLS SCHOOLS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>_</b>		
8	- / /	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>o</b>		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
10	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.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
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Form	aan	(2020)
FUIII	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05	Part V, line 1	34	X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	A	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		x
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par		30	<b>4</b> 2	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19		103	110
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 1a 19 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
032004	12-23-20			(2020)
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Form 990 (				PREPARATORY		
Part V	Statements	Regarding	Other IRS Fili	ngs and Tax Comp	oliance	(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	336			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O					
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		Х
b	If "Yes," enter the name of the foreign country					
۶o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		Х
Ja h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			00		
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X
f						X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h 8	5					
0		-		8		
9						
a						
b				9a 9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		/ 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
2	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
		·		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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#### ROCKY MOUNTAIN PREPARATORY SCHOOLS

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

X

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 11			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			- 23
7a	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
-	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		164		
ect	exempt status with respect to such arrangements?	16b	1	
7		o orba	oveile	ble
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s oniy)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
~	X     Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
_	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
0	KATY DRISCOLL - 720-608-0219			
:0			990	

Form 990 (2020)	ROCKY MOUNTAIN	PREPARATORY	SCHOOLS	45-1203094 H	Page 7
Part VII Compensatio	n of Officers, Directors,	Trustees, Key Em	ployees, Highes	st Compensated	
Employees, a	nd Independent Contra	ctors			
Check if Schedule	e O contains a response or note	e to any line in this Part V	/11		
Section A. Officers, Directo	ors, Trustees, Key Employees	, and Highest Compens	sated Employees		
<b>1a</b> Complete this table for all	persons required to be listed. F	Report compensation for	the calendar year er	nding with or within the organization's ta	x vear.

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		T	πzα			iper	out	í í í	í í	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		itior more		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week			uau		i/irus		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES CRYAN	40.00	-		0	$\leq$	Ξē	Ē			
CEO	10000	1		х				166,050.	0.	38,836.
(2) GREG RAWSON	40.00									
CHIEF OPERATING OFFICER		1		x				143,327.	0.	30,363.
(3) INDRINA KANTH	40.00									
CHIEF OF STAFF		1		х				127,317.	0.	27,858.
(4) SARA TAYLOR	40.00									
DIRECTOR OF TALENT		1				x		127,922.	0.	27,166.
(5) SARA LYNCH	40.00									
CHIEF OF SCHOOLS				Х				125,842.	0.	27,625.
(6) CARA ENG	40.00									
MANAGING DIRECTOR OF OPERATIONS						X		112,300.	0.	25,493.
(7) FULTON BREEN	40.00									
DIRECTOR OF FINANCE				Х				110,558.	0.	25,219.
(8) CAITLIN VAUGHAN	40.00									
PRINCIPAL						X		105,337.	0.	29,773.
(9) JENNIFER REESE	40.00									
MANAGING DIRECTOR OF CULTURE						X		107,289.	0.	24,397.
(10) SARA CARLSON	40.00									
PRINCIPAL						X		103,633.	0.	24,129.
(11) CHARLOTTE BRANTLEY	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(12) LYDIA PRADO	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(13) PATRICK DONOVAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) THERESE ZOSEL-HARPER	2.00									
EDUCATION CHAIR		Х						0.	0.	0.
(15) CHIDOZIE UGWUMBA	2.00									
MEMBER		Х						0.	0.	0.
(16) RUSSELL HEDMAN	2.00									
MEMBER		Х						0.	0.	0.
(17) MAUREEN VASQUEZ	2.00									
MEMBER		Х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

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Form 990 (2020)

