PUBLIC DISCLOSURE COPY

	990	Return of Organization Exempt From	Incon	ne Tax	C	OMB No.	1545-0047	
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except p	rivate foun	dations)	L 20	19	
			-			-	Public	
				ation.	0.0	-		
A F) Employer i)	
Form JJJQ Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except prival								
	Address			20 20	02195	,		
	9900 We Use Use Use Use Use Use Use Use Use Us							
Promote Series Provided Provi								
		City or town, state or province, country, and ZIP or foreign postal code						
	Amended	DENVER, CO 80211		Gross rece	pts \$	48,32	2,197	
	_ penaing		F			n for Yes	s X N	
	I			l(b) Are all sub	oordinates ind			
							ıs)	
				., .		,	00	
			r of formatio	n: 2005	VI State of	of legal domicile	e: CC	
Pa			7 0					
~	1 Briefly de	scribe the organization's mission or most significant activities:	- 0					
ance								
erna	2 Check thi	s hav b if the organization discontinued its operations or disposed of more	than 25% o	f its net as	ets			
Sov					1 1		10	
80							10	
ties							654	
tivi							10	
Ac							0	
	b Net unrel	ated business taxable income from Form 990-T, line 39			7b		0	
				Prior Year				
e	8 Contribut	ons and grants (Part VIII, line 1h)	·					
enu	9 Program	service revenue (Part VIII, line 2g)	. 3					
Rev				· · ·			0,482	
						286,29		
			·	5,515,5		48,290		
							0	
				1 598 (37 350		
ses			·	4,000,0		57,550	0,001	
pen			•		0.		0	
EX	Check if applicable: C Name of organization STRIVE PREPARATORY S Address change Doing business as Number and street (or P.O. box if mai 2480 W 26TH AVE, SUI City or town, state or province, count DENVER, CO 80211 Final return/ return Final return/ pending Printil return/ return Final return/ pending Address Address haredd Final return/ city or town, state or province, count DENVER, CO 80211 Tax-exempt status: X 501(c)(3) Soft(c) Website: Website: WWW.STRIVEPREP.ORG Form of organization: X Corporation Turst Summary 1 Briefly describe the organization's mission 2 Check this box 3 Number of volung members of the governin 4 4 Number of individuals employed in co 5 5 Total number of individuals employed in co 6 6 Total number of volunteers (estimate if nect 7a Total unrelated business revenue from Par b Net unrelated business revenue from Par b Net unrelated business taxable income from 7a Total revenue (Part VIII, column (A), lines 7a Total revenue (Part VIII, column (A), lines 7b Total revenue (Part VIII, column (A), lines 7c Total revenue (Part VIII, column (A), lines 7c Total assets (Part X, line 16)		- 1	0.764.	134.	10,174,976		
Partivities & Governance Activities & Governance Activ			•					
	19 Revenue		·				9,457	
or				ng of Currei	nt Year	End of Y	ear	
sets Ilano	20 Total asse	ets (Part X, line 16)		6,896,	940.	13,094	4,297	
t As: d Ba	21 Total liabi	lities (Part X, line 26)	. 2	6,927,	565.	24,738	3 , 335	
Fun	22 Net asset	s or fund balances. Subtract line 21 from line 20	2	0,030,0	525.	-11,644	4,038.	
Ра	rt II Signa	ture Block						
Unc	ter penalties of pe	rjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	d to the bes	of my k	nowledge and	belief, it i	
truc			has any kno		2 /10 /2	0001		
		sh Devon			3/10/2	2021		
Sia	n			Date				
_								
Image: Second Se								
_	re Type	or print name and title						
Hei	re Type Print/Type	or print name and title preparer's name Preparer's signature Date	08/201		' '			
Hei	re Type Print/Type ADAM F	or print name and title preparer's name R SMITH CPA Date 03/0	08/202	$\frac{1}{2}$ self-emp	loyed	P009589	966	
Hei Paid Prep	Print/Type ADAM F Only Firm's nar	or print name and title preparer's name R SMITH CPA ne ▶BKD, LLP	F	2 1 self-emp	loyed ▶ 44-0	P009589 160260		
Hei Paid Preg Use	re Type Print/Type ADAM F Firm's nar Firm's adc	or print name and title preparer's name R SMITH CPA Date 03/0	F	2 1 self-emp Firm's EIN ▶ Phone no.	loyed 44-0 719	P009589 160260 471-4290		

Cumulative e-File History 2019

FED

Tax Return 4869KO	Return Type 990
Taxpayer Strive Preparatory Schools	
Submitted Date	2020-10-20 18:28:59
Acknowledgement Date	2020-10-20 19:03:38
Status	Accepted
Submission ID	84022720202945000045

Cumulative e-File History 2019

Federal Extension3

Tax Return 4869KO	Return Type 990
Taxpayer STRIVE PREPARATORY S	SCHOOLS
Submitted Date	2020-10-20 18:28:59
Acknowledgement Date	2020-10-20 19:03:38
Status	Accepted
Submission ID	84022720202945000034

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6	n 990 (2019) Page Z
Pa	art III Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: SUCCESS FOR EVERY STUDENT THROUGH A DEMANDING EDUCATION OF HIGH
	STANDARDS, STRUCTURE AND ACCOUNTABILITY, STRIVE PREPARATORY SCHOOLS
	PREPARES STUDENTS FOR EDUCATIONAL SUCCESS FROM ELEMENTARY THROUGH
	HIGH SCHOOL.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 36,390,697. including grants of \$) (Revenue \$ 42,263,063.)
τu	STRIVE PROVIDES AN INTENSIVE CURRICULUM WITH A STRONG FOCUS ON
	SKILL DEVELOPMENT TO STUDENTS IN GRADES K-12 FOR EDUCATIONAL
	SUCCESS FROM ELEMENTARY SCHOOL THROUGH HIGH SCHOOL, BENEFITING
	OVER 3,800 STUDENTS.
	·
46	(Cada:) (Even an a constant of f)) (Bayanya f))
4D	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 36,390,697.
JSA	Form 990 (2019)
3⊑1(4869KO 5974 3/10/2021 5:52:54 PM 1157863 PAGE 2

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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,"			v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			x
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u></u>	
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120				
IZd	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D	"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	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ĺ
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		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive note than \$25,000 in hon-cash contributions? If res, complete Schedule M	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31	Did the organization inducate, terminate, of dissolve and cease operations? If res, complete schedule N, Part T Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32		22		Х
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part IV line 1	24	х	
25 0	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
		358	21	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled optity within the magning of section 512(b)(13)2 /f "Yes" complete Schedule P. Part V. line 2	256	х	
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	Δ	
36		26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~77
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	х	
Dort	19? Note: All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
		-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(0010)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 654			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C 1-		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
4	required to file Form 8282?	10		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	-		

Form §	990 (2019) STRIVE PREPARATORY SCHOOLS 20-2562	2193	F	Page 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	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	2		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	-		
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	A	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Δ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
-	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	13		Х
13 14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	r intei	est p	olicy,
20	and financial statements available to the public during the tax year.	a b		
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOSH DEVON 2480 W 26TH AVE, SUITE B-360 DENVER, CO 80211 720-837-3544	5 🗩		
JSA		Form	990	(2019)
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Part VII Compensation of Officers Directors Trustees Key Employees

Highest Compensated Employees

3

Page 7

and

	Independent Contractors	1110
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's current key employees, if any. See 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.

