PUBLIC DISCLOSURE COPY

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

A F	or th	e 2021	calendar year, or tax year beginning 07/01/2021 and endir	ng		06/30/	2022	
_			C Name of organization		D Employer ider	tification nu	ımber	
B 0	heck if a	pplicable:	STRIVE PREPARATORY SCHOOLS					
	Addre		Doing business as		20-2562	193		
	┪ '	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	;	E Telephone nur			
	+	l return	2480 W 26TH AVENUE B-36	:n	(720)83	27 - 25//		
	-	return/	City or town, state or province, country, and ZIP or foreign postal code	0	(720)00	7-3344		
	termi Amer	nated nded			G Gross receipts	¢ -	2 246	0.00
	retur Appli	n cation	DENVER, CO 80211 F Name and address of principal officer: CHRIS GIBRONS		H(a) Is this a grou		3,246 Yes	
	pend		CINCID GIBBONS		subordinates	· }	_	X No
			2480 W 26TH AVE SUITE B-360, DENVER, CO 80211		H(b) Are all subordi	_	Yes	No
		empt st		527		ach a list. See		
			WWW.STRIVEPREP.ORG		H(c) Group exemp			
				of format	ion: 2005 M s	State of lega	domicile:	CO
P	art I	Su	ımmary					
	1	Briefly	y describe the organization's mission or most significant activities: $_$ <code>SEE</code> <code>SCHEDUL</code>	E O				
Se								
nan								
Governance	2	Check	k this box 🕨 🔲 if the organization discontinued its operations or disposed of more t	han 25%	of its net assets			
တိ	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3		12
න් ග	4		per of independent voting members of the governing body (Part VI, line 1b)			4		12
Activities &	5	Total	number of individuals employed in calendar year 2021 (Part V, line 2a)		[5		634
Ę	6		number of volunteers (estimate if necessary)			6		12
Αc	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		NONE
			nrelated business taxable income from Form 990-T, Part I, line 11			7b		NONE
			, , , ,		Prior Year		urrent Y	
•	8	Contri	ibutions and grants (Part VIII, line 1h)		16,456,30	4. 1	2,684	,825.
Revenue	9		am service revenue (Part VIII, line 2g)		38,108,14		0,117	
eve	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		10,71			,251.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		166,21			,670.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		54,741,37		3,208	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3))NE	3,200	NONE
	14		fits paid to or for members (Part IX, column (A), line 4)			NE		NONE
	4.5		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,844,92	_	1,678	
Expenses	15						1,070	
)en	10 a		ssional fundraising fees (Part IX, column (A), line 11e)	•	INC	NE		NONE
Ĕ	4-0		fundraising expenses (Part IX, column (D), line 25) NONE	-	10 100 70	4 1	2 400	0.0.4
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,120,78		3,498	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,965,71	_	5,177	
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12		8,775,66		1,968	
Net Assets or Fund Balances				Begin	ning of Current Y		End of Yea	
ssei	20		assets (Part X, line 16)		16,366,15		5,420	
a A B	21		liabilities (Part X, line 26)		17,723,25	_	3,585	
			ssets or fund balances. Subtract line 21 from line 20.		-1 , 357 , 10	6. 1	1,834	<u>,</u> 597.
	rt II		gnature Block					
Une	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and stat complete. Declaration of preparer (other than officer) is based on all information of which preparer	tements, a has anv kr	and to the best of nowledge.	my knowled	lge and b	elief, it is
			1)eV120	<u> </u>	Ĭ			
Sig	n					/ 05 / 20	23	
He			Signature of officer		Date			
110		_	JOSH DEVON CFO					
		<u> </u>	Type or print name and title			D=		
Paid	1	Print/	Type preparer's name Preparer's signature Date		Check	if PTIN		
	parer	ADAI	M R SMITH CPA 04/2	8/202	3 self-employe	ed P009	58966	
	Only	Firm's	sname ▶ FORVIS, LLP		Firm's EIN	44-01	60260	
_	y		s address > 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848		Phone no.	719-4	71-42	90
Ma	y the	IRS d	liscuss this return with the preparer shown above? See instructions			X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				orm 990	(2021)

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Pa	Part Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	1 Briefly describe the organization's mission:	
	SUCCESS FOR EVERY STUDENT THROUGH A DEMANDING EDUCATION OF HIGH	
	STANDARDS, STRUCTURE AND ACCOUNTABILITY, STRIVE PREPARATORY SCHOOLS	
	PREPARE STUDENTS FOR EDUCATIONAL SUCCESS FROM ELEMENTARY THROUGH HIGH	
	SCHOOL.	
2	2 Did the organization undertake any significant program services during the year which were not listed or	on the
-	prior Form 990 or 990-EZ?	
_	If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any proservices?	
4		services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	
4a		40,531,770.
	STRIVE PROVIDES AN INTENSIVE CURRICULUM WITH A STRONG FOCUS ON	
	SKILL DEVELOPMENT TO STUDENTS IN GRADES K-12 FOR EDUCATIONAL	
	SUCCESS FROM ELEMENTARY SCHOOL THROUGH HIGH SCHOOL, BENEFITING	
	OVER 3,300 STUDENTS.	
4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
	-	
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	4d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	4e Total program service expenses ► 42.130.860.	

