# PUBLIC DISCLOSURE COPY

<sub>Eorm</sub> 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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	Addr			business as									1					
	chan	ge e change		er and street	(or P.O. l	box if mail is	not delivered	to street	addres	s)	Room/	suite	E Te	elephone nu	ımber			
	+	l return	248	0 W 26TI	H AVE	, SUIT	E B-360	)					(7	(720) 837-3544				
	Final	return/		town, state of		·			tal code	<del></del>			Ť					
	Ame		DEN'	VER, CO	8021	1							<b>G</b> G	ross receipt	s\$	54	,761	,604.
		cation		and address			CHRIS	GIB	BONS	,			_	Is this a gro	up retu		Yes	X No
	_ pend	ing	248	0 W 26T	H AVE	SUITE	B-360,	DEN	VER,	CO 802	211		H(b)	subordinate: Are all subor		ncluded?	Yes	☐ No
ī	Tax-ex	cempt st	tatus:	X 501(c)(3)		501(c) (	) <b>4</b> (ii	nsert no.	)	4947(a)(1)	or	527	<b>—</b> ` ′			list. See inst	tructions	
J	Webs	ite:	WWW.S	TRIVEPR		•	/ • (			- ( )( )			H(c)	Group exen	nption n	umber 🕨		
K	Form	of orgar	nization:	X Corporati	on	Trust	Association	О	ther >	•	L	Year of form	nation:	2005 <b>M</b>	State	of legal do	micile:	CO
Pa	art I	Su	ımmary											· · · · · ·				
	1	Briefly	y describ	e the organi	zation's	mission o	or most signi	ificant a	ctivities	SEE S	CHEDU	JLE O						
e				-			-											
Jan																		
Governance	2	Checl	k this box	▶ ☐ if	the orga	anization o	discontinue	d its ope	eration	s or dispos	ed of m	ore than 25	5% of its	s net asset	ts.			
တိ	3	Numb	per of vot	ing member	s of the	governing	body (Part	VI, line	1a) 🔒						3			11.
<b>න්</b> ගු	4	Numb	per of ind	ependent vo	ting me	mbers of	the governi	ng body	(Part \	VI, line 1b)					4			11.
Activities &	5			of individual											5			626.
cţi	6	Total	number o	of volunteers	(estima	ate if neces	sary)								6			11.
⋖	7a	Total	unrelated	d business re	evenue f	rom Part \	/III, column	(C), line	12 .						7a			0.
	b	Net u	nrelated	business ta	kable ind	come from	Form 990-T	, Part I,	line 1	1					7b			
												_		ior Year	10		rent Ye	
ne	8			and grants (										071,54	_			304.
Revenue	9			ce revenue (F									41,	822,19	_	38,		141.
Re	10			ome (Part \										110,48				712.
	11		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								4.0	286,297. 48,290,514.				215.		
	12												48,	290,51	0.	54,	/41 <b>,</b>	372.
	13			nilar amount										0.				0.
	14			o or for men									37,356,081.			35	811	927.
Expenses	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0.			33,	011,	0.		
ben										49,792		• • •	0.					
E	17			ng expenses s (Part IX, c	•								10	174,97	7.6	10.	120	784.
	18			s. Add lines										531,05				711.
	19			expenses. S									/	759,45				661.
or		110701	iluc icss	схрспаса. с	ubilaci	inic to noi	11 11110 12						ainnina	of Current	_		of Yea	
ets	20	Total	assets (P	art X, line 16	3)									094,29				153.
Ass Bal	21			(Part X, line										738,33				259.
Net Assets or Fund Balances	22			fund balance				20						644,03				106.
	rt II		gnature									,						
Un	der ne	nalties	of perjury,	I declare that	t I have	examined th	nis return, inc	luding a	ccomp	anying sched	dules and	statements	, and to	the best o	f my k	knowledge	and be	elief, it is
true	e, corre	ect, and	complete	Declaration o	t prepare	er (other tha	n officer) is ba	ased on a	all infor	mation of wh	nich prep	arer has any	knowle	dge.				
٠.			Josh	Desagle.										2/	17/2	2022		
Sig		8	Signature 09D8	of officer 36926B613466										Date				
He	re	_	JOSH I							CFO								
			• •	nt name and t	itle		Λ.		•	9								
Paic	1			arer's name			Preparer's	signature	9	/) :+	Dat			Check	」" │	PTIN		
	ı parer	ADA	M R SN				WW	M	-1	MU	02	2/11/20		self-employ		P009		6
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_				his return v		<del> </del>			(see ir	nstructions	)						es	No
For	Pape	rwork	Reduction	on Act Notic	e, see t	he separa	te instructio	ons.								For	ո 990	(2020)