(**a**)

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	· ·				e than c		Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any					or/trust	, 	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	tutio	er	due	est o	ler			related organizations
	organizations below	or tru	nalt		loye	e om				
	dotted line)	stee	:rust		e	Dens				
	,		ee			sateo				
(1) CHRIS GIBBONS	40.00									
CHIEF EXECUTIVE OFFICER	0.			Х				195,036.	0.	46,972.
(2) JOSH DEVON	40.00									
CHIEF FINANCIAL OFFICER/COO	2.00	1		Х				160,636.	0.	40,340.
(3) KRISTIN LEVINE	40.00									
CHIEF ACADEMIC OFFICER	0.			Х				148,992.	0.	29,430.
(4) SUSAN MORRIS	40.00									
MANAGING DIRECTOR	0.					X		129,127.	0.	27,316.
(5) ALEXA MASON	40.00									
MANAGING DIRECTOR	0.					Х		125,083.	0.	29,736.
(6) ELISHA ROBERTS	40.00									
MANAGING DIRECTOR	0.					Х		125,526.	0.	24,363.
(7) ^{MIKA KRAUSE}	40.00									
PRINCIPAL	0.					Х		116,992.	0.	23,959.
(8) BENJAMIN LEWIS	40.00									
PRINCIPAL	0.					X		103,583.	0.	21,733.
(9) ELIZABETH PETERSON	40.00									
FORMER CHIEF SCHOOLS OFFICER	0.						Χ	106,099.	0.	15,372.
(10) GREGORY HATCHER	40.00	-								
CHIEF EXTERNAL AFFAIRS OFFICER	0.			Χ				77,657.	0.	10,465.
(11) HELEM ARANGUTI	24.00									
BOD MEMBER	0.	X						16,617.	0.	2,665.
(12) AMBER VALDEZ	2.00									
BOD CHAIR	0.	X		Χ				0.	0.	0.
(13) CHRIS HENDERSON	2.00									
BOD VICE CHAIR	0.	X		Х				0.	0.	0.
(14) DIETZ FRY	2.00									
BOD TREASURER	2.00	Х		Χ				0.	0.	0.
										Form 000 (2010)

Form 990 (2019)

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STRIVE PREPARATORY SCHOOLS

Form 990 (2019) Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	yee	es,	and H	ligl	hest Compensat	ed Employ	ees (co	ontinue		Page (
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	Pos neck	C) iition more	e than o is both or/trust	ne an	(D) Reportable compensation from the	(E) Reportab compensation related organization	le n from	Es an	(F) stimated nount o other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fr org and	om the anizatio d related anizatio	on d
5) KAYLA TIBBALS BOD SECRETARY	2.00	x		х				0.		0.			
6) KRISTI POLLARD BOD MEMBER	2.00	x						0.		0.			
7) LETICIA GONZALEZ BOD MEMBER	2.00	x						0.		0.			
8) REED DIXON BOD MEMBER	2.00	x						0		0.			
9) PETER GROFF BOD MEMBER	2.00	x						0		0.			
BOD MEMBER BOD MEMBER BOD MEMBER	2.00	x						0		0.			
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		· · ·	• • •	· ·	•••	· · ·		1,305,348. 0. 1,305,348.		0. 0. 0.		272,3 272,3	(
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 1(d al	bove	e) who	o re	ceived more than	\$100,000 o	-			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes X	No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of rep eater than	ortab \$15	ole c 50,00	om 00?	pen ' If	satior ''Yes	n ar ;," (nd other compens complete Schedu	sation from le J for s	the uch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue con	mpen	satio	on f	from	n any	uni	related organization	on or individ	ual	5		X
Section B. Independent Contractors	<i>,</i> ,												
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens		
ATTACHMENT 1							-						
							+						

Г

		Check if Schedule O co	ontains a respor	ise or note to an	y line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns						30010113 012 014
D C		Fundraising events		70,175.				
ts, Al	C d	-		70,175.				
ilar	d	Related organizations		4 200 500				
in's	e	Government grants (contribu	,	4,399,766.				
r S	f	All other contributions, gifts,	-					
he		and similar amounts not include	<u> </u>	1,601,599.				
ğŢ	g	Noncash contributions inclue						
2 D		lines 1a-1f.						
0.0	h	Total. Add lines 1a-1f	<u></u>		6,071,540.			
				Business Code				
lice	2a	PER PUPIL REVENUE		611710	34,141,575.	34,141,575.		
Program Service Revenue	b	DISTRICT MILL LEVY		611710	7,680,620.	7,680,620.		
n S	с							
ran	d							
- B R	е							
Ч	f	All other program service rev						
	g	Total. Add lines 2a-2f			41,822,195.			
	3	Investment income (includ						
		other similar amounts)	•		110,482.			110,482.
	4	Income from investment of			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	c d	Net rental income or (loss)			0.			
	d Za	Gross amount from	(i) Securities	(ii) Other				
	7a							
		sales of assets						
		other than inventory 7a						
evenue	b	Less: cost or other basis						
ver		and sales expenses 7b						
Re	c	Gain or (loss) 7c						
er	d	Net gain or (loss)	• • • • • • • <u>• • •</u>		0.			
Other	8a	Gross income from f	undraising					
0		events (not including \$	70,175.					
		of contributions reported	on line					
		1c). See Part IV, line 18	<u>8a</u>	27,805.				
	b	Less: direct expenses		31,683.				
	С	Net income or (loss) from fu	ndraising events.	<u></u>	-3,878.			-3,878.
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	9a	0.				
	b	Less: direct expenses		0.				
	с	Net income or (loss) from g	aming activities		0.			
	10a	Gross sales of invento	ory, less					
		returns and allowances		0.				
	b	Less: cost of goods sold	10b	0.				
	C	Net income or (loss) from sal	les of inventory	.	0.			
s				Business Code				
e sou	11a	MISCELLANEOUS REVENUE		900099	290,175.	290,175.		
ane	b							
ell; sve								
Miscellaneous Revenue	c d	All other revenue						
Σ	e	Total. Add lines 11a-11d			290,175.			
	12	Total revenue. See instructio			48,290,514.	42,112,370.		106,604.
					10,220,211.	12,112,0,0,		

STRIVE PREPARATORY SCHOOLS

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colur	nn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	611,319.	187,141.	424,178.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	28,158,650.	21,118,988.	7,039,662.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	5,097,787.	3,823,340.	1,274,447.	
9 Other employee benefits	2,984,689.	2,238,517.	746,172.	
10 Payroll taxes	503,636.	377,727.	125,909.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	26,983.		26,983.	
c Accounting	57,272.		57,272.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
	2,061,351.	1,628,468.	432,883.	
(A) amount, list line 11g expenses on Schedule O.).	0.			
13 Office expenses	905,248.	669,883.	235,365.	
14 Information technology	720,815.	583,859.	136,956.	
15 Royalties	0.			
	3,475,639.	2,919,537.	556,102.	
	321,581.	321,581.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	0.			
9 Conferences, conventions, and meetings	3,750.		3,750.	
20 Interest	0.		5,750.	
Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	259,850.	218,274.	41,576.	
23 Insurance	200,000.	210,2/7.	тт, 570.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	275 766	275 766		
aCLASSROOM SUPPLIES	375,766.	375,766.		
bTEXTBOOKS/LIBRARY	77,006.	77,006.		
cLICENSING	587,576.	587,576.	01 000	
dSPECIAL EVENTS	233,446.	212,437.	21,009.	
e All other expenses	1,068,693.	1,050,597.	18,096.	
25 Total functional expenses. Add lines 1 through 24e	47,531,057.	36,390,697.	11,140,360.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
1010WITU 30F 30-2 (A30 930-720)	()			

0.