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	990 (2020) ROCKY MOU	JNTAIN P	RE	PA	RA	TO	RY	S	SCHOOLS	45-120	30	94	Page <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
	(A) (B) (C) Name and title Average hours per week week					than o s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estima amour othe	ated nt of	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from from from from from from from from	the ation ated
	JILL HAMILTON ANSCHULTZ RNAL RELATIONS CHAIR	2.00	х						0.	0			0.
(19) MEME	LEE WHITE	2.00	x						0.				0.
(20)	MARLON MARSHALL	2.00											
$\frac{\text{MEME}}{(21)}$	JESSICA THWAITES	2.00	Х						0.	0	••		0.
	BERKELEY PARENT REP.	2.00	x						0.	0			0.
											+		
	Subtotal								1,229,575.			280,	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.			280,	<u>0.</u> 859.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable			10
												Yes	1
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-			•	-						3	X
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										·	4 X	
<u> </u>	rendered to the organization? If "Yes," com								•			5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t									, 1	satio	n from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Cor	<b>(C)</b> npensat	ion
								-					
	Table such as of tables and the first of the	alvelia a la c		- 22	1.4								
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	0	ot lin	nited	to 1	thos C		ed	above) who received mo	ore than			
	· · · · · · · · · · · · · · · · · · ·					-				t.	Fc	orm <b>990</b>	(2020)

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		(2020) ROCKY MOUNTAI	N PREPARA	TORY SCHOO	DLS	45-1203	094 Page 9
Pa	rt VI						
		Check if Schedule O contains a response	or note to any line		(D)	(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total Tevende		business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
3rai our	b	Membership dues 1b					
Am Am	c	Fundraising events 1c					
Gift Iar	d	Related organizations 1d					
imi	е	Government grants (contributions)	29,384,291.				
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	1,462,778.				
d C	g	Noncash contributions included in lines 1a-1f					
an Co	h	Total. Add lines 1a-1f	🕨	30,847,069.			
			Business Code				
e	2 a						
e rvic	b						
Se	c						
am eve	d	l					
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		15,447.			15,447.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c						
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
P		and sales expenses 7b					
venue	c	Gain or (loss) 7c					
		Net gain or (loss)					
Other Re		Gross income from fundraising events (not					
oth		including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See	r l				
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·				
			Business Code				
snc	11 a	OTHER LOCAL REVENUE	611710	234,611.	234,611.		
scellaneo Revenue	b			, -	, ,		
ella wei	c						
Miscellaneous Revenue	d d	All other revenue					
Σ		Total. Add lines 11a-11d		234,611.			
	12	Total revenue. See instructions		31,097,127.	234,611.	0.	15,447.
03200	9 12-23			·	· · · ·		Form <b>990</b> (2020)

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ROCKY MOUNTAIN PREPARATORY SCHOOLS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,	844,530.		844,530.	
6	trustees, and key employees Compensation not included above to disqualified	044,550.		044,550.	
0	persons (as defined under section 4958(f)(1)) and				
	1000(a)(0)(D)				
7	Other salaries and wages	13,447,101.	11,330,793.	2,116,308.	
8	Pension plan accruals and contributions (include	,,,,	,,	_,0,000	
-	section 401(k) and 403(b) employer contributions)	4,092,858.	3,764,485.	328,373.	
9	Other employee benefits	901,688.	760,476.	141,212.	
0	Payroll taxes	201,429.	161,533.	39,896.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	15,382.		15,382.	
с	Accounting	71,836.		71,836.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,323,897.	1,215,360.	1,108,537.	
12	Advertising and promotion	171,311.		171,311.	
13	Office expenses	290,172.		290,172.	
4	Information technology				
15	Royalties	1 000 005	1 0 0 0 0 0		
16	Occupancy	1,939,005.	1,939,005.	10 744	
17	Travel	20,276.	1,532.	18,744.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	13,836.	13,836.		
22	Depreciation, depletion, and amortization	110,688.	T3,030.	110,688.	
23 24	Insurance Other expenses, Itemize expenses not covered	110,000.		110,000.	
	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	INSTRUCTIONAL MATERIALS	1,619,601.	1,619,601.		
a b	FOOD SERVICE PROGRAM	935,020.	910,250.	24,770.	
c		,0101		,,,,,,,	
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	26,998,630.	21,716,871.	5,281,759.	0
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 Time if following SOP 98-2 (ASC 958-720)				

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ROCKY	MOUNTAIN	PREPARATORY	SCHOOLS
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45-1203094 Page 11