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.		
Automatio	6-Month Extension of Time. Only subm	it original	(no copies needed).		
•	ions required to file an income tax return othe orm 7004 to request an extension of time to f		, -	0-C filers), partnerships, RE	EMICs, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number	er (TIN)
print	STRIVE PREPARATORY SCHOOLS			20-2562193	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.		
due date for filing your	2480 W 26TH AVE, SUITE B-360				
return. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
matructions.	DENVER, CO 80211				
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1
Application	1	Return	Application		Return
ls For		Code	Is For		Code
	or Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-E		02	Form 1041-A		08
Form 4720 Form 990-P	(individual)	03 04	Form 4720 (other that Form 5227	10	
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	Γ (trust other than above)	06	Form 8870		12
Telephor If the org If this is for the who a list with the	the No. ► 720 837-3544  If you are in the care of ► 2480 W 26TH AVE  The No. ► 720 837-3544  If you are a comparison of the group Return, enter the organization's found group, check this box  The names and TINs of all members the extension of the standard process.	business ir ur digit Gro f it is for pa ion is for.	Fax No.   the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the group is the group that the group that the group is the group that the group that the group is the group that th	ck this box	If this is and attach
	est an automatic 6-month extension of time u			$\frac{22}{2}$ , to file the exempt or	ganization return
▶ X  2 If the	tax year entered in line 1 is for less than 12 m	<u>1</u> , 20 <u>2</u> 0	O, and ending	06/30 , 20 eturn	21 .
	Change in accounting period	00 T 470	2 0000	toutether tour learning	
	application is for Forms 990-BL, 990-PF, 99 fundable credits. See instructions.	90-1, 4/20	o, or buby, enter the	=	<b>s</b> 0.
	s application is for Forms 990-PF, 990-T,	4720 0	r 6060 optor any re		1 <b>\$</b> 0.
	ated tax payments made. Include any prior yea				0.
	ce due. Subtract line 3b from line 3a. Include				<u> </u>
	ronic Federal Tax Payment System). See instru		, 11.10	·	s <b>s</b> 0.
	ou are going to make an electronic funds withdrawa		it) with this Form 8868. se		1 +
nstructions.	5 5	,	,		
	Act and Paperwork Reduction Act Notice, see instr	uctions.		For	rm <b>8868</b> (Rev. 1-2020)

# Cumulative e-File History 2020

FED

Tax Return **Return Type** 990

4869KO

**Taxpayer** STRIVE PREPARATORY SCHOOLS **Account** 5974

**Submitted Date** 2021-09-08 13:22:56 **Acknowledgement Date** 2021-09-08 14:00:04 **Status** Accepted

**Submission ID** 84022720212515000065

20-2562193 Form 990 (2020)

Fori	990 (2020) Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission:
	UCCESS FOR EVERY STUDENT THROUGH A DEMANDING EDUCATION OF HIGH
	TANDARDS, STRUCTURE AND ACCOUNTABILITY, STRIVE PREPARATORY SCHOOLS
	REPARES STUDENTS FOR EDUCATIONAL SUCCESS FROM ELEMENTARY THROUGH IGH SCHOOL.
2	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?  Yes X No.
_	"Yes," describe these new services on Schedule O.
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others to the expenses, and revenue, if any, for each program service reported.
4a	Code:)(Expenses \$35,360,544. including grants of \$0)(Revenue \$38,293,854) TRIVE PROVIDES AN INTENSIVE CURRICULUM WITH A STRONG FOCUS ON
	KILL DEVELOPMENT TO STUDENTS IN GRADES K-12 FOR EDUCATIONAL
	UCCESS FROM ELEMENTARY SCHOOL THROUGH HIGH SCHOOL, BENEFITING
	VER 3,400 STUDENTS.
	VER 5/100 BIODERIE.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	the construction of Describer on Orbertal CO
4d	ther program services (Describe on Schedule O.)
4-	Expenses \$ including grants of \$ ) (Revenue \$ )  otal program service expenses > 35,360,544.
46	otal program service expenses ► 35,360,544.