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following SOP 98-2 (ASC 958-720)

STRIVE PREPARATORY SCHOOLS

Page	1	1

orm 990				Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	718,406.	1	7,055,190.
2	Savings and temporary cash investments.	5,628,212.	2	5,583,950.
3	Pledges and grants receivable, net	280,663.	3	200,219.
4	Accounts receivable, net	15,577.	4	71,397.
5	Loans and other receivables from any current or former officer, director,			•
J	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
U U	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	0
ر ک	Notes and loans receivable, net	0.	7	0
Assets	Inventories for sale or use	106,013.	8	80,795.
AS 8	Prepaid expenses and deferred charges	148,069.	9	102,746
-	Land, buildings, and equipment: cost or other		5	
loa	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation	0.	10c	0.
11	Investments - publicly traded securities.	0.		0
12	Investments - other securities. See Part IV, line 11	0.		0
13	Investments - program-related. See Part IV, line 11	0.		0
14	Intangible assets	0.	10	0
15	Other assets. See Part IV, line 11	0.	17	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,896,940.	16	13,094,297
17	Accounts payable and accrued expenses	877,616.	17	436,464
18	Grants payable	0.		0
19	Deferred revenue.	15,000.	19	154,909
20	Tax-exempt bond liabilities.	0.		0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	-	0
	Loans and other payables to any current or former officer, director,			
itie	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	0.	22	0
²³ 23	Secured mortgages and notes payable to unrelated third parties	0.		0
24	Unsecured notes and loans payable to unrelated third parties	0.		393,031
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	26,034,949.	25	23,753,931.
26	Total liabilities. Add lines 17 through 25	26,927,565.	26	24,738,335.
ces	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
uni 130	Net assets without donor restrictions		27	
28 n	Net assets with donor restrictions.		28	
Assets or Fund Balances 8 2 2 9 6 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	5,615,043.	29	6,209,693
30 sta	Paid-in or capital surplus, or land, building, or equipment fund	0.	-	0,200,000
	Retained earnings, endowment, accumulated income, or other funds	-25,645,668.	30	-17,853,731.
a 32	Total net assets or fund balances	-20,030,625.	32	-11,644,038.
to 32 Z 33	Total liabilities and net assets/fund balances	6,896,940.	32	13,094,297.
- 55		0,000,010.	55	Form 990 (2019

Form 99	30 (2019)				Page	e 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	47		1,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-20	,03	0,6	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	7	,62	7,1	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	-11	,64	4,03	38.
Part					1	
	Check if Schedule O contains a response or note to any line in this Part XII					
				`	/es	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," ex Schedule O.	kpiain	IN			
•			2	_		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	plied	or			
	Separate basis Consolidated basis, or both.					
			2	h	x	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		· · -			
	separate basis, consolidated basis, or both:	eu on				
	Separate basis X Consolidated basis Both consolidated and separate basis					
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	reight	of			
C	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	-	c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	pium				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
vu	Single Audit Act and OMB Circular A-133?		3	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			b		
				Q	00	

SCHEDULE A (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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 72

		nt of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection	
Nam	e of t	ne organization						Employer identif	ication number	
	_	E PREPARAT						20-25621		
Ра					organizations must o			/	S	
	orga		-		t is: (For lines 1 through	-	-			
1					tion of churches desc					
2	Х				. (Attach Schedule E					
3		-	-	-	rganization described					
4			-		conjunction with a host	spital de	scribed ir	section 170(b)(1)(A)	(III). Enter the	
5		hospital's nam					d or one	rated by a governme	ental unit described in	
5		-	-	Complete Part II.)	a college of universit	y owned		alled by a governine	inal unit described in	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7									om the general public	
		-)(1)(A)(vi). (Compl			0		0	
8		A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	Part II.)				
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college	
		or university o	or a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or	
		university:								
10		receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt for the income and u on after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from Part III.)	in 331/3% of its	
11	Щ	•	•		usively to test for publ					
12		•	•						carry out the purposes	
									See section 509(a)(3).	
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а				-		-				
			-		regularly appoint or e		ajority of	the directors or truste	ees of the	
b	Г		-	-	te Part IV, Sections A ed or controlled in co		with ite	supported organizati	on(s) by baying	
D				-	organization vested in					
			-		, Sections A and C.	the barn	0 001001		age the supported	
с		-		-	ng organization opera	ted in co	onnectio	n with. and functiona	llv integrated with.	
			-		ns). You must comple				,,	
d			-		porting organization of				ted organization(s)	
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness	
	_			,	omplete Part IV, Sect					
е			-		a written determinatio				II, Type III	
	_				tionally integrated sup			ion.		
f				•	orted organization(s).				•••••	
g		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
	(1) 1		Sigarization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
					above (see instructions))	Yes	ment? No	instructions)	instructions)	
(
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	ıl									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 4869KO 5974 3/10/2021 5:52:54 PM

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	1	1		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2019 (li					14	%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the or	-					
	box and stop here. The organization q			-			
b	331/3% support test - 2018. If the org	•					
47.	this box and stop here. The organizati			-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
h	organization						
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organizati						-
	Explain in Part VI how the organization				-	-	
12	supported organization Private foundation. If the organization						
18	C C						
	instructions	<u></u>					· · · · · ·

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
1 a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
<u> </u>	or 1% of the amount on line 13 for the year Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						()
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	0	,	, ,	· · ·		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8	, column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen					· · ·	
17	Investment income percentage for 2019 (li			13, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the o						, and line
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2018. If the org		-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	0 1			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part	e A (Form 990 or 990-EZ) 2019 Supporting Organizations (continued)		I	Page 5
Part			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	NU
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Section	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		100	
а	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? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2019

	zations n	nust complete Sectio	ns A through E.		
Section 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 Section B - Minimum Asset Amount (A) Prior Year					
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			(optional)		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
	3				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)					
 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 	4				
	4				

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

Schedule A (Form 990 or 990-EZ) 2019

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Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
<u> </u>	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current rear
2	Amounts paid to perform activity that directly furthers exer		ad	
~	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ũ	(provide details in Part VI). See instructions.	and organization to roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Name of the organization

STRIVE PREPARATORY SCHOOLS

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

Employer identification number

20-2562193

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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, 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

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).

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) (2019)

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

JSA

б

5

4

3

2

1

Page 2

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20-2562193 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ Person Payroll 578,275. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Χ Person Payroll 315,000. \$ Noncash (Complete Part II for noncash contributions.) (d) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 Х Person Payroll 200,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 154,682. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 148,829. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 75,000. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

or 990-PF) (2019)		
RIVE PREPARATORY	SCHOOLS	

Employer identification	num
20-2562193	

(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$70,000.	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
8		\$39,300.	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
9		\$25,000.	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
10		\$17,500.	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
11		\$15,000.	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
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$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
14		\$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
15		\$10,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$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
17		\$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
18			Person X

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

Employer identification number 20-2562193

Part I

(a) No.

19

(a) No.

20

(a)

No.

21

(a)

No.

22

(a)

No.

23

(a)

No.

24

(4)		
LU.		

Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

		20-2562193
Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$6,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person

\$

\$

\$

(d)

Type of contribution

(d)

Type of contribution

Type of contribution

Х

Х

Payroll

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Noncash (Complete Part II for noncash contributions.)

6,531.

6,000.

5,500.

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

PAGE 26

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$3,343,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		

\$

1157863

		0
Employer	identification	number

20-2562193

Part I

(a) No.

25

(a) No.