JSA 1E1020 1.000

Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

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

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Dild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	37	
24-	employees? If "Yes," complete Schedule J	23	Х	
24 a				
	\$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	242		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception:	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
0.4	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,"	32		77
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J 4	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		23	
_	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			
	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 on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 634			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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?	5с		
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	The original control of the control			
	Enter the amount of reserves on hand	14a		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	170		
15	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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			- 22
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2021) Page 6 STRIVE PREPARATORY SCHOOLS 20-2562193 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

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 1	2		
·u	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	2		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	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		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
7a	one or more members of the governing body?	7a		X
L	Are any governance decisions of the organization reserved to (or subject to approval by) members			
b	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:	'		
•	The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	` g		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code) .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b		,		
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	"		
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t		
	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (sed	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own 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 inte	rest p	olicy,
	and financial statements available to the public during the tax year.			-

State the name, address, and telephone number of the person who possesses the organization's books and records > 20

JOSH DEVON 2480 W 26TH AVE, SUITE B-360 DENVER, CO 80211 720-837-3544 Form **990** (2021)

JSA 1E1042 1.000

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

___ 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	box,	unles er and	Pos heck ss pe	rson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) CHRIS GIBBONS	40.00									
CHIEF EXECUTIVE OFFICER	NONE			Х				241,448.	NONE	59,600.
(2) JOSH DEVON	40.00							,		
CHIEF FINANCIAL OFFICER	2.00			Х				166,103.	NONE	46,522.
(3) ELISHA ROBERTS	40.00							,		
CHIEF ACADEMIC OFFICER	NONE			Х				157,943.	NONE	33,059.
(4) SUSAN MORRIS	40.00									
MANAGING DIRECTOR	NONE					X		148,430.	NONE	25,812.
(5) DANIELLA MORELLO	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	NONE			Х				123,120.	NONE	37,347.
(6) MIKA KRAUSE	40.00									
MANAGING DIRECTOR	NONE					X		131,505.	NONE	28,575.
(7) ADAM LENZMEIER	40.00									
PRINCIPAL	NONE					X		129,712.	NONE	22,566.
(8) ANDREW HUBER	40.00									
CHIEF OPERATIONS OFFICER	NONE			Х				112,236.	NONE	36,877.
(9) JESSICA SAVAGE	40.00									
PRINCIPAL	NONE					Х		116,340.	NONE	29,525.
(10) TIM HALL	40.00									
PRINCIPAL	NONE					Х		105,800.	NONE	18,406.
(11) TERYN THOMAS	40.00									
CHIEF SCHOOLS OFFICER	NONE			Х				90,403.	NONE	13,996.
(12) HELEM ARANGUTI	12.00									
BOARD MEMBER	NONE	Х						15,139.	NONE	2,636.
(13) AMBER VALDEZ	2.00									
BOARD CHAIR	NONE	Х		Х		L	L	NONE	NONE	NONE
(14) KAYLA TIBBALS	2.00									
BOARD VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE

Form **990** (2021)

Part VII Section A. Officers, Directors, Tr		ĺ	•									
(A)	(B)				C)			(D)	(E)		F)	
Name and title	Average	(do)	not cl		sition	e than o	ne	Reportable	Reportable		mated	
	hours per week (list any	,				is both		compensation from	compensation from related		unt of her	
	hours for	office	er and			or/truste		the	organizations	compe		n
	related	Ind or c	Inst	9	Key	Highest co	Forme	organization	(W-2/1099-MISC)		n the	
	organizations below dotted	dividual t	itut	cer	em	hest	mer	(W-2/1099-MISC)		•	nizatior related	
	line)	Individual trustee or director	Institutional		Key employee	ee					ization	
		uste.	Ę		ee	npe				· ·		
		ě	trustee			compensated ee						
						ed						
15) DIETZ FRY	2.00											
BOARD TREASURER	2.00	X		Х				NONE	NONE		1	NON
16) ULYSSES ESTRADA	2.00											
BOARD SECRETARY	NONE	X		Х				NONE	NONE		1	NON
17) ABI FADEYI	2.00											
BOARD MEMBER	NONE	X						NONE	NONE		1	NONE
18) JOSH RAEL	2.00											
BOARD MEMBER	NONE	X						NONE	NONE		1	NON
19) PETER GROFF	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE		1	NON
20) REED DIXON	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE		1	NON
21) LETICIA LEVYA	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE		1	NON
22) CALEB FIELDS	NONE											
BOARD MEMBER	NONE	Х						NONE	NONE		1	NON
		-										
	<u> </u>											
1b Sub-total								1,538,179.	NONE	3.	54,9	
c Total from continuation sheets to Part VII, S	ection A							NONE				NONE
d Total (add lines 1b and 1c)							<u> </u>	1,538,179.	NONE	3.	54,9	}21.
2 Total number of individuals (including but not		hose	liste	d a		-	re	ceived more than	\$100,000 of			
reportable compensation from the organization	n 💌					10				- 1.	- 1	
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Scl	nedu	ıle J	I for	such	per	son		5		X
Section B. Independent Contractors												

year.