Form 990 (2020) Page **3** 

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 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................................. Χ 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 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Χ **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

JSA 0E1021 1.000

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		V	NI -
22	Did the averagization report more than 65 000 of grants as other assistance to as for demostic individuals an		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			7.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	Х	
35.2	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2020)

Par	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 626			
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)			
3 a	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	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		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

STRIVE PREPARATORY SCHOOLS Form 990 (2020) 20-2562193

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. See instructions.

	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   11	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
٠	one or more members of the governing body?	7a		X
h	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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
_		8a	Х	
a	The governing body?	8b		X
b	Each committee with authority to act on behalf of the governing body?	0.0		
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? <i>If</i> "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	_	, )	
0001	on b. I onoics (This decitor b requests information about policies not required by the internal Nevenue	Oodo	Yes	No
		10a	Х	
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	IZa	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X	X
13	Did the organization have a written whistleblower policy?	13	v	^
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3.7
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process 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		X
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			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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-	Γ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOSH DEVON 2480 W 26TH AVE, SUITE B-360 DENVER, CO $80211$	ds ►		

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# TODLIC DISCLOSURE COP

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more	e than or trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHRIS GIBBONS	40.00									
CHIEF EXECUTIVE OFFICER	0.			х				189,563.	0.	48,418.
(2) KRISTIN LEVINE	40.00							100,000.	<u> </u>	10,110.
CHIEF ACADEMIC OFFICER	0.			X				161,246.	0.	33,866.
(3) JOSH DEVON	40.00							,		
CHIEF FINANCIAL OFFICER	2.00			х				152,063.	0.	42,000.
(4) ALEXA MASON	40.00									
MANAGING DIRECTOR	0.					Х		136,090.	0.	33,326.
(5) ELISHA ROBERTS	40.00									
CHIEF ACADEMIC OFFICER	0.			Х				127,754.	0.	26,518.
(6) MIKA KRAUSE	40.00									
MANAGING DIRECTOR	0.					Х		118,350.	0.	25,399.
(7) SUSAN MORRIS OVUWORIE	40.00									
MANAGING DIRECTOR	0.					X		121,500.	0.	20,931.
(8) JESSICA SAVAGE	40.00									
PRINCIPAL	0.					Х		105,785.	0.	26,918.
(9) JOHN HOLMES	40.00									
PRINCIPAL	0.					X		104,428.	0.	23,020.
(10) ANDREW HUBER	40.00									
CHIEF OPERATIONS OFFICER	0.			Х				85,908.	0.	30,495.
(11) DANIELLA MORELLO	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	0.			Χ				85,385.	0.	29,211.
(12) HELEM ARANGUTI	12.00									
BOARD MEMBER	0.	Х						9,024.	0.	1,543.
(13) AMBER VALDEZ	2.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(14) KAYLA TIBBALS	2.00									
BOARD VICE CHAIR	0.	X		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		y ⊨n	ıpıo			and F	ııgı					
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am	(F) timated ount of other pensatio	f
	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-MISC)	orga and	om the anizatio I related nization	t
15) DIETZ FRY	2.00											
BOARD TREASURER	2.00	X		Х				0	0.			C
16) REED DIXON	2.00											
BOARD SECRETARY	0.	Х		X				0	0.			C
L7) ABI FADEYI	2.00											
BOARD MEMBER	0.	Х						0	0.			C
L8) ABENICIO RAEL	2.00											
BOARD MEMBER	0.	Х						0	0.			C
L9) JOSH RAEL	2.00											
BOARD MEMBER	0.	Х						0	0.			(
20) PETER GROFF	2.00											
BOARD MEMBER	0.	X						0	0.			(
21) ULYSSES ESTRADA	2.00											
BOARD MEMBER	0.	Х						0	0.			(
22) LETICIA GONZALEZ	2.00											
BOARD MEMBER	0.	X						0	0.			C
1b Sub-total								1,397,096.	0.	3	41,6	
c Total from continuation sheets to Part VII, S	ection A							0.	0.		4.7	0.
d Total (add lines 1b and 1c)							<u> </u>	1,397,096.	0.	3	41,6	)45.
2 Total number of individuals (including but not reportable compensation from the organization			liste	d ai	DOV	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	' If	"Yes	;"	complete Schedu	ıle J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.