		Check if Schedule O contains a response or note	to any	line in this Part X	<u>.</u>	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			13,266,642.	2	14,745,866.
	3	Pledges and grants receivable, net			1,631,312.	3	2,374,505.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for	ormer o	officer, director,			
		trustee, key employee, creator or founder, substar	ntial co	ntributor, or 35%			
		controlled entity or family member of any of these	persor	าร		5	
	6	Loans and other receivables from other disqualifie	d pers	ons (as defined			
		under section 4958(f)(1)), and persons described in	n secti	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥8	9	Prepaid expenses and deferred charges			12,313.	9	12,908.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	237,906.			
	b	Less: accumulated depreciation	10b	82,333.	108,690.	10c	155,573.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,625,241.	15	13,516,142.
	16	Total assets. Add lines 1 through 15 (must equal	line 33	s)	22,644,198.	16	30,804,994.
	17	Accounts payable and accrued expenses			653,375.	17	653,058.
	18	Grants payable				18	
	19	Deferred revenue			890,496.	19	1,389.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or former	r office	r, director,			
Liabilities		trustee, key employee, creator or founder, substar	ntial co	ntributor, or 35%			
iabi		controlled entity or family member of any of these	persor	ns		22	
	23	Secured mortgages and notes payable to unrelate	ed thirc	l parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird pa	arties	3,000,202.	24	300,000.
	25	Other liabilities (including federal income tax, paya	ables to	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D		·····	17,297,326.	25	
	26	Total liabilities. Add lines 17 through 25			21,841,399.	26	25,903,698.
<i>(</i> <b>^</b>		Organizations that follow FASB ASC 958, check	k here				
Cec		and complete lines 27, 28, 32, and 33.					
llan	27			·····		27	
Ba	28	Net assets with donor restrictions				28	
nnc		Organizations that do not follow FASB ASC 958	3, cheo	k here 🕨 🔟			
Net Assets or Fund Balances		and complete lines 29 through 33.			CO 4 100		
ts	29	Capital stock or trust principal, or current funds			694,109.	29	4,745,723.
SSe	30	Paid-in or capital surplus, or land, building, or equi			108,690.	30	155,573.
t A:	31	Retained earnings, endowment, accumulated inco			0.	31	0.
Ne	32	Total net assets or fund balances		I	802,799.	32	4,901,296.
	33	Total liabilities and net assets/fund balances			22,644,198.	33	30,804,994. Form <b>990</b> (2020)

Form **990** (2020)

	990 (2020) ROCKY MOUNTAIN PREPARATORY SCHOOLS	45-1	203094	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,99	8,6	30.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,09		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	802	2,7	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,90	1,2	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	(0000)

Form **990** (2020)

SCH	EDUL	.E A
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(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047	
2020	
Open to Public Inspection	

	nt of the Treasury venue Service			Attach to Form 990 or F v/Form990 for instruction			oformation		Open to Public Inspection
Name o	of the organizati		GO to www.irs.go		Jiis and u	ie iatest ii	normation.	Employer	identification number
Nume e				PREPARATORY	SCHOO	DT.C			5-1203094
Part I	Reason			(All organizations must c			ee instruction		J 1203074
	•			For lines 1 through 12, c					
<b>1</b>	7			on of churches described			1)(A)(i)		
2 X				Attach Schedule E (Forn			•,,~,,•,•		
3	-			anization described in s			;;)		
4		•		njunction with a hospital			•	Viii) Entor	the hospital's name
4	city, and stat	-	ation operated in co	njunction with a nospital	uescribeu	Sectio			the hospital s hame,
5	_	-	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in
5			Complete Part II.)	liege of aniversity owned		cu by a ge			
6	7			nental unit described in	coction 1	70(6)(1)(1)	(14)		
7	-	·	-	ntial part of its support fi				a conoral	oublic described in
'			complete Part II.)	iniai part of its support in	on a gove	ennentai		ie general j	
8	_			(1)(A)(vi). (Complete Par	+ 11 \				
9				in section 170(b)(1)(A)(		ed in coniu	unction with a	land-grant	college
5				ulture (see instructions).					
	university:		grant conege of agric			name, ony	, and state of	the college	
10	_ · _	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees an	d aross receipts from
				t to certain exceptions;					
				(less section 511 tax) fro					
			mplete Part III.)			5505 20401		gamzation e	
11	7			ively to test for public sa	fetv See	section 50	9(a)(4)		
12		-	-	ively for the benefit of, to	•			rrv out the	purposes of one or
				ed in section 509(a)(1) of					
				f supporting organization					
a				upervised, or controlled					aivina
				gularly appoint or elect a	• • •	-			
		-	complete Part IV, Se						
b				or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ina
_			-	anization vested in the sa			÷		-
		-	t complete Part IV,						
с				g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		-		). You must complete l				, ,	,
d				oorting organization oper				rted organi:	zation(s)
		-		zation generally must sat				-	
		-		nplete Part IV, Sections	•		-		
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Er	nter the number								
g Pi	rovide the follow	ing informatior	n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total							1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