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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 ▶

20-2562193

Part VIII Statement of Revenue

· a		Check if Schedule O contains a respon	ise or note to an	v line in this Part V	/III		
		Check in Constant Constant a reappr		(A) 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 1b					
۾ ۾	С	Fundraising events 1c	66,677.				
ifts ar A	d	Related organizations 1d					
۵≒	е	Government grants (contributions) 1e	10,028,494.				
Sir	f	All other contributions, gifts, grants,					
ēĔ		and similar amounts not included above . 1f	2,589,654.				
등	g	Noncash contributions included in					
ig of		lines 1a-1f 1g	7,985.				
# O	h	Total. Add lines 1a-1f	▶	12,684,825.			
			Business Code				
<u>8</u>	2a	PER PUPIL REVENUE	611710	31,583,761.	31,583,761.		
Program Service Revenue	b	DISTRICT MILL LEVY	611710	8,533,284.	8,533,284.		
o S	С						
e a	d						
og R	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	40,117,045.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		17,251.			17,251.
	4	Income from investment of tax-exempt bond	proceeds . ►	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ve		and sales expenses 7b					
α		Gain or (loss)		170177			
Other	d	Net gain or (loss)		NONE			
₹	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line	13,023.				
	١.	1c). See Part IV, line 18	38,078.				
	b	Less: direct expenses		-25,055.			-25,055.
		Gross income from gaming		.,			
	9a	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
_	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	414,725.	414,725.		
ane	b						
eve	C						
Aisc R	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	414,725.			
	12	Total revenue. See instructions		53,208,791.	40,531,770.		-7,804.

20-2562193

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).

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations				·			
	and domestic governments. See Part IV, line 21	NONE						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	1,300,151.	486,975.	813,176.				
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
	Other salaries and wages	29,243,159.	21,932,369.	7,310,790.				
8	Pension plan accruals and contributions (include	5,843,878.	4,382,909.	1,460,969.				
	section 401(k) and 403(b) employer contributions)	4 540 561	2 555 551	1 105 100				
9	Other employee benefits	4,740,761.	3,555,571.	1,185,190.				
	Payroll taxes	550,763.	413,072.	137,691.				
	Fees for services (nonemployees):	NONE						
	Management	NONE 54 746		F4 74C				
	Legal	54,746.		54,746.				
	Accounting	64,314.		64,314.				
	Lobbying	NONE NONE						
	Professional fundraising services. See Part IV, line 17.	NONE						
	Investment management fees	NONE						
y	Other. (If line 11g amount exceeds 10% of line 25, column	3,663,249.	2,893,967.	769,282.				
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	25,381.	2,000,001.	25,381.				
13	Office expenses	1,101,099.	814,813.	286,286.				
14	Information technology	1,812,141.	1,467,834.	344,307.				
15	Royalties	NONE		0 = 2 / 0 0				
16	Occupancy	3,132,909.	2,631,644.	501,265.				
	Travel	316,012.	316,012.	·				
	Payments of travel or entertainment expenses							
-	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE						
	Interest	3,439.		3,439.				
21	Payments to affiliates	NONE						
22	Depreciation, depletion, and amortization	NONE						
23	Insurance	227,662.	191,236.	36,426.				
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.)							
а	CLASSROOM SUPPLIES	327,269.	327,269.					
b	TEXTBOOKS/LIBRARY	116,437.	116,437.					
	LICENSING	534,378.	534,378.	42.005				
	SPECIAL EVENTS	480,060.	436,855.	43,205.				
	All other expenses	1,639,708.	1,629,519.	10,189.	3700			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	55,177,516.	42,130,860.	13,046,656.	NONI			
20	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,427,644.	1	5,505,145.
	2	Savings and temporary cash investments	3,994,661.	2	6,912,110.
	3	Pledges and grants receivable, net	1,404,870.	3	1,313,057.
	4	Accounts receivable, net	330,719.	4	64,239.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	91,443.	8	79,359.
As	9	Prepaid expenses and deferred charges	116,816.	9	236,211.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	NONE 1	100	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	·			NONE
		Intangible assets	NONE		
	15	Other assets. See Part IV, line 11	NONE		1,310,284.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	15,420,405.
	17	Accounts payable and accrued expenses	· ·	17	1,253,452.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	·	19	465,490.
	20	Tax-exempt bond liabilities	20 21	NONE	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE :		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE :	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	396,781.	24	NONE
	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	16,077,478.	25	1,866,866.
	26	Total liabilities. Add lines 17 through 25	17,723,259.	26	3,585,808.
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
ñ	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	14,720,373.	29	12,380,466.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		12,380,400. NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	-545,869.
Ť	32	Total net assets or fund balances		32	11,834,597.
Š	33	Total liabilities and net assets/fund balances		33	15,420,405.
_	100	Total nashinto and not according salahoos, , , , , , , , , , , , , , , , , , ,	10,300,133.	J J	Form 990 (2021)