		Check if Schedule O contains a resp	oonse or note to an	y line in this Part ∖	/		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	)				
۾ ج	С	Fundraising events	96,960.				
ifts ar A	d	Related organizations	ı				
	e	Government grants (contributions) 1e	8,928,850.				
Sin	f	All other contributions, gifts, grants,					
er Eti		and similar amounts not included above . 1f	7,430,494.				
휻	q	Noncash contributions included in					
d if			\$ 24,510.				
ပို့ မြ	h			16,456,304.			
			Business Code				
9	2a	PER PUPIL REVENUE	611710	29,565,221.	29,565,221.		
ه چَ	b	DISTRICT MILL LEVY	611710	8,542,920.	8,542,920.		
Se			-				
am ³Ve	G C		_				<u> </u>
Res	a		-				
Program Service Revenue	e ,	All other program service revenue	-				+
_	f g	Total. Add lines 2a-2f		38,108,141.			
	3	Investment income (including dividend					
		other similar amounts)		10,712.			10,712.
	4	Income from investment of tax-exempt bo		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•	0.			
	7a	Gross amount from (i) Securities					
		sales of assets					
		other than inventory 7a					
Φ	h	Less: cost or other basis					
Revenue	"	and sales expenses 7b					
š	_	Gain or (loss) 7c					
	d	Net gain or (loss)	<b></b>	0.			
Other							
ŏ	8a	Gross income from fundraising events (not including \$96,960.					
		of contributions reported on line					
		' .	a 734.				
		10). 0001 (1111)	<b>b</b> 20,232.				
	b	Less: direct expenses	- 1	-19,498.			-19,498.
	9a	Gross income from gaming		2,120.			2,220.
	Ja	9 9	<b>a</b> 0.				
	h	· ·	<b>b</b> 0.				
	b	Net income or (loss) from gaming activitie	~	0.			
	10a	Gross sales of inventory, less					
	Tua	returns and allowances	)a 0.				
	b		<b>0b</b> 0.				
	C	Net income or (loss) from sales of inventory		0.			
S		, ,	Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	185,713.	185,713.		
ane	b						
ella	C						
isc R	d	All other revenue					
Σ		Total. Add lines 11a-11d		185,713.			
	12	Total revenue. See instructions		54,741,372.	38,293,854.		-8,786.
JSA							- 000 (0000)

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JSA 0E1051 1.000 4869KO 5974 2/17/2022 8:15:22 PM

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, 0 foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 998,760. 755,691. 193,277 49,792. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 26,915,655 20,186,741. 6,728,914 7 Other salaries and wages 8 Pension plan accruals and contributions (include 4,434,483. 3,325,862. 1,108,621 section 401(k) and 403(b) employer contributions)  $\overline{2,23}7,645$ . 2,983,526. 745,881 512,503. 384,377. 128,126. 11 Fees for services (nonemployees): 0 a Management 20,766. 20,766 51,703. 51,703. c Accounting 0 **d** Lobbying 0. e Professional fundraising services. See Part IV, line 17, 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 2,071,494. 1,636,484. 435,010. (A) amount, list line 11g expenses on Schedule O.) 30,761 30,761. 12 Advertising and promotion 938,505. 694,494. 244,011. 13 Office expenses 1,072,358. 868,610. 203,748. 14 Information technology 15 Royalties 3,247,222. 2,727,666. 519,556 Occupancy 16 112,982. 112,982. 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 75,208 75,208. Interest 0 21 Payments to affiliates Depreciation, depletion, and amortization 22 192,296. 161,529. 30,767. Insurance 23 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.) aCLASSROOM SUPPLIES 329,473. 329,473. bTEXTBOOKS/LIBRARY 52,067. 52,067. cLICENSING 590,025. 590,025. dSPECIAL EVENTS 304,900. 277,459. 27,441. 1,031,024. 1,019,439. 11,585. e All other expenses 45,965,711. 35,360,544. 10,555,375 49,792. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the

0

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organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)		(B)
	Ι.		Beginning of year 7,055,190.		End of year 10,427,644.
	1	Cash - non-interest-bearing	5,583,950.	1	3,994,661.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	200,219.	3	1,404,870.
	4	Accounts receivable, net	71,397.	4	330,719.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
SS	8	Inventories for sale or use	80,795.	8	91,443.
⋖	9	Prepaid expenses and deferred charges	102,746.	9	116,816.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	_		_
	b	Less: accumulated depreciation		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.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,094,297.	16	16,366,153.
	17	Accounts payable and accrued expenses	436,464.	17	953,546.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	154,909.	19	295,454.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	393,031.	24	396,781.
	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	23,753,931.	25	16,077,478.
	26	Total liabilities. Add lines 17 through 25	24,738,335.	26	17,723,259.
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	6,209,693.	29	14,720,373.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
\ss	31	Retained earnings, endowment, accumulated income, or other funds	-17,853,731.	31	-16,077,479.
et /	32	Total net assets or fund balances	-11,644,038.	32	-1,357,106.
ž	33	Total liabilities and net assets/fund balances	13,094,297.	33	16,366,153.
_	1		-,,	55	Form <b>990</b> (2020)