26

(a) No.

(a) No.

(a) No.

(a) No.

JSA

Name of organization	STRIVE	PREPARATORY	SCHOOLS	

Employer identification number 20-2562193

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. rom 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
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

ime of or	rganization STRIVE PREPARATORY SCHO	OLS		Employer identification number 20-2562193
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if additio	ne year from any on ns completing Part II year. (Enter this info	ne contributor. Cor I, enter the total of rmation once. See	nplete columns (a) through (e) an <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held

(e) Transfer of gift

(c) Use of gift

(e) Transfer of gift

(c) Use of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

(b) Purpose of gift

(a) No. from Part I

(a) No. from Part I Relationship of transferor to transferee

Relationship of transferor to transferee

Relationship of transferor to transferee

(d) Description of how gift is held

(d) Description of how gift is held

SCHEE	DULE D	
(Form	990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Open to Public Inspection

20

OMB No. 1545-0047

19

Name of the	organization
STRIVE	PREPARATORY SCHOOLS
Part I	Organizations Maintaining Donor Advised Fu

Employer	identification	number

20-2562193

Ра	art I Organization	s Maintaining Donor Advi	ised Funds or Other Similar Funds o	or Accounts.
	Complete if t	he organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end o	f year		
2		ontributions to (during year)		
3		ants from (during year)		
4		d of year		
5		-	advisors in writing that the assets held	d in donor advised
	-		e organization's exclusive legal control?	
6	•		and donor advisors in writing that grant	
	-	-	fit of the donor or donor advisor, or for	
			· · · · · · · · · · · · · · · · · · ·	
Ра	art II Conservation	Easements.		
	Complete if t	he organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conserv	vation easements held by the	organization (check all that apply).	
	Preservation of	land for public use (for example	, recreation or education) Preservation	n of a historically important land area
	Protection of na			n of a certified historic structure
	Preservation of	open space		
2			eld a qualified conservation contribution	in the form of a conservation
	easement on the last			Held at the End of the Tax Year
а	Total number of conse	ervation easements		2a
b			· · · · · · · · · · · · · · · · · · ·	2b
с		•	historic structure included in (a)	2c
d			acquired after 7/25/06, and not on a	
				2d
3			nsferred, released, extinguished, or terr	minated by the organization during the
-	tax year 🕨			
4	•		rvation easement is located ►	
5			garding the periodic monitoring, inspec	
	-		sements it holds?	-
6			ecting, handling of violations, and enforcing	
	•	<i></i>		5 5 7
7	Amount of expenses in	ncurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	▶\$	0. 1		0, 1
8	Does each conservation	on easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
		-		
9			conservation easements in its revenue a	
			of the footnote to the organization's finan	
	organization's account	ting for conservation easeme	nts.	
Ра			of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if t	he organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization ele	cted, as permitted under FA	SB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treas	sures, or other similar asset	ts held for public exhibition, education to its financial statements that describes	h, or research in furtherance of public
b	· •			statement and balance sheet works of
D	art, historical treasure provide the following a	s, or other similar assets hel amounts relating to these iter	ld for public exhibition, education, or re ns:	search in furtherance of public service,
				▶\$
2	If the organization re	ceived or held works of a	rt, historical treasures, or other similar	assets for financial gain, provide the
			ASB ASC 958 relating to these items:	
а				▶\$
b	Assets included in For	m 990, Part X		· · · · · · · · • • •

Schedule D (Form 990) 2019

STRIVE PREPARATORY SCHOOLS

Schee	dule D (Form 990) 2019										Page 2
Ра	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Tre	asure	s, or	Other	Similar Asso	ets (co	ontinued	1)
3	Using the organization's acquisition	-									,
	collection items (check all that apply):										
а	Public exhibition		d	Loan d	or exch	ange	progra	m			
b	Scholarly research		e	Other							
с	Preservation for future gene	rations									
4	Provide a description of the organ		s and expla	ain how t	hev fu	rther	the or	anization's e	xempt	purpose	in Part
	XIII.				.,						
5	During the year, did the organization	on solicit or receive	donations o	of art. histo	orical tr	easu	res. or	other similar			
	assets to be sold to raise funds rath								Г	Yes	No
Pa	rt IV Escrow and Custodial A				<u> </u>						
	Complete if the organiza		es" on For	m 990, F	Part IV.	line	9. or r	eported an a	mount	on For	m
	990, Part X, line 21.			,	,		,				
1a	Is the organization an agent, truste	e. custodian or oth	er intermed	liarv for c	ontribu	tions	or othe	r assets not			
	included on Form 990, Part X?			-						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:	•••			•• -		
			•	0				Am	nount		
с	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am						stodial	account liability	v?	Yes	No
	If "Yes," explain the arrangement i										
	rt V Endowment Funds.			1				•		<u></u>	
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV.	line	10.				
	1 5	(a) Current year	(b) Prio			o years		(d) Three years	back	(e) Four ye	ars back
1.5	Beginning of year balance			-							
1a b	Contributions										
С	Net investment earnings, gains, and losses										
٦											
	Grants or scholarships Other expenditures for facilities										
е	-										
	and programs										
f	Administrative expenses										
g	End of year balance		and holono	o (lino 1 m		(2))	hald aa				
2 a	Provide the estimated percentage Board designated or quasi-endown		%	e (iine ig,	colum	i (a))	neid as				
h	Permanent endowment		/0								
c	Term endowment	%									
Ŭ	The percentages on lines 2a, 2b, a	- / -	100%								
3a	Are there endowment funds not in			ation that	are hel	d and	l admir	nistered for the			
ou	organization by:		no organize			u une	addini			Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
h	If "Yes" on line 3a(ii), are the related									3b	
4	Describe in Part XIII the intended	•								50	
-	rt VI Land, Buildings, and Equ			wittent tu	103.						
ιa	Complete if the organiz	ation answered "Y	es" on Foi	rm 990, l	Part IV	, line	11a. S	See Form 99	0, Par	t X, line	10.
	Description of property		r other basis stment)	(b) Cost (or other b ther)	asis		cumulated eciation	(d)	Book value	e
1a	Land	,	Sunony	(0			depi				
b	Buildings										
c	Leasehold improvements										
d	Equipment										
Tota	Other I. Add lines 1a through 1e. (Columr	n (d) must equal For	m 901 Part	X colum	n (R) lii	ne 10	c)				
			, i un	,	· (), m	.0 100	~ '/				

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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 NET PENSION LIABILITY 16,520,669. (2) (3) NET OPEB LIABILITY 1,333,062. PPP LOAN ADVANCE 5,900,200 (4)(5) (6)(7)(8) (9) 23,753,931. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000