#### Schedule A (Form 990 or 990-EZ) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	0					. —
<u> </u>	organization, check this box and stor	o here					
	ction C. Computation of Publi						
	Public support percentage for 2020 (I		•			14	%
	Public support percentage from 2019					15	%
108	33 1/3% support test - 2020. If the other have The experimentiate multilized						
	stop here. The organization qualifies		-		d line 15 is 22 1/20/		
C	and stop here. The organization qual	•					
17-							
178	10% -facts-and-circumstances test and if the organization meets the fact	-	-				
	meets the facts-and-circumstances te			•	•	withow the organi	
F	10% -facts-and-circumstances test	•	•	<b>,</b>	•	17a and line 15 is	► 📖
L.	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
		and not oncor a		54, 100, 174, 01 17		edule A (Form 990	

#### Schedule A (Form 990 or 990-EZ) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	L					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	L					
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	L					
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	<b>.</b>			1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	L					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization						
	23 01-25-21					edule A (Form 990	) or 990-EZ) 2020
			15	5			

<sup>2020.05093</sup> ROCKY MOUNTAIN PREPARATOR 213-1171

#### Schedule A (Form 990 or 990-EZ) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS

Pa	rt IV	Supporting Organizations (continued)			ige o
				Yes	No
11	Hac th	he organization accepted a gift or contribution from any of the following persons?		103	
a	-	son who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		
		elow, the governing body of a supported organization?	11a		
		illy member of a person described in line 11a above?	11b	┝──┤	
С		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		<i>in</i> Part VI.	11c		
Sec		3. Type I Supporting Organizations		<b></b>	
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No." describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		$\!$			
800		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Sec		o. Type if Supporting Organizations		<b></b>	
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	ipported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
с		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	is).	

- 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 in 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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032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

10110504 131839 213-117710

Part V   Type III Non-Functionally Integrated 509(a)(3) Suppo			±5-1205094 Pag
1 Check here if the organization satisfied the Integral Part Test as a qua	lifying trust on N	Nov. 20, 1970 ( explain in	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations			,
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
<ul> <li>Check here if the current year is the organization's first as a non-funct</li> </ul>		d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

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10110504 131839 213-117710

## Schedule A (Form 990 or 990 EZ) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations (continu	ued)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	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 ( <i>describe in Part VI</i> ). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)					
	(provide details in <b>Part VI</b> ). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020			
_1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
с	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020	ROCKY MOUNT	AIN PREPARATO	RY SCHOOLS	45-1203094 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1	mation. Provide the e , 2, 3b, 3c, 4b, 4c, 5a, 6,	xplanations required by F 9a, 9b, 9c, 11a, 11b, and	Part II, line 10; Part II, line 1 d 11c; Part IV, Section B, li	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E	, lines 2, 5, and 6. Also co	omplete this part for any ac	Idditional information.
_					
032028 01-25-2	21		20	Sci	hedule A (Form 990 or 990-EZ) 2020
			20		

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

	ROCKY MOUNTAIN PREPARATORY SCHOOLS	45-1203094					
Organization type (ch	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