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i Oiiii əs	90 (2020)			га	ge IZ				
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		741,3					
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,9	45,965,711.					
3	Revenue less expenses. Subtract line 2 from line 1	3	8,5	8,775,661.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-11,6	-11,644,038.					
5	5 Net unrealized gains (losses) on investments								
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	1,5	511,2	271.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	-1,3	357,1	L06.				
Part									
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain ir	n						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were con								
	reviewed on a separate basis, consolidated basis, or both:	•							
	Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?		2b	X					
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi								
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht o	f						
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		Х					
	If the organization changed either its oversight process or selection process during the tax year, ex								
	Schedule O.		-						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the	2						
Ju	Single Audit Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the	e						
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at	•							

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# PUBLIC DISCLOSURE COPY

#### **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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

STI	RIVE	PREPARATORY SCHOOL	LS				20-25621	93	
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	X A	A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	)(iii). Enter the	
		nospital's name, city, and st							
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governme	ental unit described in	
	s	section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local go	_			-			
7	7 🔲 An organization that normally receives a substantial part of its support from a governmental unit or from the general publi							om the general public	
		described in <b>section 170(b)</b>		-					
8		A community trust describe							
9		An agricultural research org	=			-	-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or	
		university:							
10	r	An organization that norma receipts from activities rela support from gross investme acquired by the organization organization organization organization.	ted to its exempt f nent income and u n after June 30, 1	functions, subject to conrelated business tax 1975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its	
11 12		An organization organized a An organization organized a	•	•	-			narry out the nurnesse	
12		of one or more publicly su	•	-	-				
		Check the box in lines 12a t							
_		1	•	• •			·	• • •	
а		Type I. A supporting orgation the supported organization	•	•	•		• , ,		
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors of truste	ees of the	
b		Type II. A supporting org	-			with ite	supported organizati	on(s) by having	
		control or management of	•						
		organization(s). You must			tiro carri	o po.co.	io that control of mar	lago ino oapportoa	
С		Type III functionally integ			ated in co	onnectio	n with and functiona	lly integrated with	
		its supported organization						,g. a.ca,	
d		Type III non-functionally						ted organization(s)	
-		that is not functionally inte					• • • • • • • • • • • • • • • • • • • •	• ,	
		requirement (see instructi	-		-		•		
е		Check this box if the orga	•	•				II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported							
g	Prov	vide the following information	on about the suppo	orted organization(s).					
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,	,	
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	1 ,		, ,	'	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,		.,		. ,	· ·
2	Tax revenues levied for the 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)  Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(a) 2010	(6) 2017	(6) 2010	(u) 2013	(6) 2020	(i) rotai
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	ee instructions)				12	
13	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (lin						<u>%</u>
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org						
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2019. If the org						
4-	this box and <b>stop here.</b> The organization			_			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10%-facts-and-circumstances test - 2						
2	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					_	-
	organization			•	•		
18	Private foundation. If the organizatio						
-	instructions						

Schedule A (Form 990 or 990-EZ) 2020

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			,		,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees				.,	,	
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
3	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	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						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						+
13							
	and 12.)	41		 	6:641- 4		F04(-)(2)
14	First 5 years. If the Form 990 is for	-					
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Supp			(f\)		1.5	0/
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment			40 1		T .= 1	
17	Investment income percentage for 2020 (lin	,	•	· · · · ·			%
18	Investment income percentage from 2019						%
19 a	331/3% support tests - 2020. If the org	_					
	17 is not more than 331/3 %, check this	-	•	•			
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than $331/3\%$ , check	this box and s	top here. The or	ganization qualif	ies as a publicly	supported orga	nization 🕨 🔼
20	Private foundation If the organization d	lid not check :	hov on line 1	1 10a or 10h	check this how	and see instr	uctions

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#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

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.)

9b 9c 10a 10b

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (se	e instr	uctions	s).
			Yes	_
2	Activities Test. Answer lines 2a and 2b below.			
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? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Zu		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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	· · · · · · · · · · · · · · · · · · ·			
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting	g organization

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(see instructions).