STRIVE	PREPARATORY	SCHOOLS

a Add lines 2a through 2d a a 48,290,514. 3 Subtract line 2e from line 1 a a 48,290,514. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a 4a b Other (Describe in Part XIII.) 4a 4b 4c c Add lines 4a and 4b 4c 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5 48,290,514. 1 Total expenses and losses per audited financial statements 1 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2b 2a 2a b Prior year adjustments 2b 2a 2a 2a a Other (Describe in Part XIII.) 2a 2a 2a 2a 1 47,723,798. 4 Other (Describe in Part XIII.) 2a 2a 2a 2a 1 47,723,798. a Other (Describe in Part	Schedu	le D (Form 990) 2019		Page 4
1 Total revenue, gains, and other support per audited financial statements 1 48,322,197. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b a Net unrealized gains (losses) on investments 2c 31,683. c Recoveries of prior year grants. 2c 31,683. d Other (Describe in Part XIII.) 2c 31,683. a Add lines 2a through 2d 3 48,290,514. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48,290,514. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 2b 2c 1 47,723,798. 2 Donated services and use of facilities 2a 2a 2b 1 47,723,798. 3 Donated services and use of fa	Part		n.	
1 Total revenue, gains, and other support per addited minical statements 2 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants. 2d d Other (Describe in Part XIII.) 2d a Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 48, 290, 514. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4c 5 defines 4a and 4b 5 48, 290, 514. 4 Add lines 4a and 4b 4c 5 48, 290, 514. Fortal revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48, 290, 514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47, 723, 798. 1 Total expenses and losses per audited financial statements 2a 2a 2a 2a 2a 2a 1 47, 723, 798. 2 Amounts included on line 1 but not on		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 31,683. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48, 290, 514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47, 723, 798. 1 Total expenses and losses per audited financial statements 2a 1 47, 723, 798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 47, 723, 798. 2 Amounts included on line 1 Att on Form 990, Part IX, line 25: 2a 1 47, 723, 798. 3 Add lines 2a through 2d 2b 2c 1 96, 491. 3 47, 527, 307. 3	1	Total revenue, gains, and other support per audited financial statements	1	48,322,197.
a Not antiduced guins (bodde) facilities 2b 2c b Donated services and use of facilities 2c 2d 31,683. c Recoveries of prior year grants. 2d 31,683. 2e 31,683. a Add lines 2a through 2d 2d 31,683. 3 48,290,514. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a 4e a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 c Add lines 4a and 4b 4c 5 48,290,514. c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 48,290,514. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 2a 2a 2b 2 2 1 47,723,798. 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2b 2c 2e	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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e Add lines 2a through 2d 2e 31,683. 3 Subtract line 2e from line 1 3 48,290,514. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> , <i>line 12</i> .) 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 2a 2a 4 b Prior year adjustments 2a 2a 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 47,723,798. 3 Other (Describe in Part XIII.) 2c 2a 2a 2a 47,723,798. 3 Other (Describe in Part XIII.) 2a 2a 2a 2a 47,723,798. 4 Add lines 2a through 2d 2d 196,491. 3 47,527,307. 3 Subtract line 2e from line 1 2b	d	Other (Describe in Part XIII.)	·	
3 Subtract line 2e from line 1 3 48,290,514. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4c 5 48,290,514. c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48,290,514. Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 6 48,290,514. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 1 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c 2 Other (Describe in Part XIII.) 2e 196,491. 3 47,527,307. 4 Add lines 2a through 2d 3 47,527,307. 4 4a 3,750. 4 Amounts included on Form 990, Part IX, line 25, but not on li	е		2e	31,683.
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b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 2a 1 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 1 b Prior year adjustments 2c 2a 2a 1 c Other (Describe in Part XIII.) 2d 196,491. 2e 196,491. e Add lines 2a through 2d 3 47,527,307. 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,750. 4a 3,750.	а			
cAdd lines 4a and 4b4c5Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)548,290,514.Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.147,723,798.1Total expenses and losses per audited financial statements147,723,798.2Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities2a2abPrior year adjustments2c2ccOther losses.2c2ddOther (Describe in Part XIII.)2e196,491.3Subtract line 2e from line 1347,527,307.4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.4a3,750.	b			
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 48,290,514. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 47,723,798. 1 Total expenses and losses per audited financial statements 1 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2b 2b 2c 2 Other losses. 2c 2d 196,491. 3 Subtract line 2e from line 1 25, but not on line 1: 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,750. 3,750.	C		4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.1Total expenses and losses per audited financial statements147,723,798.2Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities2a2abPrior year adjustments2b2b2ccOther losses.2c2d196,491.dOther (Describe in Part XIII.)2d196,491.2e196,491.3Subtract line 2e from line 1347,527,307.4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b4a3,750.			5	48,290,514.
1 Total expenses and losses per audited financial statements 1 47,723,798. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2b 2b b Prior year adjustments 2b 2c 2d c Other losses. 2d 196,491. 2e 196,491. 3 Subtract line 2e from line 1 3 47,527,307. 4 4 Mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 3,750.	Part		urn.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	1	Total expenses and losses per audited financial statements	1	47,723,798.
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	2			
b Prior year adjustments 2b 2c c Other losses 2c 2d 196,491. d Other (Describe in Part XIII.) 2d 196,491. 2e 196,491. e Add lines 2a through 2d 2d 196,491. 3 47,527,307. 3 Subtract line 2e from line 1 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 3,750.	а			
c Other losses 2c 2d 196,491. d Other (Describe in Part XIII.) 2d 196,491. 2e 196,491. e Add lines 2a through 2d 2d 196,491. 3 47,527,307. 3 Subtract line 2e from line 1 3 47,527,307. 4a 3,750. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 3,750. 4a	b	Prior year adjustments		
d Other (Describe in Part XIII.) 2d 196,491. e Add lines 2a through 2d 2e 196,491. 3 Subtract line 2e from line 1 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 3,750. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,750.	C			
e Add lines 2a through 2d 2e 196,491. 3 Subtract line 2e from line 1 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 3,750. a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 3,750.	d	100 101	.	
3 Subtract line 2e from line 1 3 47,527,307. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 3,750. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,750.			2e	196,491.
4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		5	3	47,527,307.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,750.	-			
	-		.	
c Add lines 4a and 4b			4c	3,750.
				47,531,057.
Part XIII Supplemental Information.	Part			

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.

SEE PAGE 5

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STRIVE PREPARATORY SCHOOLS

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D REVENUE ON BOOKS, NOT ON RETURN: 31,683 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE

SCHEDULE D, PART XII, LINE 2D EXPENSE ON BOOKS, NOT ON RETURN: 31,683 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE 164,808 OPEB EXPENSE 196,491 TOTAL

SCHEDULE D, PART XII, LINE 4B EXPENSE ON RETURN, NOT ON BOOKS: 3,750 INTEREST EXPENSE NOT REPORTED AS AN EXPENDITURE ON THE GOVERNMENTAL FUND REPORT Department of the Treasury Internal Revenue Service

Schools

OMB No. 1545-0047

Open to Public

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.

Employer identification number

Name of the organization

Part I

STRIVE	PREPARATORY	SCHOOLS

20-2562193

			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 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	х	
		-		
	SEE SUPPLEMENTAL PAGE			
4	Describe exercise maintain the following?			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d		4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
h	Admissions policies?	5b		x
b		50		
с	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	Ea		x
е		5e		
f	Use of facilities?	5f		х
g	Athletic programs?	5g		X
				x
n	Other extracurricular activities?	5h		
_		_	37	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
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	
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or	990-EZ	Z) 2019

Page 2

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

SCHEDULE E, PART I, LINE 3

RACIALLY NONDISCRIMINATORY POLICY:

STRIVE PREPATORY SCHOOLS OPERATES IN ACCORDANCE WITH THE

NON-DISCRIMINATION POLICIES OF DENVER PUBLIC SCHOOLS. STRIVE DOES NOT

DISCRIMINATE IN STUDENT RECRUITMENT OR SELECTION BASED ON RACE OR ANY

OTHER FACTOR.

SCHEDULE E, PART I, LINE 6A

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY:

STRIVE RECEIVES GRANTS FROM THE STATE DEPARTMENT OF EDUCATION.