45-1203094

#### ROCKY MOUNTAIN PREPARATORY SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	JILL HAMILTON ANSCHUTZ FAMILY 1727 TREMONT PLACE DENVER, CO 80202	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	BUELL FOUNDATION 1873 SOUTH BELLAIRE STREET, SUITE 600 DENVER, CO 80222	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CHARTER SCHOOL GROWTH FUND 350 INTERLOCKEN BOULEVARD BROOMFIELD, CO 80021	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST DENVER, CO 80203	\$38,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	THE ALBERTSONS COMPANIES FOUNDATION 11555 DUBLIN CANYON WAY PLEASANTON, CA 94588	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	CARSON FAMILY FOUNDATION 21078 W LONG GROVE RD KILDEER, IL 60047 5-20	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

45-1203094

#### ROCKY MOUNTAIN PREPARATORY SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LEE WHITE FAMILY 180 HIGH ST. DENVER, CO 80218	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	LOUIS CALDER FOUNDATION 999 18TH ST, #2350S DENVER, CO 80202	\$ <u>328,500.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DANIELS FUND 101 MONROE STREET DENVER, CO 80204	\$ <u>270,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4         DENVER DEPARTMENT OF PUBLIC HEALH &         ENVIRONMENT         200 W 14TH AVE #2732         DENVER, CO 80205	\$27,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DENVER PRESCHOOL PROGRAM <u>305 PARK AVE W SUITE B</u> <u>DENVER, CO 80205</u>	\$ <u>15,625.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 023452 11-25	ROOTED 1390 LAWRENCE STREET, SUITE #200 DENVER, CO 80204	\$418,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

45-1203094

#### ROCKY MOUNTAIN PREPARATORY SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	THE PITON FOUNDATION 1705 17TH ST #200 DENVER, CO 80202	\$64,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14_	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	THE DENVER FOUNDATION 1009 GRANT ST DENVER, CO 80203	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	TRISH NAGEL FAMILY 1225 17TH ST. SUITE 2440 DENVER, CO 80202	\$ <u>40,000.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	WEND VENTURES 1536 WYNKOOP STREET, SUITE 902 DENVER, CO 80202	\$30,000.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

ROCKY MOUNTAIN PREPARATORY SCHOOLS

45-1203094

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### 10110504 131839 213-117710

Schedule B	(Form 990	. 990-EZ.	or 990-PF) (2020)
Conformation D	(1 01111 000	,,	01 00011) (2020)

Page	4
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lame of organization				Employer identification number
OCKY MOUNT	AIN PREPARATORY SO	THOOLS		45-1203094
Part III Exclusive	ly religious, charitable, etc., contributi one contributor, Complete columns (a)	ons to organizations described in s	ntry For organizations	that total more than \$1,000 for the yea
completing Use dupl	Part III, enter the total of exclusively religious, in th	charitable, etc., contributions of \$1,000 of space is needed.	r less for the year. (Enter this info. on	(ce.) • •
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
3454 11-25-20			Schedule	B (Form 990, 990-EZ, or 990-PF) (202

SCHED	ULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

ROCKY MOUNTAIN PREPARATORY SCHOOLS

Employer identification number 45 - 1203094

Par	t I Organizations Maintaining Donor Advised F		ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(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 writi	ng that the assets held in donor advised fur	nds
•	are the organization's property, subject to the organization's excl	-	
6	Did the organization inform all grantees, donors, and donor advis		
•	for charitable purposes and not for the benefit of the donor or do		
		····· ================================	
Par			
1	Purpose(s) of conservation easements held by the organization (		,
-	Preservation of land for public use (for example, recreation		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b	<b>-</b> · · · · · · · · · · · · · · · · · · ·		2b
c	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year 🕨		5
4	Number of states where property subject to conservation easem	ent is located	
5	Does the organization have a written policy regarding the periodi		
	violations, and enforcement of the conservation easements it hol		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year
	▶\$	-	
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990	D, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, n	ot to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasur		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2020
032051	12-01-20		