Form **990** (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		55,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	-1,3	57 <u>,</u>	<u> 106</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u> 15,1</u>	<u>60,</u>	<u>428</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		L1,8	34,	<u>597</u> .
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," ex	plain	on			
	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	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			3.7
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			 		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STI	RIV	E PREPARATORY SCHOOL	LS				20-2	562193
Pa	rt l	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st		•			(// // /	` ,
5		An organization operated f		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		5	,	•	, 0	
6		A federal, state, or local go		rnmental unit describe	d in sec t	tion 170(b)(1)(A)(v).	
7		An organization that norma	_					om the general public
		described in section 170(b)	=	•		9-		g p
8		A community trust describe			e Part II.)			
9	Н	An agricultural research org	-		-		I in conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	g.a comogo o. ag	youu.o (000ouo.			inamo, ony, ama otato o	e coege c.
10		An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from co	ntributions membersh	in fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	xceptions	s; and (2) no more thar	331/3 % of its
		support from gross investmacquired by the organizatio	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
11		An organization organized						
 12	\vdash	An organization organized a	•					ry out the nurnoses of
٠-		one or more publicly support			-			
		the box on lines 12a through	-					
_		Type I. A supporting orga					•	_
а		the supported organization		· ·	-			
		supporting organization.	. , .	• • • •		ajonty of	the directors of truste	es of the
L			•			s with ito	aupported organizati	an(a) by baying
b		Type II. A supporting org	-				· · ·	
		control or management of		=	the sam	ie persor	is that control of man	age the supported
		organization(s). You must	-				20	b. Cata anata da 20b
С	L	Type III functionally integ						ly integrated with,
		its supported organization						tad annani-atian(a)
d		Type III non-functionally			-			
		that is not functionally inte	-	-	-		•	an attentiveness
		requirement (see instruct	•	-				L T
е		Check this box if the orga					•••	ı, туре III
f	En	functionally integrated, or	• •			•		
,		ter the number of supported ovide the following information						
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	ame of oupported eigenization	(,	(described on lines 1-10	listed in yo	our governing	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					163	140		
(A)								
(B)								
(C)								
(
(D)								
(E)								
Tota	al							
. 50	41							

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

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 Page 2

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
500	tion A. Public Support	3 to quality u	idei tile tests	nsted below, p	nease comple	te i ait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	indar year (or riscar year beginning in)	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					T I	
14	Public support percentage for 2021 (li						<u>%</u>
15	Public support percentage from 2020						<u>%</u>
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization q						
D	331/3% support test - 2020. If the organization						
47-	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets						
	organization			=		-	
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organization		-				
	in Part VI how the organization meets					-	
	organization			=	=	-	
18	Private foundation. If the organization						
	instructions						

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

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

Sec	tion A. Public Support	•			'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Scheo	dule A, Part III, lii	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga		_				
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation ►
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b,	, check this bo	x and see instru	ictions ►

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
ng by	_		
us ed	1		
er	2 3a		
nd he	Ja		
В)	3b		
If	3c 4a		
gn on			
on ed	4b		
B) s,"	4c		
IN n; on			
dy	5a		
-,	5b 5c		
to ed or			
or ty	6		
ne	8		
re ns			
ch	9a 9b		
fit	9с		
on ed	10a		
to	10a		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
L	11c below, the governing body of a supported organization?	11a		
b C	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
C	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	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).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			,
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		103	110
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8		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		lly integra	ited Type III supporting	g organization
	(see instructions).	-		· -

Schedule A (Form 990) 2021

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 ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

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2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

Employer identification number Name of the organization 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), 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), 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).