SCHEDULE G	Supplemental	Information Re	egarding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		he organization answe organization entered				19, or if the	2019
Department of the Treasury	N -		to Form 990				Open to Public
Internal Revenue Service	► G	o to www.irs.gov/Form	n990 for inst	ructions and	the latest information		Inspection
Name of the organization STRIVE PREPARAT(NAN CURUCIS					Employer identificat	ion number
	g Activities. Comp	lete if the organ	nization ar	swered "	Yes" on Form 99		17
	EZ filers are not re	-					
	the organization rais				activities. Check a	all that apply.	
a Mail solicita	tions	е	Solid	citation of I	non-government g	grants	
	email solicitations	f			government grant	S	
c Phone solic		g	Spe	cial fundra	ising events		
d In-person so 2a Did the organiza			with any in	مانينا مارانه	oluding officers	line et e re tructe e e	
or key employee b If "Yes," list the	is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	/ in connec	ction with p	orofessional fundra	aising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
3 List all states in	which the organiza	tion is registered	or licensed	to solicit	contributions or	has been notified	l it is exempt from
registration or lic	ensing.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. ина 9E1281 1.000 4869KO 5974 3/10/2021 5:52:54 РМ

Schedule G (Form 990 or 990-EZ) 2019

STRIVE PREPARATORY SCHOOLS

Sche	dule	e G (Form 990 or 990-EZ) 2019				Page 2
Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contributi			
		<u></u>	(a) Event #1 SHINE ON EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	97,980.			97,980
Å	2	Less: Contributions Gross income (line 1 minus	70,175.			70,175
	3	line 2)	27,805.			27,805
	4	Cash prizes				
	5	Noncash prizes	300.			300
enses	6	Rent/facility costs	6,279.			6,279
Direct Expenses	7	Food and beverages	15,011.			15,011
Direct	8	Entertainment	5,000.			5,000
	9	Other direct expenses	5,093.			5,093
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		31,683 -3,878
Ра		Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered ""			
Revenue		, , , , , , , , , , , , , , , , , , , 	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ř	1	Gross revenue				
enses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %			
			Νο	No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	•••••	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	.	
9 a		Enter the state(s) in which the org Is the organization licensed to con			es?	. Yes No
b		If "No," explain:				
0a		Were any of the organization's gaming				Yes No
b		If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2019

ule G (Form 990 or 990-EZ) 2019 Page	3
Does the organization conduct gaming activities with nonmembers? Yes	0
formed to administer charitable gaming?	0
• • • • • • • • • • • • • • • • • • • •	%
,	%
records:	
Name ►	
Address ►	
Does the organization have a contract with a third party from whom the organization receives gaming	
If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	0
amount of gaming revenue retained by the third party \blacktriangleright \$	
If "Yes," enter name and address of the third party:	
Name	
Address ►	
Gaming manager information:	
Name	
Gaming manager compensation ► \$	
Description of services provided	
Director/officer Employee Independent contractor	
Mandatory distributions:	
Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	0
Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	_
	Does the organization conduct gaming activities with nonmembers? Yes N Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity Yes N Indicate the percentage of gaming activity conducted in: 13a 13a The organization's facility 13a 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records: N Name ▶

Schedule G (Form 990 or 990-EZ) 2019

SCH	EDULE J	Compensati	ion Information		OMB No.	1545-0	047
(Forı	n 990)	For certain Officers, Directors,	Trustees, Key Employees, and Highest		എന	10	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	rtment of the Treasury ► Attach to Form 990. Ope						
-	Revenue Service of the organization		instructions and the latest information.	Employer identification		ectio r	n
STRIVE PREPARATORY SCHOOLS 20-2562193							
Part	Question	s Regarding Compensation					
						Yes	No
1a		propriate box(es) if the organization provided Section A, line 1a. Complete Part III to provid					
			Housing allowance or residence for				
			Payments for business use of perso	•			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the or reimburse	boxes on line 1a are checked, did the org ment or provision of all of the expense	anization follow a written policy re s described above? If "No," com	egarding paymen	1b		
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?				2		
3	organization's related organ	n, if any, of the following the organization use CEO/Executive Director. Check all that app ization to establish compensation of the CEC	ly. Do not check any boxes for metho D/Executive Director, but explain in P	ds used by a			
			Written employment contract				
	· · ·		Compensation survey or study				
			Approval by the board or compensation				
4	organization of	ar, did any person listed on Form 990, Part \ or a related organization:	-	-			
а	,				4a		X
b	n norther that the state of the			4b		X	
С				4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
а	6				5a		X
b	b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 6						X
6							
а	-	on?			6a		Х
b	Any related of	rganization?			6b		Х
_		e 6a or 6b, describe in Part III.					
7	payments not	listed on Form 990, Part VII, Section A, described on lines 5 and 6? If "Yes," describe	e in Part III.		7	х	
8	-	ounts reported on Form 990, Part VII, paid o contract exception described in Regula	-	-			
		· · · · · · · · · · · · · · · · · · ·			8		x
9		ine 8, did the organization also follow th					_
	Regulations s	ection 53.4958-6(c)?	<u></u>		9		

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

Schedule J (Form 990) 2019

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Page 2

Schedule J (Form 990) 2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

				;				
		(B) Breakdown of W-2 and	W-2 and/or 1099-MI	or 1099-MISC 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 deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRIS GIBBONS	Ξ	195,036.	0.	.0	31,547.	15,425.	242,008.	
CHIEF EXECUTIVE OFFICER		0.	0.	.0	.0	0.	.0	
JOSH DEVON	Ξ	154,036.	6,600.	.0	24,915.	15,425.	200,976.	
2 CHIEF FINANCIAL OFFICER/COO	1	.0	0.	.0	.0	0.	.0	
KRISTIN LEVINE	Ξ	134,584.	5,408.	.000,6	23,211.	6,219.	178,422.	
3 CHIEF ACADEMIC OFFICER	1	.0	0.	.0	.0	0.	.0	
SUSAN MORRIS	Ξ	129,127.	0.	.0	20,884.	6,432.	156,443.	
$4^{MANAGING}$ director	1	.0	0.	.0	.0	0.	.0	
ALEXA MASON	Ξ	120,333.	0.	4,750.	20,233.	9,503.	154,819.	
5 MANAGING DIRECTOR	1	.0	0.	.0	.0	0.	.0	
ELIZABETH PETERSON	Ξ	70,271.	0.	35,828.	11,482.	3,890.	121,471.	
6 FORMER CHIEF SCHOOLS OFFICER	1	.0	0.	.0	.0	0.	.0	
	Ξ							
7								
	(i)							
8	(
	Ē							
6	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	(i)							
15	(ii)							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2019

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STRIVE PREPARATORY SCHOOLS	

Schedule J (Form 990) 2019

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

SCHEDULE J, PART I, LINE 7

NON FIXED PAYMENTS:

BASED ON MEETING ACADEMIC PERFORMANCE TARGETS AT THE NETWORK, STRIVE MAY

PAY BONUSES TO ITS OFFICERS. THERE IS NO GUARANTEE THAT BONUSES WILL BE

PAID EACH YEAR.