Sche	dule D (Form 990) 2020 ROCKY M									03094		age <b>2</b>
Pa	t III Organizations Maintaining C	olle	ctions of Ar	t, His	torical Tre	easures, or	Other	Similar	Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, ar	nd other record	ls, cheo	ck any of the	following that	make sig	nificant us	se of its			
	collection items (check all that apply):											
а	Public exhibition		c	d 🗌	] Loan or exc	hange progra	m					
b	Scholarly research		e	e 🗌								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollecti	ons and explai	n how t	they further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o											
	to be sold to raise funds rather than to be ma	aintair	ned as part of t	he orga	anization's co	llection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arrang									line 9, or		
	reported an amount on Form 990, Pa				-							
1a	Is the organization an agent, trustee, custodi	an or	other intermed	liary fo	r contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											
				0						Amount		
с	Beginning balance							1c				
	Additions during the year							1d				
	Distributions during the year							1e				
	Ending balance							1f				
	Did the organization include an amount on Fo							√?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									_		]
Par												
			Current year		Prior year	(c) Two year			ars back	(e) Four	vears	back
1a	Beginning of year balance		, ,		,						,	
b	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
•	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent vi	ear end balanc	e (line '	1a. column (a	)) held as:	I					
a	Board designated or quasi-endowment	-		%	rg, oolunni (u							
	Permanent endowment		%									
		%										
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -	100%									
39	Are there endowment funds not in the posse			ation th	nat are held a	nd administer	ed for the	organizat	tion			
ou	by:	001011	or the organize					organiza		Г	Yes	No
	-									3a(i)	103	
	<ul><li>(i) Unrelated organizations</li></ul>									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations									3b		
4	Describe in Part XIII the intended uses of the									30		
	t VI Land, Buildings, and Equipm		Inzation 5 endo	winein	. iunus.							
	Complete if the organization answere		s" on Form 99(	) Part	IV line 11a S	See Form 990	Part X li	ne 10				
	Description of property		(a) Cost or c			t or other		cumulated	4	(d) Book	value	
	Description of property		basis (investr			(other)	. ,	reciation			value	5
19	Land	+				· · /	p					
	LandBuildings											
	Leasehold improvements				23	7,906.		82,33	3.	155	. 5'	73.
	Equipment					.,					, 5	
	Other											
	Add lines 1a through 1e. (Column (d) must e			V col	Imp (D) line 1					155	. 5'	73.
TOLD	in Add integration ough re. (Column (d) MUSI e	<u>qual f</u>	onn 990, Part	<u>, coil</u>	<u>uuu (B), line l</u>	<u>UC.</u> )			Chedula	D (Form		
									Sincuale		550)	-020

032052 12-01-20

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	lof-year market value
	(b) BOOK value	(c) Method of Valuation. Cost of end	roryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEFERRED OUTFLOWS - PENSIC	)N		13,516,142.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		13,516,142.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NET PENSION LIABILITY			24,059,584.
(3) NET OPEB LIABILITIES			889,667.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Octomer (h) must source for a OOO Doct V, and (D) line	05.)		24,949,251.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide			
LIADINITY IOI UNCERTAINTIAN POSITIONS. IN PART AND, PROVIDE	THE TEXT OF THE TOOLHOLE TO	The organization 5 interioral statements th	Ial ICHUILS LIK

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) 2020

032053 12-01-20

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#### ROCKY MOUNTAIN PREPARATORY SCHOOLS Schedule D (Form 990) 2020

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Sche	dule D (Form 990) 2020 ROCKY MOUNTAIN PREPARATORY		45-1203094 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	<b>4b</b>	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

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S	Cł	ΗE	D	JL	E	E	

#### Form 990 or 990-EZ)

#### Schools

OMB No. 1545-0047

**Open to Public** 

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(For	m	990	or	990-E

#### Department of the Treasury Internal Revenue Service

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

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

ROCKY MOUNTAIN PREPARATORY SCHOOLS

Name of the organization

Employer identification number 45 - 1203094

ΖU

Inspection

6

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			X
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. THE SCHOOL DOES NOT OFFER FINANCIAL ASSISTANCE TO ITS STUDENTS.			
5	Does the organization discriminate by race in any way with respect to:	5		v
	Students' rights or privileges?	5a		X X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	<u>5c</u> 5d		X
	Scholarships or other financial assistance?	5u		X
	Educational policies?	5e 5f		X
	Use of facilities? Athletic programs?	5g		X
	Other extracurricular activities?	5g 5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	1 990 or (	990-EZ	) 2020