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

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any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

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STRIVE PREPARATORY SCHOOLS

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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 A (Form 990 or 990-EZ) 2020

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

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Schedule of Contributors

**Employer identification number** 

STRIVE PREPARATORY SCHOOLS 20-2562193 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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) (2020)

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

Name of organization STRIVE PREPARATORY SCHOOLS

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$8,674,924.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization STRIVE PREPARATORY SCHOOLS

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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

Name of organization STRIVE PREPARATORY SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	N/A	\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
15	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
16	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
17	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
18	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)				

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

Name of organization STRIVE PREPARATORY SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	N/A	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	N/A	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	N/A	\$9,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	N/A	\$8,100.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	N/A	\$8,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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

Name of organization STRIVE PREPARATORY SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	N/A	\$7,869.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	N/A	\$ 7,551.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	N/A	\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	N/A	\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

Name of organization STRIVE PREPARATORY SCHOOLS Employer identification number 20-2562193

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
31	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
32	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
33	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
34	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization STRIVE PREPARATORY SCHOOLS

		20-2562193
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	STOCK		
		\$\$	12/09/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization STRIVE PREPARATORY SCHOOLS Employer identification number 20-2562193

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed.									
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held						
Part I		(c) Use of gift								
	(e) Transfer of gift									
	Transferee's name, address, at			nship of transferor to transferee						
(a) Na										
(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, a	nd ZIP + 4	Relationship 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									
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee						
			- <del></del>							
(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, ar		Relationship of transferor to transferee							

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

# PUBLIC DISCLOSURE COPY

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number STRIVE PREPARATORY SCHOOLS 20-2562193 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020

▶ \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt    Organizations Maintain	ing Collect	ions of	Art, Histo	rical Tre	asures	s, or	Other	Similar As	ssets (d	continued,	)
3												
	collection items (check all that app	ly):										
а	Public exhibition			d	Loan	or excha	ange	prograi	m			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the orga		llections	s and expla	ain how t	hey fur	rther	the or	ganization's	exemp	t purpose	in Part
	XIII.					,		•	•			
5	During the year, did the organization	on solicit or r	eceive o	donations o	f art. histo	orical tr	easu	res. or	other simila	r		
	assets to be sold to raise funds rati										Yes	No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza 990, Part X, line 21.	_		es" on For	m 990, F	Part IV,	line	9, or r	eported an	amour	nt on Forn	n
1a	Is the organization an agent, trus	tee, custodi	an or o	ther interm	ediary fo	or conti	ributi	ons or	other asse	ts not		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII a	nd com	plete the fol	lowing tak	ole:						
			·		J					Amount		
С	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an am						$\overline{}$	stodial	account liab	ility?	Yes	No
	If "Yes," explain the arrangement i											
	rt V Endowment Funds.				1							
	Complete if the organiza	ation answe	ered "Ye	es" on For	m 990. F	Part IV.	line	10.				
	- 1 3	(a) Curren		(b) Prio		(c) Tw			(d) Three yea	ars back	(e) Four yea	ars back
4 -	Danissis safaras halanas			(-)	,				(-,		(-)	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	column	າ (a))	held as	•			
а	Board designated or quasi-endown			_%								
	Permanent endowment >	%										
С	Term endowment	_%		1000/								
_	The percentages on lines 2a, 2b, a		-									
3a	Are there endowment funds not in	the possess	sion of th	ne organiza	ition that	are nei	d and	d admir	nistered for ti	ne	Ye	o No
	organization by:											s No
	(i) Unrelated organizations										3a(i)	-
	(ii) Related organizations										3a(ii)	
_	If "Yes" on line 3a(ii), are the relat	•		•			(?				3b	
	Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
Pa	rt VI Land, Buildings, and Equation Complete if the organizer	u <b>ipment.</b> ation answe	ered "Y	es" on For	m 990 I	Part IV	line	11a S	See Form 9	990 Pa	rt X line	10
	Description of property			other basis	(b) Cost of			(c) Acc	cumulated		l) Book value	
			(inves	tment)	(0	ther)		depr	eciation			
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
<u>e</u>	Other											
Tota	I. Add lines 1a through 1e. (Column	n (d) must ed	qual Forr	m 990, Part	X, columi	า (B), Iir	ne 10	c.)	▶			

