PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

interr	iai Keve	enue Service			GO TO WWW	w.irs.gov/ro	1111990 101	msuuc	tions and	tile late	-51 11110111	iation.				nspec	ПОП
A F	or th	e 2022 cale	endar	year, or tax y	ear beginning		07/01/	2022	and en	ding				06,	/30/20	23_	
_			C Nar	ne of organization	on								D Em	ploye	r identifica	tion nu	ımber
Вс	heck if a	pplicable:	STR	IVE PREPA	ARATORY S	CHOOLS											
	Addres	ss change	Doi	ng business as									20-	-256	52193		
	Name	change	Nur	mber and street	t (or P.O. box if r	nail is not deliv	ered to stree	et addres	is)		Room/su	ite	E Tele	ephon	e number		
		return 2480 W 26TH AVE, STE B-360 (720)837-3544															
		al return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$															
	Amend	led return	·	VER, CO 8	•	, , , , ,							• 0.0	.00 .00	58,20	11 6	22
					s of principal offic	er. ED T C	T 2 27037	OT 7				H(a) Is this	a aroun	return fo		Yes	
						11010	IA NOY		~~ ^^^			subor	dinates?		\vdash	ł	X No
					AVE SUIT				CO 8021	1		H(b) Are a				Yes	No
<u> </u>	Tax-ex	empt status:	X	() ()	501(c) (, ,	nsert no.)	49	47(a)(1) or		527	lf '	"No," att	tach a l	list. See instr	uctions.	
J	Webs	ite: WW	W.R	OCKYMOUN	TAINPREP.	ORG						H(c) Grou	p exemp	otion nu	umber		
K	Form	of organizatio	n: X	Corporation	Trust	Association	Othe	r		L Yea	ar of forma	tion: 200	5 M s	State	of legal dor	micile:	CO
Pá	art I	Summ	ary														
	1	Briefly des	cribe	the organizat	ion's mission	or most signi	ificant activ	rities:	SEE SCI	HEDUI	LE O						
ø				-		•											
Governance																	
ern	2	Check this	hov	if the	organization	discontinue	nd its one	rations	or disno	sed of	more	han 25%	of i	ite n	ot accets		
Š					ū		•		•				1	3	er assers	٠.	1.0
ტ ფ	3				f the governing									-			10
Se	4				g members of									4			10
Activities &	5				mployed in ca									5			729
Ę	6	Total num	ber of	volunteers (es	stimate if nece	ssary)								6			10
ĕ	7a				nue from Part									7a			NON
	b	Net unrela	ted bu	usiness taxabl	le income from	Form 990-T	, Part I, lin	e 11 .						7b			NONI
												Prior Y			Curr	rent Yo	ear
	8	Contributio	nns ar	nd grants (Part	t VIII, line 1h)							12,68	4 82	5	15	657	,978.
Revenue												40,11		_			,940.
ver	9				VIII, line 2g)										<u></u>		
Re	10				column (A), lir								7,25				,562.
	11				ımn (A), lines 5								9,67				<u>,143.</u>
	12	Total reve	nue -	add lines 8 th	rough 11 (mus	st equal Part	VIII, colum	ın (A), li	ne 12)			53,20	8,79	1.	<u>58,</u>	204	<u>,623.</u>
	13	Grants and	d simi	lar amounts pa	aid (Part IX, co	olumn (A), lin	es 1-3)						NO	ONE			NON
	14	Benefits pa	aid to	or for membe	rs (Part IX, col	umn (A), line	4)				.		NO	ONE			NON
s	15				, employee ber							41,67	8,71	2.	47,	035	,752.
ıse					Part IX, colum							· ·		ONE			NON
Expenses					art IX, column		. • ,		NONE		•						
Ě					mn (A), lines 1		240)					13,49	0 0 0	1	1 2	105	726
	17										-			_			<u>,736.</u>
	18				-17 (must equa						• —	55,17					,488.
_ v	19	Revenue I	ess ex	kpenses. Subt	ract line 18 fro	m line 12				<u></u>		-1,96		_			<u>,865.</u>
Net Assets or Fund Balances											Begir	ning of Cu		_		of Yea	
set	20	Total asset	ts (Pa	rt X, line 16)								15,42	0,40	15.	31,	611	<u>,653.</u>
d B	21	Total liabil	ities (Part X, line 26))							3,58	5,80	18.	38,	930	,442.
F.E.	22	Net assets	or fu	nd balances.	Subtract line 2	1 from line 2	20					11,83	4,59	7.	-7,	318	,789.
Pa	rt II	Signat	ure E	Block													
Und	der pe	nalties of per	ined by	declare that I h	nave examined t eparer (other tha	his return, inc	luding acco	mpanyir	ng schedules	and sta	atements,	and to the	best of	my k	nowledge	and be	elief, it is
true	e, corre	ct, and comp	olete. D	eclaration of pr	eparer (other tha	an officer) is b	ased on all i	nformati	on of which	prepare	r has any k	nowledge.	8/20	24			
		yana	-									3/	6/20	124			
Sig	n	Signature o										Dat	е.				
Hei		•						_				Dui	•				
		YANA S						P	RESIDE	NT							
		Type or prin				7.0		_									
D-'		Print/Type	prepa	rer's name		adam	D 9	-10		Date		Chec	:k	if F	PTIN		
Paid		ADAM R	SMI	TH CPA		Udam	(M. Wa	rith		05/0	7/2024	self-e	employe	ed :	P00958	966	
•	oarer	Firm's nam		FORVIS,	LLP	•				•		Firm's EIN	1		4-0160		
use	Only	Firm's addr			JTH TEJON, SU	JITE 800 CO	LORADO SP	RINGS	CO 80903-	-9848		Phone no.			19-471		90
Mav	/ the	-			the prepare							i i i i i		, -	. X Y		No
<u> </u>					see the separa					<u></u>		<u></u>		• •			(2022)
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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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).		
-	ons required to file an income tax return oth rm 7004 to request an extension of time to fil		·	20-C filers), partnerships, REMICs	, and trusts
Type or print	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	
File by the	STRIVE PREPARATORY SCHOOLS Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	20-2562193	
due date for filing your return. See instructions.	2480 W 26TH AVENUE SUITE B-36 City, town or post office, state, and ZIP code. For DENVER, CO 80211		dress, see instructions.		
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1
Application		Return	Application		Return
Is For		Code	Is For		Code
	Form 990-EZ	01	Form 1041-A		08
Form 4720 (,	03	Form 4720 (other tha	n individual)	09
Form 990-PF		04	Form 5227 Form 6069		10
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 8870		12
Form 990-T	,	07	FUIII 6670		12
If the orgaIf this is for the whole	2480 W 26TH AVE, e No. ► 720 837-3544 anization does not have an office or place of the para Group Return, enter the organization's four a group, check this box • group, check this box • If	lousiness in ur digit Gro if it is for pa	Fax No. ► 1 the United States, checo 1 to Dup Exemption Number (ck this box	is is
	e names and TINs of all members the extensi		05/15 200	14 to file the everent everenizati	
for the	st an automatic 6-month extension of time ur organization named above. The extension is calendar year 20 or tax year beginning 07/	for the org	ganization's return for:	.to file the exempt organizati	on return
C	ax year entered in line 1 is for less than 12 m hange in accounting period				
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions.		·	3a \$	NONE
estimat	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. Inc	r overpayn	nent allowed as a credit	зь \$	NONE
using E	FTPS (Electronic Federal Tax Payment System	n). See inst	tructions.	3c \$	NONE for payment
instructions.	u are going to make an electronic funds withdrawa	ai (uliect de	suri, with this FORM 8868,	see Form 8453-TE and Form 8879-TE	ror payment