JSA

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization STRIVE PREPARATORY SCHOOLS

20-2562193

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

SUCCESS FOR EVERY STUDENT THROUGH A DEMANDING EDUCATION OF HIGH

STANDARDS, STRUCTURE & ACCOUNTABILITY, STRIVE PREPARES STUDENTS FOR

EDUCATIONAL SUCCESS FROM ELEMENTARY THROUGH HIGH SCHOOL

FORM 990, PART VI, SECTION A, LINE 8B

DOCUMENT MEETINGS OR WRITTEN ACTION BY COMMITTEES ACTING ON BEHALF OF

GOVERNING BODY:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW THE FORM 990: INFORMATION FOR THE FORM 990 IS COMPILED BY THE CFO'S OFFICE AND PROVIDED TO THE THIRD PARTY PREPARER. A COPY OF THE 990 IS THEN PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO THE BOARD. IF A CONFLICT IS IDENTIFIED, COMMON OR INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OR OF A COMMITTEE

WHICH AUTHORIZES, APPROVES, OR RATIFIES THE CONFLICTING INTEREST TRANSACTION. WHERE AN INTERESTED DIRECTOR HAS BEEN COUNTED AS PART OF A QUORUM BUT ABSTAINS FROM VOTING, THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED DIRECTORS SHALL SUFFICE TO TAKE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A & 15B CEO COMPENSATION POLICY:

STRIVE'S COMPENSATION COMMITTEE EVALUATES THE CEO'S COMPENSATION BASED ON CEO'S ANNUAL PERFORMANCE EVALUATION. THE EVALUATION PROCESS IS IN ALIGNMENT WITH FOLLOWING PHILOSOPHY: CLARITY OF AND ACCOUNTABILITY TO NETWORK GOALS AND CEO'S LEADERSHIP & MANAGEMENT OF THE SYSTEM TOWARD MEETING THOSE GOALS. THE CEO'S COMPENSATION IS BASED ON A COMPREHENSIVE AND INCLUSIVE FEEDBACK LOOP WITH THE PURPOSE OF ASSESSING THE CEO'S CAPABILITIES AND THE NETWORK'S CURRENT AND FUTURE NEEDS. STRIVE'S COMPENSATION COMMITTEE ALSO SHARES THE APPROACH USED BY OTHER BOARDS OF CHARTER NETWORKS FOR THE PURPOSES OF COMPLETING THE CEO'S EVALUATION. THE CEO DETERMINES THE COMPENSATION OF THE OTHER OFFICERS OF STRIVE.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION COMPLIES WITH COLORADO HB10-1036, ALSO KNOWN AS THE PUBLIC SCHOOL FINANCIAL TRANSPARENCY ACT.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS:

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
STRIVE PREPARATORY SCHOOLS	20-2562193

7,627,130 CHANGE IN PENSION AND OPEB LIABILITY

IN ACCORDANCE WITH GASB 68 AND 75

	ATTACHME	NT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DENVER PUBLIC SCHOOLS 1860 LINCOLN STREET DENVER, CO 80203	SCHOOL DISTRICT SVCS	4,654,446.
KOKUA 73 W. MONROE CHICAGO, IL 60603	SUBSTITUTE TEACHING	566,425.

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organi Go to www	ted Organizations and Unrelated Partnerships if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, o ▶ Attach to Form 990. ► Go to <i>www.irs.gow/Form990</i> for instructions and the latest information.	I Unrelated In Form 990, Part I Form 990. Fuctions and the la	Partnershi V, line 33, 34, 35b, test information.	ips 36, or 37.		OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organization STRIVE PREPAR	organization PREPARATORY SCHOOLS					Employer identificatio 20-2562193	Employer identification number 20-2562193
Part I Iden	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on F	orm 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entitv
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II one	Identification of Related Tax-Exempt Organizations. (one or more related tax-exempt organizations during the	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	anization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	(g) 512 ntrolle
(1) W DENVER PRE	W DENVER PREP CHARTER SCHOOL BLDG CORP 46-1256741						Yes No
2480 W	26TH AVE, SUITE B-360 DENVER, CO 80211	REAL ESTATE	CO	501(C)(2)	LINE 2	STRIVE	X
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
For Paperwork F	For Paperwork Reduction Act Notice, see the Instructions for Form 9	- 066				Schedule R	Schedule R (Form 990) 2019
JSA							

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STRIVE PREPARATORY SCHOOLS

Schedule R	Schedule R (Form 990) 2019 Date III Identification of Related Organizations Taxable as a Partnership.	ted Organizations	s Taxable	as a Partnersh	iip. Comp	lete if th	ne organizatio	Complete if the organization answered "Yes" on Form 990, Part IV, line 34	s" on Forn	n 990, Part IV,	line 34,	č	Page 2
	because it had one or more related organizations treated as a partnership during the tax year.	more related org	anization	s treated as a p	artnership	o during t	the tax year.						
Ž	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Direct controlling entity	Predoi income unrel excludé tax u tax u sections £	(e) Predominant income (related, unrelated, excluded from tax under tax under sections 512 - 514)	(f) Share of total income	I Share of end-of- year assets	Disprepentionals allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	tage ship
(1)									2				
(2)													
(3)													
(4)													
(5)													
(9)													
(2)													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations d one or more rel	s Taxable ated orga	as a Corporati	ion or Tru ∢d as a co	ist. Com	plete if the or or trust durir	ganization answ g the tax year.	/ered "Yes	" on Form 990	, Part IV		
	(a) Name, address, and EIN of related organization) I of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Share of total income	al (g) Share of end-of-year assets		(h) (i) Percentage 512(b)(13) ownership controlled	(j) ection 2(b)(13) ntrolled
												Ye	Yes No
(1)													
(2)													
(3)													
(4)													
(5)													
(2)													
(9)													
Ĩ												-	_
ASL				-	_	-				Sched	Schedule R (Form 990) 2019	rm 990)	2019

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STRIVE PREPARATORY SCHOOLS

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STRIVE PREPARATORY SCHOOLS

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Page 3

Schedule R (Form 990) 2019					Page 3
ons With Related Organizations. Complete	if the organization answered "Yes"	s" on Form 990, Part IV, line 34,	t 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 No
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? a Received (1) interest (1) annuities (11) rovatrias or (14) rent from a controlled entity.	actions with one or more re	elated organizations lis	ted in Parts II-IV?	1a	×
Gift. grant. or capital contribution to related organization(s)				1	
				2	×
d Loans or loan guarantees to or for related organization(s)				-1d	X
e Loans or loan guarantees by related organization(s)				- 1e	~
f Dividends from related organization(s)	-	-	-	1	X
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s).				4	×
i Exchange of assets with related organization(s).			· · · · · · · · · · · · · · · · · · ·	= =	××
	· · · · · · · · · · · · · · · · · · ·				
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)	d organization(s)	•••••••••••••••••••••••••••••••••••••••		≂ ,	× >
	organization(s)			- - - - - - - - - - - - - - - - - - -	V X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	inization(s)				
				2	
p Reimbursement paid to related organization(s) for expenses.				1p	×
q Reimbursement paid by related organization(s) for expenses					X
. Other transfer of each or nervorate to related erronization(e)				-	X
				15	
2 If the answer to any of the above is "Yes," see the instructions for information on who must	n on who must complete th	iis line, including cove	complete this line, including covered relationships and transaction thresholds.	action threshol	ds.
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	.ermining /olved
(1) W DENVER PREP CHARTER SCHOOL BLDG CORP		д	237,759.	ACTUAL AI	AMOUNT
(2)					
(3)					
(4)					
(5)					
(6)					
JSA			Sch	Schedule R (Form 990) 2019	990) 2019

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Part VI Unrelated Organizations Taxable as a Partnership.	axable as a Partn		Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	nization ar	Iswered "Yes	on Form 95	0, Part IV	, line 37.		
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a pa janization. See instr	irtnership throuç uctions regardin	gh which the org ng exclusion for c	ganization c	conducted mor stment partner	e than five pe ships.	rcent of its	activities (meas	ured by tot	al assets
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Predominant income (related, unnelated, from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	() Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or managing partner?	(k) Percentage ownership
(1)				3						
(2)										
(3)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sch	Schedule R (Form 990) 2019	m 990) 2019