Schedule D (Form 990) 2020

20-2562193

Schedule D (Form 990) 2020			Page <b>3</b>
Part VII Investments - Other Securities. Complete if the organization answe	red "Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year marke	
(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.)			
Part VIII Investments - Program Related. Complete if the organization answe		□     □	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	
		Cost or end-of-year marke	et value
<u>(1)</u>			
_(2)			
<u>(3)</u>			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answe	red "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	Description		(b) Book value
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (	(D) lino 15 )		
Part X Other Liabilities.	<i>B)</i> IIII <i>e</i> 15.)		
Complete if the organization answe line 25.	red "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forr	m 990, Part X,
1. (a) Des	cription of liability		(b) Book value
(1) Federal income taxes			
(2) NET PENSION LIABILITY			15,299,022.
(3) NET OPEB LIABILITY			778,456.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25)		16 077 470
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2			16,077,478.
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FA			

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Schedule D (Form 990) 2020 Page 4

Part	Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	54,761,604.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
– a	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	20,232.			
3	Subtract line 2e from line 1	3	54,741,372.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	54,741,372.			
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.				
1	Total expenses and losses per audited financial statements	1	46,175,716.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	.				
b	Prior year adjustments	.				
С	Other losses	.				
d	Other (Describe in Part XIII.)		005 010			
е	Add lines 2a through 2d	2e	285,213.			
3	Subtract line 2e from line 1	3	45,890,503.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-				
b	Other (Describe in Part XIII.)		75 200			
_ C	Add lines 4a and 4b	4c	75,208.			
5 Dow4	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	45,965,711.			
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn PAGE 5					

#### 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:

20,232 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE

SCHEDULE D, PART XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

20,232 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE

264,981 OPEB EXPENSE

285,213 TOTAL

SCHEDULE D, PART XII, LINE 4B

EXPENSE ON RETURN, NOT ON BOOKS:

75,208 INTEREST EXPENSE NOT REPORTED AS AN EXPENDITURE ON THE

GOVERNMENTAL FUND REPORT

Schedule D (Form 990) 2020

#### SCHEDULE E (Form 990 or 990-EZ)

101111 000 01 000 22

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

Га				
	Done the committee have a majeth, mandiscriminate, malies to several attraction to statement in its about.		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	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the			
	general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	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	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	40	21	
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	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
	Advisaione valiaion			Х
b	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		Х
-	Ludeational policies:	Je		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
••	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." explain on Part II.	7	x	
	A US OF REVEROE (SECOND IN SECOND SECOND DESCRIPTION OF A US OF REVERSION OF A SECOND			

#### STRIVE PREPARATORY SCHOOLS

Schedule E (Form 990 or 990-EZ) (2020)

**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 NONDISCRIMINATRORY POLICY:

STRIVE PREPARATORY 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 E (Form 990 or 990-EZ) (2020)

20-2562193

#### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service

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

Open to Public Inspection

	e organization					Employer identification	on number
	PREPARATORY SCHOOLS					20-2562193	
Part I	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Ind	icate whether the organization ra	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	grants	
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	3			g		
or   <b>b</b> If "	If the organization have a written of key employees listed in Form 990 Yes," list the 10 highest paid ind mpensated at least \$5,000 by the	), Part VII) or entity ividuals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	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							
Total				<b>.</b>			
3 Lis	t all states in which the organiza jistration or licensing.			d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2020

20-2562193 Schedule G (Form 990 or 990-EZ) 2020

_		e G (Form 990 or 990-EZ) 2020				Page <b>2</b>
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrated events with gross receipts greaters.	aising event contributi			
			(a) Event #1 2021 SHINE ON	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	97,694.			97,694
ď	2	Less: Contributions Gross income (line 1 minus	96,960.			96,960
	<u> </u>	line 2)	734.			734
	4	Cash prizes				
	5	Noncash prizes	250.			250
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	12,548.			12,548
Direct	8	Entertainment	1,000.			1,000
	9	Other direct expenses	6,434.			6,434
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	20,232 -19,498
Га		<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin	ie 6a.	res on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes% No	Yes%	
	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 k		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10a k		Were any of the organization's gamino				Yes No

#### STRIVE PREPARATORY SCHOOLS

20-2562193

Sched	dule G (Form 990 or 990-EZ) 2020	Pag	e <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	'es N	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
		'es 🔙 N	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	,		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		'es N	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
_	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
_		'es N	No
b	—···· ··· ··· ··· ··· ··· ··· ··· ··· ·		
Dan	or spent in the organization's own exempt activities during the tax year  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		—
Par	<b>**EIV Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v), as Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informatio (see instructions).		