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

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

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Cumulative e-File History 2022

FED

Tax Return **Return Type** 990

4869KO

Taxpayer Account

STRIVE PREPARATORY SCHOOLS 5974

Submitted Date 2023-08-02 11:26:22 **Acknowledgement Date** 2023-08-02 12:01:24 Accepted **Status Submission ID** 84022720232145000074

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Page 2 Form 990 (2022)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
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.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	orior Form 990 or 990-EZ?	No
2	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o he total expenses, and revenue, if any, for each program service reported.	thers,
4a	Code:) (Expenses \$46,179,648. including grants of \$NONE_) (Revenue \$42,231,083)	
	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	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4с	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
_		
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 46,179,648.	

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X	37
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
IJ	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	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		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
	"Yes," complete Schedule L, Part IV			
	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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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,			
	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	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000	21	
-	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	30		
31		27		3.5
20	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			
D	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	, L
_	Enterthe number constant in heavy of Farry 1000. Fater 0.17 and 2001.		res	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			
	reportable gaming (gambling) winnings to prize winners?	1c		

JSA 2E1030 2.000

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 729			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
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.			
D	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 organization of the property of the proper			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b		
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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) 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 5

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	-		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	7.7	
а	The governing body?	8a 8b	Х	
b	Each committee with authority to act on behalf of the governing body?	OD_		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	7.7	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe on Schedule O how this was done	13	- 21	X
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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)	Γ (sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.		·	,