032061 11-10-20

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

#### LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

#### GOVERNMENT FUNDING IS RECEIVED FROM THE COLORADO DEPARTMENT OF EDUCATION.

Schedule E (Form 990 or 990-EZ) 2020

032062 11-10-20

SCI	HEDULE J	Compensation Information		OMB No. 1	545-004	47			
(Fo	r <b>m 990)</b>	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	20				
-	-	Compensated Employees		20	ZU	)			
Dopor	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to		ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organizatio			identificatio		nber			
		ROCKY MOUNTAIN PREPARATORY SCHOOLS	45-1	L20309	4				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o								
	Travel for com								
		spending account Personal services (such as maid, chauffer	ir, chei)						
h	If any of the boyog	on line 1a are checked, did the organization follow a written policy regarding payment or							
b	-			1b					
2									
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?								
3	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.								
	Independent of								
	 Form 990 of c	ommittee							
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severand	e payment or change-of-control payment?		4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	• • •								
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n						
	contingent on the					v			
		ation?				X X			
D		ation?		<u>5b</u>		Δ			
6		or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n						
0	contingent on the		11						
а	•			6a		x			
		ation?				X			
		pr 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
-		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
-				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
_	Regulations section		<u></u>	9					
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2020			

032111 12-07-20

Schedule J (Form 990) 2020 ROCKY	ž	ROCKY MOUNTAIN PRI	PREPARATORY 5	SCHOOLS	45-1203094	094		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldu	yees, and Highest C	compensated Empl	oyees. Use duplica	tte copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	oe rep orm 9	oorted on Schedule . 990, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ad inc	lividual must equal th	ne total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	) amounts for that indiv	ridual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(n)-(l)(a)	in column (b) reported as deferred on prior Form 990
(1) JAMES CRYAN	(i)	166,050.	0.	0.	30,859.	779,7	204,886.	0.
CEO	(ii)	• 0	0.	0.	.0	•0	•0	0.
(2) GREG RAWSON	(i)	143,327.	0.	0.	22,386.	7,977.	173,690.	•0
CHIEF OPERATING OFFICER	(ii)		0.	0.				• 0
(3) INDRINA KANTH	(i)	127,317.	0.	.0	19,881.	.7797.	155,175.	•0
CHIEF OF STAFF	(ii)	• 0	0.	• 0	0.	• 0	• 0	0.
(4) SARA TAYLOR	(i)	127,922.	0.	• 0	19,189.	· 277.	155,088.	•0
DIRECTOR OF TALENT	(ii)	•0	.0	.0	.0	.0	.0	.0
(5) SARA LYNCH	Ξ	125,842.	0.	0.	19,648.	7,977.	153,467.	0.
CHIEF OF SCHOOLS	) (II	•0	0.	.0	•0	.0	.0	.0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(II)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(II)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2020

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# 032112 12-07-20

Schedule J (Form 990) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS	45-1203094	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	is part for any additional information.	
PART I, LINE 3:		
THE BOARD REVIEWS AND APPROVES THE COMPENSATION AMOUNTS.		
	Schedule J (Form 990) 2020	90) 2020

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45 - 1203094

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

ROCKY MOUNTAIN PREPARATORY SCHOOLS

RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR

REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN

SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO

SUBMITTING TO THE IRS.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

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

THE EXECUTIVE DIRECTOR'S PAY IS DETERMINED BASED ON DATA PROVIDED BY EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION AS A DIRECT ACTION. THE OFFICERS' AND KEY EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND KEY EMPLOYEES' COMPENSATION AS A DIRECT ACTION.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 2 C

	chedule O (	Form	990 or	990-EZ	2020
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Name of the organization