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STRIVE PREPARATORY SCHOOLS

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Page 5

 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2019

Form	990-Т	Ex	cempt Organization I (and proxy tax		siness Income [*] der section 6033(rn	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year beginr				2020.	<u>୭</u> ଲ10
Departi	ment of the Treasury		Go to www.irs.gov/Form9901			-		
	Revenue Service	► Do	not enter SSN numbers on this form as				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check bo	x if nai	me changed and see instruction	is.)		over identification number
	mpt under section		STRIVE PREPARATORY S					
X	501(C)(3)	Print or	Number, street, and room or suite no. If	a P.O	. box, see instructions.		-	562193
	408(e) 220(e)	Туре						ated business activity code structions.)
	408A 530(a)		2480 W 26TH AVE, SUI City or town, state or province, country					,
	529(a) k value of all assets		DENVER, CO 80211	, anu z	LIF OF IOTEIGHT POSTAL CODE			
	nd of year	F Gro	up exemption number (See instruction	ons.)	•			
1	3,094,297.		ck organization type X 501(,) trust	401(a)	trust Other trust
H En	ter the number of	the orga	nization's unrelated trades or busines	ses.	▶ 1	Describe	e the only	(or first) unrelated
tra	de or business her	e 🕨			If only one,	complete Parts I	-V. If more	e than one, describe the
firs	st in the blank spa	ice at the	end of the previous sentence, com	nplete	Parts I and II, complete a S	chedule M for ea	ch additior	nal
tra	de or business, the	en comple	ete Parts III-V.					
I Du	iring the tax year,	was the	corporation a subsidiary in an affilia	ated g	roup or a parent-subsidiary	controlled group?		▶ Yes X No
			identifying number of the parent cor	porati				
	e books are in care					ne number ▶ 72		
			or Business Income		(A) Income	(B) Expen	ISES	(C) Net
	Gross receipts or s							
	Less returns and allowa	-	c Balance ►	1c				
2			ule A, line 7)	2				
3			2 from line 1c	3				
			ttach Schedule D)	4a 4b				
			Part II, line 17) (attach Form 4797)	40 4c				
с 5			rUStS r an S corporation (attach statement)	5				
6				6				
7			come (Schedule E)	7				
8			ents from a controlled organization (Schedule F)	8				
9			1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11			lule J)	11				
12			tions; attach schedule)	12				
13	Total. Combine lin	nes 3 thr	ough 12	13	0.			
Par	t II Deduction	ns Not	Taken Elsewhere (See instr ne unrelated business incom		ons for limitations on c	deductions.) (I	Deducti	ons must be directly
14			directors, and trustees (Schedule K)	,			14	
15								
16								
17								
			(see instructions)					
			4562)					
21	Less depreciation	l claimed	on Schedule A and elsewhere on re	turn	21a		21b	
22								
23			compensation plans					
24			3					
25			Schedule I)					
26			chedule J)					
			chedule)					
			s 14 through 27					
			le income before net operating					
30		•	g loss arising in tax years beginnin	•		, .		
31 For P			e income. Subtract line 30 from line lotice, see instructions.	29.		<u></u>	31	Form 990-T (2019)

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Form	990-T (2019) STRIVE PREPARATORY SCHOOLS	20-2562193	Page
Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
3	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	(
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	50	
55	enter the smaller of zero or line 37	39	(
Dar	t IV Tax Computation	39	
		40	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	
11	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041),,,	44	
10		41	
12	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions Tatel Add lines 42, 42, and 44 to line 40, or 41, which over applies	44	
45 Dor	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 46a through 46d		
17	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	(
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments 51b 750.		
С	Tax deposited with Form 8868. 51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ► 51g		
52	Total payments. Add lines 51a through 51g	52	750
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	750
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	750
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization matching	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
	here		Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief, it
Sigr	true, corredocusigned by . Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	v the IDS diamon	thic return
Her		h the preparer sh	ເທຣ retur າown belov
	SignatureoD86682688613466 Date Title (see	e instructions)? X Ye	
	Print/Type preparer's name Preparer's signature Date Chara	PTIN	
Paid			58966
	arer	EIN > 44-016	
Jse	Only Firm's address ▶ 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848 Phone		
JSA			90-T (201
11 1.00	00 4869KO 5974 2/17/2021 11:01:22 AM 1157863		PAGE

Cumulative e-File History 2019

FED

Tax Return 4869KO	Return Type 990
Taxpayer Strive Preparatory Schools	
Submitted Date	2020-10-20 18:28:59
Acknowledgement Date	2020-10-20 19:03:38
Status	Accepted
Submission ID	84022720202945000045

Cumulative e-File History 2019

Federal Extension3

Tax Return 4869KO	Return Type 990
Taxpayer STRIVE PREPARATORY S	SCHOOLS
Submitted Date	2020-10-20 18:28:59
Acknowledgement Date	2020-10-20 19:03:38
Status	Accepted
Submission ID	84022720202945000034

STRIVE PREPARATORY SCHOOLS

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

7

8

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

1

2

3

1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ved or accrue	ed			
(a) From personal property (if the for personal property is more the more than 50%)		percenta	rom real and personal property age of rent for personal property if the rent is based on profit or	exceeds		directly connected with the income (a) and 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total		Total				
(c) Total income. Add totals of control here and on page 1, Part I, line 6,			(b) Total deduction Enter here and o Part I, line 6, colu	n page 1,		
Schedule E - Unrelated De			e instructions)			
1. Description of deb			2. Gross income from or allocable to debt financed		Deductions directly connected with or allocable to debt-financed property	
	r-innanced property		property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adjust of or alloca debt-financed (attach scheta) 	ble to property	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
T -4-1-				Enter her Part I, lin	e and on page 1, le 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals Total dividends-received deducti						
			<u> </u>			Form 990-T (2019)

Do the rules of section 263A (with respect to

property produced or acquired for resale) apply

to the organization?

6 Inventory at end of year

Cost of goods sold. Subtract line

6 from line 5. Enter here and in Part I, line 2 6

7

(see instructions)

Inventory at beginning of year

Purchases

Cost of labor

(attach schedule) 4a

b Other costs (attach schedule) _ 4b

Total. Add lines 1 through 4b . 5

4a Additional section 263A costs

Form 990-T (2019)

1

2 3

5

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Page 3

Yes

N/A

No

Form	990-T	(2019)
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Schedule F – Interest, Ann						raaniza	tions (so			562195 Page 4
Scheddler – Interest, Ann	unes, Royanies					-	IIUIIS (SE		0115)	
1. Name of controlled organization	2. Employer identification number	er 3. N	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations	I								1
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			inclu					11. Deductions directly onnected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals					Þ	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
Totals Schedule G-Investment Ir	ncome of a Sec	tion 501(c)(7).	(9). or (17) Orga	nizatio) (see ins	tructions)		
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				(,					, ,
(2)										
(3)										
(4)										
Totals								F		Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity Inc	come, Oth	her Th	an Advert	ising Ir	icome (see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directl connected productio unrelate business in	y I with on of ed	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25.
Totals ► Schedule J- Advertising Ir	come (see instru	uctions)								
Part I Income From Per			onsol	idated Rad	sis					
			5.1501							
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Adverting ain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. bl. 3). If mpute	(col. 5. Circu 3). If incor ute				7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2019)

Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)	•	
1. Name	2		Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)