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

Schedule B (Form 990) (2021)

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.
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(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
N/A		D
	\$\\\$\	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$ 363,764. (b) (c) Total contributions N/A (b) (c) Total contributions N/A (b) (c) Total contributions N/A (b) (c) Total contributions N/A (b) (c) Total contributions N/A (b) (c) Total contributions N/A (c) Total contributions N/A (c) Total contributions

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Name of organization STRIVE PREPARATORY SCHOOLS

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$57,159.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	<u>N/A</u>	\$19,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$10,204.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STRIVE PREPARATORY SCHOOLS

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	N/A	\$9,550.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STRIVE PREPARATORY SCHOOLS

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$6,020.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STRIVE PREPARATORY SCHOOLS

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$121,668.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

STRIVE PREPARATORY SCHOOLS

Employer identification number
20-2562193

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

20-2562193 STRIVE PREPARATORY SCHOOLS 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 gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

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.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

IVaiii	e of the organization	Employer identification number
ST	RIVE PREPARATORY SCHOOLS	20-2562193
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area a certified historic structure
		a certified flistoric structure
2	Preservation of open space	o form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	• — — — — — — — — — — — — — — — — — — —	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
_	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	·
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
В	organization's accounting for conservation easements.	Similar Apoeta
1	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ommar Assets.
	·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	• \$
h	Assets included in Form 990 Part X	▶ \$

Schedule D (Form 990) 2021

Pa	rt III Organizations Maintaini	na Collections of			easures	s. or Othe			ued)
3	Using the organization's acquisition							_ •	
	collection items (check all that app			,	, ,		5 · · · · · · · ·	3	
а	Public exhibition	-57-	d	Loan	or exch	ange progr	am		
b	Scholarly research		e	Other					
C	Preservation for future gene	rations							
4	Provide a description of the organ		s and expla	ain how t	they fu	ther the c	organization's exer	nnt nurna	ose in Part
•	XIII.	inzation o obligation	o and oxpic	2111 110W	inoy rai	11101 1110 0	rgamzanomo oxo	iipt puipt	Joo III I ait
5	During the year, did the organization	on solicit or receive (donations o	fart hiet	orical tr	ASSUITAS A	r other similar		
3	assets to be sold to raise funds rath							Yes	s No
Da	rt IV Escrow and Custodial A		airieu as pa	it of the t	organiza	ation's con	ection:		S NO
Га	Complete if the organiza		oc" on Ear	m 000 E	Part I\/	lina O or	reported an am	ount on E	orm
	990, Part X, line 21.	allon answered Te	55 0111 011	iii 990, r	ait iv,	11116 3, 01	reported air airid	Julit Oll I	OIIII
1.0		too quotodian ar a	thar interm	odion, f	or cont	ributiono o	or other coasts no	.4	
та	Is the organization an agent, trus			-					
	included on Form 990, Part X?							Ye	s No
b	If "Yes," explain the arrangement i	n Part XIII and com	piete the foi	lowing tar	oie:				
							Amo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an am							Yes	
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	xplanation	has be	en provide	d on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza								
		(a) Current year	(b) Prio	r year	(c) Tw	o years back	(d) Three years bad	k (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
'	End of year balance								
g 2	Provide the estimated percentage		and halana	o (lino 1a	column	(a)) hold o	nc:		
a	Board designated or quasi-endown		%	e (iiile 1g,	Coluitii	i (a)) Helu a	15.		
	Permanent endowment >	%	_^~						
C	-								
·	term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		tion that	are hel	d and adm	inistered for the		
ou	organization by:	the possession of the	no organiza	ttion that	aro noi	a ana aan			Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
L	If "Yes" on line 3a(ii), are the relate								
_	().	•	•					. 30	
4 Po	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "Y	es" on For	m 990.	Part IV	, line 11a	See Form 990.	Part X, li	ne 10.
	Description of property	(a) Cost or	r other basis	(b) Cost	or other ba	asis (c) A	ccumulated	(d) Book	
4 -		,	stment)	(0	ther)	de	preciation		
_	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fori	n 990, Part	X, colum	n (B), lir	ne 10c.)	▶		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 STRIVE PREPARAT	TORY SCHOOLS	20-	-2562193	Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	00. Part IV. line 11b. See Form 990. F	Part X. line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n:	
(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 answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990, F	Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation	n:	
		Cost or end-of-year market	value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11d. See Form 990, F	Part X, line 1	5.
	cription		(b) Book valu	
(1)LEASE ASSET			1,309,2	284.
(2)SECURITY DEPOSIT				000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		1,310,2	284.
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11e or 11f. See Form		
line 25.				
	ion of liability		(b) Book valu	ue
(1) Federal income taxes				
(2)NET PENSION LIABILITY			167,4	
(3)LEASE LIABILITY			1,320,9	
(4)NET OPEB LIABILITY			378,3	<u>377.</u>
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).			1,866,8	<u> 366.</u>
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements tha	t reports the	

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

JSA
1E1270 1.000

Schedule D (Form 990) 20

32

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	53,246,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	38,078.
3	Subtract line 2e from line 1	3	53,208,791.
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.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	53,208,791.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	55,971,843.
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		
C	Other losses		
d	Other (Describe in Part XIII.)	20	000 470
	Add lines 2a through 2d	2e 3	809,478. 55,162,365.
3	Subtract line 2e from line 1	3	33,102,303.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	15,151.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	55,177,516.
Part	XIII Supplemental Information.		
	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 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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:

38,078 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE

SCHEDULE D, PART XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

38,708 EVENT EXPENSE RECLASSED AND NET AGAINST REVENUE

371,182 OPEB EXPENSE

400,218 PAYMENT OF LT DEBT PRINCIPAL INCLUDED AS EXPENSE

809,478 TOTAL

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

EXPENSES ON RETURN, NOT ON BOOKS:

- 3,439 INTEREST EXPENSE NOT REPORTED AS AN EXPENDITURE ON THE
- 11,712 LEASE LIABILITY EXPENSE NOT REPORTED AS AN EXPENDITURE ON THE

GOVERNMENTAL FUND REPORT

GOVERNMENTAL FUND REPORT

15,151 TOTAL

SCHEDULE E (Form 990)

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

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	_		
•	programs, and scholarships?	2	X	
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	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
ال.	with student admissions, programs, and scholarships?	4c 4d	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	40	X	
	if you ariswered two to any of the above, please explain. If you need more space, use Fart II.			
5	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
b	Autiliosiono policies: 111111111111111111111111111111111111	36		Λ
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
		_		
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
-				
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial hondiscrimination? If "No," explain on Part II	7	X	

20-2562193

Schedule E (Form 990 or 990-EZ) (2021)

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

SCHEDULE E, PART I, LINE 3

RACIALLY NONDISCRIMINATORY POLICY:

STRIVE PREPARATORY SCHOOLS OPERATE IN ACCORDANCE WITH THE NONDISCRIMINATION POLICIES OF DENVER PUBLIC SCHOOLS. STRIVE DOES NOT DISCRIMINATE IN STUDENT RECRUITMENT OR SELECTION BASED ON RACE OR ANY OTHER FACTOR.

SCHEDULE E, PART I, LINE 6A

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY:

STRIVE RECEIVES GRANTS FROM THE STATE DEPARTMENT OF EDUCATION.

SCHEDULE G (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

2021	
Open to Public Inspection	

lame of the organization					Employer identification	on number
STRIVE PREPARATORY SCHOOLS					20-256219	3
Part I Fundraising Activities. Comp	lete if the organ	ization an	swered "	Yes" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are not re	quired to comple	ete this pa	rt.			
1 Indicate whether the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g	* * *	
b Internet and email solicitations	f			government grant		
c Phone solicitations	g g			ising events		
d In-person solicitations	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.og overne		
2a Did the organization have a written or	oral agreement w	with any inc	dividual (in	ocluding officers d	iractore truetoce	
or key employees listed in Form 990,						Yes No
b If "Yes," list the 10 highest paid indiv	,		•		•	
compensated at least \$5,000 by the compensated		(10111010	, , ,	is a.g. s a		
•						
		(iii) Did tun	ducio en la cua		(v) Amount paid to	(d) Amount noid to
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	, ,		utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No			
1						
2						
-						
3						
4						
7						
5						
6						
7						
'						
8						
•						
9						
9						
10						
10						
- tal						
otal			l to policit		has been notified	it is avament from
3 List all states in which the organizat registration or licensing.	ion is registered t	or licensed	i to solicit	contributions of	nas been nouned	it is exempt from
registration of licensing.						

Schedule G (Form 990) 2021 STRIVE PREPARATORY SCHOOLS 20-2562193 Page **2** Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	0.			
			(a) Event #1 2022 SHINE ON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4		Gross receipts (event type) (event type) (total number)			col. (c))	
evenue	1	Gross receipts	79,700.			79,700.
2022 SHINE ON (event type) 1 Gross receipts 79,700. 2 Less: Contributions 66,677. 3 Gross income (line 1 minus line 2). 4 Cash prizes 64. 5 Noncash prizes 64. 7 Food and beverages 15,274. 9 Other direct expenses summary. Add lines 4 through 9 in column (d). 11 Net income summary. Subtract line 10 from line 3, column (d). 2 Cash prizes 1 Gross revenue. 8 Entertainment 3,500. 9 Other direct expenses summary. Add lines 4 through 9 in column (d). 1 Net income summary. Subtract line 10 from line 3, column (d). 1 Gross revenue. 9 Other direct expenses summary. Subtract line 6a. 9 Other direct expenses summary. Subtract line 10 from line 3, column (d). 1 Gross revenue. 9 Other direct expenses summary. Subtract line 10 from line 1, column (d). 1 Gross revenue. 9 Other direct expenses. 1 Gross revenue. 1 Gross revenue. 9 Other direct expenses. 1 Gross revenue. 9 Other direct expenses. 1 Gross revenue. 1 Gross revenue. 9 Other direct expenses. 1 Gross revenue. 2 Cash prizes. 3 Noncash prizes. 4 Rent/facility costs. 5 Other direct expenses. 1 Yes % Yes % Yes % Yes % Yes % Yes % No				66,677.		
		Gross income (line 1 minus				13,023.
	4	Cash prizes				
	5	Noncash prizes	64.			64
sesue	6	Rent/facility costs	2,455.			2,455
t Exp	7	Food and beverages	15,274.			15,274.
Direc	8	Entertainment	3,500.			3,500.
	9	Other direct expenses	16,785.			16,785.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)		38,078. -25,055.
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990,	Part IV, line 19, or	
-		\$15,000 on Form 990-E∠, lin	ıe 6a. □			
enue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Jirect	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	I 		H	
	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)		
a	ı	Is the organization licensed to con		in each of these state	es?	Yes No
10a k		Were any of the organization's gamine If "Yes," explain:	g licenses revoked, susp		uring the tax year?	. Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 STRIVE PREPARATORY SCHOOLS 20	-2562193	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address >		
15.0	Does the organization have a contract with a third party from whom the organization receives gamin	~	
тэа	Does the organization have a contract with a third party from whom the organization receives gamin		□ No
h	revenue?	. L res	NO
D	amount of gaming revenue retained by the third party > \$.e	
_	If "Yes," enter name and address of the third party:		
C	in res, enter name and address of the tillid party.		
	Name ►		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of convices provided		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds	s to	
_	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizati		
-	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par		nd (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	` ' '	
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE J (Form 990)