ROCKY MOUNTAIN PREPARATORY SCHOOLS

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

THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020

10110504 131839 213-117710

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ONS and Unrelated Pa ered "Yes" on Form 990, Part IV, I ► Attach to Form 990. 1990 for instructions and the lates	r <b>tnerships</b> ine 33, 34, 35b, 3 ti information.	6, or 37.	° <b>°</b>	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization ROCKY MOUNTAIN		LS			Employer identification number 45-1203094	cation number ) 9 4
Part I Identification of Disregarded Entities. Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c//3))	(f) Direct controlling entity	1512
RMP BUILDING CORPORATION - 82-4211263 7808 CHERRY CREEK S. DRIVE, # 3-300					ROCKY MOUNTAIN	Å kes
3						4
For Paper work Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

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Schedule R (Form 990) 2020 ROCK	ROCKY MOUNTAIN PREPARATORY SCHOOLS	PREPAF	RATORY SCH	OOLS					45-12	45-1203094	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	<b>as a Partne</b> x year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	'Yes" on Form 9	90, Part IV, lin	e 34, because	e it had one or n	nore relatec	
(a)	(q)	(c)	(q)	(e)	(0	(J)	(6)	(4)	(i)	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under eactions 519-514)		Share of total income	Share of end-of-year assets	5 ÷≓ 🖵	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
		country)			14-0-210			Yes No			
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable a	as a Corpo	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	nswered "Yes"	on Form 990, F	art IV, line 3∠	, because it ha	d one or mo	ore related
			(4)	(0)	(4)	(e)		(4)	(0)	(4)	(i)
Name, address, and EIN of related organization	Zc	Prim	ctivity	Legal domicile (state or foreign country)	Direct controlling entity	Type (C corp		total ne	of /ear S	Percentage ownership	Section Sectio
				16 51 500							Yes No
032162 10-28-20				95					Sched	lule R (Forr	Schedule R (Form 990) 2020

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Schedule B (Form 990) 2020 ROCKY MOUNTAIN PREPARATORY SCHOOLS

SCHOOLS	
PREPARATORY	
MOUNTAIN F	
ROCKY	
Schedule R (Form 990) 2020	

Page 3 45-1203094

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>1</del>		×
Gift. grant. or capital contribution from related organization(s)				4		×
I cans or loan dijarantees to or for related organization(s)				Ţ		×
				2		1
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				1f		x
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				÷		×
				÷		×
I EXAMINING OF ASSOCIA WITH LORACO OF GAINEARION (9)				= ;=	╞	: ×
				-		
k Lease of facilities, equipment, or other assets from related organization(s)				÷	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1 T		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1		X
<b>o</b> Sharing of paid employees with related organization(s)				10		×
<b>p</b> Reimbursement paid to related organization(s) for expenses				đ		×
Reimbursement paid by related organization(s) for expenses				1a		×
-				•		
r Other transfer of cash or property to related organization(s)				٦r		×
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered re	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	volved		
(1) RMP BUILDING CORPORATION	К	222,700.	FMV			
(2)						
(3)						
(6)						
032163 10-28-20			Schedule R (Form 990) 2020	R (Form	066	2020

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E Page 4		venue)	(k) r Percentage ownership					Schedule R (Form 990) 2020
094		ss rev	(j) General or managing partner? Yes No				!	(For
45-1203094		total assets or gro	(i) Code V-UBI amount in box 20 m of Schedule K-1 E (Form 1065)					Schedule R
		ured by 1	(h) Dispropor- tionate allocations?					
	37.	of its activities (meas	(g) Share of end-of-year assets					
	990, Part IV, line	than five percent	(f) Share of total income					
	on Form	ted more	(e) Are all 501(c)(3) orgs.? Yes No					
SCHOOLS	ie organization answered "Yes" on Form 990, Part IV, line 37	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
	mplete if the organi	ip through which the ion for certain inve	(c) Legal domicile (state or foreign country)					
ROCKY MOUNTAIN PREPARATORY	l <b>e as a Partnership.</b> Col	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2020 ROCKY	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

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#### Part VII Supplemental Information

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

Schedule R (Form 990) 2020

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