Schedule G (Form 990 or 990-EZ) 2020

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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 boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
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	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	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	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	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		3,7	
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			7.7
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2020

STRIVE PREPARATORY SCHOOLS 20-2562193

Schedule J (Form 990) 2020 Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation			benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	189,563.	0.	0.	32,412.	16,006.	237,981.	
1CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.				
JOSH DEVON	(i)	152,063.	0.	0.	25,994.	16,006.	194,063.	
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.				
ELISHA ROBERTS	(i)	127,754.	0.	0.	21,835.	4,683.	154,272.	
	(ii)	0.	0.	0.				
	(i)	152,765.	0.	8,481.	27,523.	6,343.	195,112.	
	(ii)	0.	0.	0.				
ALEXA MASON	(i)	123,390.	200.	12,500.	23,296.	10,030.	169,416.	
5MANAGING DIRECTOR	(ii)	0.	0.	0.				
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

STRIVE PREPARATORY SCHOOLS 20-2562193

Schedule J (Form 990) 2020 Page 3

### Part | Supplemental Information

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.

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.

### 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.

OMB No. 1545-0047

2020

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Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 20-2562193

Name of the organization

FORM 990, PART I, LINE 1

STRIVE PREPARATORY SCHOOLS

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

Employer identification number

20-2562193

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.

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:

FORM 990, PART VI, SECTION C, LINE 19

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

STRIVE PREPARATORY SCHOOLS

Employer identification number

20-2562193

1,511,271 CHANGE IN PENSION AND OPEB LIABILITY

IN ACCORDANCE WITH GASB 68 AND 75

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DENVER PUBLIC SCHOOLS SCHOOL DISTRICT SVCS 4,259,550.

1860 LINCOLN ST DENVER, CO 80203

KOKUA SUBSTITUTE TEACHING 331,726.

73 W MONROE

CHICAGO, IL 60603

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
						Yes	No
(1) W DENVER PREP CHARTER SCHOOL BLDG CORP 46-1256741 2480 W 26TH AVE, SUITE B-360 DENVER, CO 80211	REAL ESTATE	CO	501(C)(2)		STRIVE	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

	Hartification of Balance Commissions Translations and Designation of the commission	Ξ
Dow4 III	identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
Part III	<b>Identification of Related Organizations Taxable as a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	
	pecause it had one of more related organizations treated as a partnership during the tax year.	

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	n) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	oox 20 managing e K-1 partner?		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
		country)		30000010 012 011)			Yes	No		Yes	No															
(1)																										
(2)																										
(3)																										
(4)	-																									
(5)	_																									
(6)	_																									
<u>(7)</u>	-																									

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

Schedule R (F	Form 990) 2020	Page .
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		١	'es	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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. Ľ	1a		Х
	Gift, grant, or capital contribution to related organization(s)		1b		Χ
	Gift, grant, or capital contribution from related organization(s)		1c		Х
	Loans or loan guarantees to or for related organization(s)		1 d		Х
е	Loans or loan guarantees by related organization(s)	·	1 e		X
f	Dividends from related organization(s)		1f		Х
a	Sale of assets to related organization(s)	. [-	1 g		Х
	Purchase of assets from related organization(s).		1h		Х
i	Exchange of assets with related organization(s).		1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)		1j		Х
,	20000 of facilities, equipment, of earlier access to foldated enganization(o), 111111111111111111111111111111111111	•			
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)		11		Х
	Performance of services or membership or fundraising solicitations by related organization(s).		lm		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	• -	1n	Х	
	Sharing of paid employees with related organization(s)		10	Х	
·	onaling of paid employees with related organization(s)	•			
n	Reimbursement paid to related organization(s) for expenses		1 p	Х	
-	Reimbursement paid by related organization(s) for expenses		1 q		X
ч	Troiling also monte palle by rolated organization (o) for expenses a first fir	•			
r	Other transfer of cash or property to related organization(s)		1r		Х
s		:   7	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	resh	olds		
	(a) (b) (c)		d)		
	Name of related organization Transaction Amount involved Methods (a-s) and type (a-s)	od of nount			J
	ypo (a o)	·Juill			

	,		
(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) W DENVER PREP CHARTER SCHOOL BLDG CORP	Р	244,368.	ACTUAL AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													-
(13)													
(14)													
(15)													
(16)													
(10)													

Schedule R (Form 990) 2020

JSA

STRIVE PREPARATORY SCHOOLS

20-2562193

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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

Schedule R (Form 990) 2020