Compensation InformationFor 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				
	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	46		
2		1b		
2				
		2		
•				
3				
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_				
5				
a		5a		X
b		5b		X
6				
0				
а		6a		Х
b		6b		X
~				
7				
•		7	Х	
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	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			

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 STRIVE PREPARATORY SCHOOLS 20-2562193 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) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
CHRIS GIBBONS	(i)	241,448.	NONE	NONE	41,966.	17,634.	301,048.		
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
JOSH DEVON	(i)	166,103.	NONE	NONE	28,889.	17,633.	212,625.		
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
DANIELLA MORELLO	(i)	123,120.	NONE	NONE	21,423.	15,924.	160,467.		
3 CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
ELISHA ROBERTS	(i)	157,943.	NONE	NONE	27,465.	5,594.	191,002.		
4 CHIEF ACADEMIC OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
SUSAN MORRIS	(i)	148,430.	NONE	NONE	25,812.	NONE	174,242.		
5 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
MIKA KRAUSE	(i)	131,505.	NONE	NONE	22,877.	5,698.	160,080.		
6 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
ADAM LENZMEIER	(i)	129,712.	NONE	NONE	22,566.	NONE	152,278.		
7 PRINCIPAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
	(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)								

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.

Page 3

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

20-2562193

STRIVE PREPARATORY SCHOOLS

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

SUCCESS FOR EVERY STUDENT THROUGH A DEMANDING EDUCATION OF HIGH
STANDARDS, STRUCTURE & ACCOUNTABILITY, STRIVE PREPARES STUDENTS FOR
EDUCATIONAL SUCCESS FROM ELEMENTARY THROUGH HIGH SCHOOL

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

DOCUMENT MEETINGS OR WRITTEN ACTION BY COMMITTEES ACTING ON BEHALF OF GOVERNING BODY:

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

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

PROCESS TO REVIEW THE FORM 990:

INFORMATION FOR THE FORM 990 IS COMPILED BY THE CFO'S OFFICE AND PROVIDED TO THE THIRD PARTY PREPARER. A COPY OF THE 990 IS THEN PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR

POTENTIAL CONFLICTS OF INTEREST TO THE BOARD. IF A CONFLICT IS

IDENTIFIED, COMMON OR INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING

THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OR OF A COMMITTEE

WHICH AUTHORIZES, APPROVES, OR RATIFIES THE CONFLICTING INTEREST

TRANSACTION. WHERE AN INTERESTED DIRECTOR HAS BEEN COUNTED AS PART OF A

QUORUM BUT ABSTAINS FROM VOTING, THE AFFIRMATIVE VOTE OF A MAJORITY OF

THE DISINTERESTED DIRECTORS SHALL SUFFICE TO TAKE ACTION.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 20-2562193

STRIVE PREPARATORY SCHOOLS

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

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION COMPLIES WITH COLORADO HB10-1036, ALSO KNOWN AS THE PUBLIC SCHOOL FINANCIAL TRANSPARENCY ACT.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

15,160,428 CHANGE IN PENSION AND OPEB LIABILITY

IN ACCORDANCE WITH GASB 68 AND 75

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DENVER PUBLIC SCHOOLS		
1860 LINCOLN ST.		
DENVER, CO 80203	SCHOOL DISTRICT SERV	6,556,799.
SLA MANAGEMENT		
3217 CORRINE DR.		
ORLANDO, FL 32803	FOOD SERVICE	651,752.
KOKUA		
73 W. MONROE ST.		
CHICAGO, IL 60603	SUBSTITUTE TEACHING	441,209.
EDBLOX, INC.		
747 N. LASALLE ST., STE 400 CHICAGO, IL 60654	LIVESTREAM TEACHING	150,420.
CHICAGO, IL 00054	LIVESIREAM TEACHING	130,420.
ROBERT HALF		
2884 SAND HILL RD.		
MENLO PARK, CA 94025	TEMP SERVICE	114,472.

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
2021
Open to Public Inspection

Name of the organization
STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

(a) Name, address, and EIN of related organization	(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 enti	512(b)(13) rolled
						Yes	No
(1) W DENVER PREP CHARTER SCHOOL BLDG CORP 46-1256741							l
2480 W 26TH AVE, SUITE B-360 DENVER, CO 80211	REAL ESTATE	co	501(C)(2)		STRIVE	Х	
_(2)							l
_(3)							l
(4)							
(5)							
							l
(6)							
							İ
(7)							
							İ

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

Schedule R (Form 990) 2021

Identification of Related Organizations Taxable as a Partnership. 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. Part III

(a) Name, address, and EIN of related organization	(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	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		proportionate allocations? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		ij) eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No																									
(1)																																				
(2)																																				
_(3)																																				
(4)																																				
(5)																																				
(6)																																				
_(7)																																				

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	
		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets		controlled entity? Yes No
(1)								Tes No
(2)								
(3)								
(4)								
(5)								
(6)								
<u>(7)</u>								
							1	

Part V	Transactions With Related Or	ganizations. Com	plete if the ord	ganization answered	"Yes" on F	orm 990, Part I	/, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
_	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10	X	
	D. I				1	х	
	Reimbursement paid to related organization(s) for expenses				1p 1q	^	X
q	Reimbursement paid by related organization(s) for expenses				14		
_	Other transfer of each or man out to related execution(a)				1r		Х
r	Other transfer of cash or property to related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	ction thre		l S.	
	(a)	(b)	(c)	Method			
	Name of related organization	Transaction type (a-s)	Amount involved		of dete		ıg
		type (a-s)		amou	iiit iiive	nveu	
(1)	W DENVER PREP CHARTER SCHOOL BLDG CORP	P	242,339.	ACTUAL	AMO	רועוכ	Г
(2)							
(2)							
(3)							—
		1					

Schedule R (Form 990) 2021

(4)

(5)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		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
			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)													

Form **8868**

(Rev. January 2022)

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

	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more de	etans	s on the	e electronic				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).								
-	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		•	20-C filers), partnershi	ps, F	REMICs	, and trusts				
Type or print	Name of exempt organization or other filer, see in	Name of exempt organization or other filer, see instructions.									
-	STRIVE PREPARATORY SCHOOLS 20-256219										
File by the due date for	Number, street, and room or suite no. If a P.O. bo										
filing your		2480 W 26TH AVE, SUITE B-360 City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
return. See instructions.		a roreign au	uress, see instructions.								
	DENVER, CO 80211						01				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	or each return)	• •						
Application		Return	Application			Return					
Is For		Code	Is For								
Form 990 oi	r Form 990-EZ	01	Form 1041-A								
Form 4720	(individual)	03	Form 4720 (other tha	orm 4720 (other than individual)			09				
Form 990-Pf		04	Form 5227								
	(sec. 401(a) or 408(a) trust)	05	Form 6069								
	(trust other than above) (corporation)	06 07	Form 8870		12						
• The book	s are in the care of ► JOSH DEVON										
• THE DOOK	2480 W 26TH AVE,	SIITTE	B-360 DENVER CO	80211							
Telephon	e No. ► 720 837-3544		Fax No. ►	00211							
	anization does not have an office or place of l			ck this box			▶□				
	or a Group Return, enter the organizati <u>on'</u> s fo					. If th					
	e group, check this box 🔻 🕨 🗌 . If					and att	tach				
a list with the	e names and TINs of all members the extensi	ion is for.									
	est an automatic 6-month extension of time up			$\frac{23}{}$, to file the exemp	t org	janizati	on return				
for the	organization named above. The extension is	for the org	ganization's return for:								
	calendar year 20 or tax year beginning 07/	01 2001	and anding	06/30	20.7	2.0					
	tax year beginning	<u>01</u> , 20 <u>21</u>	, and ending	06/30,	20 4	<u> </u>					
	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final retur	'n						
	application is for Forms 990-PF, 990-T,	4720. or	6069, enter the ten	ntative tax less any							
	undable credits. See instructions.	20, 0.	occo, cinci inc to	native tax, 1000 any	3a	s	NONE				
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any ref	undable credits and	-	-					
	ted tax payments made. Include any prior yea				3b	\$	NONE				
	e due. Subtract line 3b from line 3a. In	-		orm, if required, by							
using E	EFTPS (Electronic Federal Tax Payment Systen	n). See inst	tructions.		3с	\$	NONE				
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	ebit) with this Form 8868,	see Form 8453-TE and Fo	orm 8	8879-TE	for payment				
	Act and Panerwork Reduction Act Notice see instr	uctions			Form	. 8868	(Pay 1-2022)				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)