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

DAVID XIAO 2480 W 26TH AVE, SUITE B-360 DENVER, CO 80211

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JESSICA JOHNSON	40.00									
INTERIM CEO - THRU 11/22	2.00			Х				221,658.	NONE	36,108.
(2) JOSH DEVON	40.00									00,200
CHIEF FINANCIAL OFFICER	2.00			х				219,982.	NONE	37,649.
(3) MIKA KRAUSE - THRU 01/23	40.00							,		,
INTERIM CHIEF SCHOOLS OFFICER	NONE			Х				181,389.	NONE	32,313.
(4) ELISHA ROBERTS - THRU 10/22	40.00									
CHIEF ACADEMIC OFFICER	NONE			Х				178,221.	NONE	32,747.
(5) ADAM LENZMEIER	40.00									
VP OF SCHOOLS	NONE					Х		167,331.	NONE	24,708.
(6) ANDREW HUBER	40.00									
CHIEF OPERATIONS OFFICER	NONE			Х				159,292.	NONE	30,310.
(7) CHRIS GIBBONS - THRU 08/22	40.00									
CHIEF EXECUTIVE OFFICER	NONE			Х				133,981.	NONE	29,296.
(8) DANIELLA MORELLO - THRU 08/22	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER	NONE			Х				130,372.	NONE	28,702.
(9) ANDREW MCKEE	40.00									
PRINCIPAL	NONE					Х		123,748.	NONE	26,067.
(10) CHELSEA YONDO	40.00									
PRINCIPAL	NONE					Х		114,091.	NONE	22,207.
(11) CATHERINE DANCE	40.00									
PRINCIPAL	NONE					Х		111,002.	NONE	23,140.
(12) SUSAN MORRIS - THRU 09/22	40.00									
MANAGING DIRECTOR	NONE					Х		103,969.	NONE	15,274.
(13) AMBER VALDEZ	2.00									
BOARD VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(14) KAYLA TIBBALS	2.00									
BOARD CHAIR	NONE	X		Х				NONE	NONE	NONE

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Part VII Section A. Officers, Directors, 7	Trustees, Ke	y En	nploy	ees,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average		Р	ositior	1		Reportable	Reportable	Estimated
	hours per	,			re than o		compensation	compensation from	amount of
	week (list any				n is both ctor/trus		from	related	other
	hours for related				_		the	organizations	compensation from the
	organizations	di. ₹	Institut	ey e	nplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	dua	fio '	٦ اق)yee	<u> </u>	(**-2/1099-10130)		and related
	line)	= =	<u>าล</u>	Key employee	öm				organizations
		Individual trustee or director	Institutional trustee	٩) en				
			.ee		Highest compensated employee				
15) DIETZ FRY	2.00								
BOARD TREASURER	2.00	Х	2	2			NONE	NONE	NONE
16) ULYSSES ESTRADA	2.00								
BOARD SECRETARY	NONE	Х	2	Σ			NONE	NONE	NONE
17) ABI FADEYI	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
18) JOSH RAEL	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
19) PETER GROFF	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
20) REED DIXON	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
21) LETICIA LEVYA	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
22) TONI SALAIS-ALVARADO	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
23) TRICIA NOYOLA	40.00								
CEO - STARTED 11/22	NONE		2	2			NONE	NONE	NONE
24) INDRINA KANTH - CHIEF	40.00								
EXTERNAL RELATIONS OFFICER	NONE		2	2			NONE	NONE	NONE
25) YANA SMITH	40.00								
CHIEF EQUITY & PEOPLE OFFICER	NONE		2	2			NONE	NONE	NONE
1b Sub-total						\blacktriangleright	1,845,036.	NONE	338,521.
c Total from continuation sheets to Part VII,						\blacktriangleright	NONE	NONE	NONE
d Total (add lines 1b and 1c)						>	1,845,036.	NONE	338,521.
2 Total number of individuals (including but no		hose	listed	abov	ve) wh	o re	eceived more than	\$100,000 of	
reportable compensation from the organizat	tion ►				12				
									Yes No
3 Did the organization list any former of									
employee on line 1a? If "Yes," complete Sche									3
4 For any individual listed on line 10 is the	a aum of ror	aartak	10 00	mna	nantia	n 0	nd other company	action from the	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	ĺ
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	ĺ
_	Billion and Parada and Parada and American and an arrange of the control of the c		

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

3	
4	
5	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employe	ees (co	ntinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Position check more than one cless person is both an and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportab compensation related organization (W-2/1099-N	n from	am com	(F) timated ount of other pensation om the			
	organizations below dotted line)	dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2) 1000 11		and	anization I related nization	t
26) CHRISTY SADRI - PRESIDENT &	40.00											_	
CHIEF ACADEMIC OFFICER	NONE			Х				NONE		NONE]	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A						* * *						
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	eceived more than	\$100,000 of	f			
reportable compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		X
For any individual listed on line 1a, is the organization and related organizations grants.	sum of rep	oortab	ole d	com	per	satior	n ai	nd other compens	sation from	the			21
individual5 Did any person listed on line 1a receive or											4	X	
for services rendered to the organization? If "Y											5		X
Complete this table for your five highest concompensation from the organization. Report year.													
SEE SCHEDULE O Name and business ad	dress							(B) Description of se	ervices	Co	(C) empens	ation	
							+						

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 ▶ 5

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ο, ο	1a	Federated campaigns 1a					Sections 312-314
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ية ق	c	Fundraising events					
rs,	d	Related organizations					
igi Bigi	e	Government grants (contributions) 1e	12,378,755.				
ir,	f	All other contributions, gifts, grants,	, ,				
흔	•	and similar amounts not included above . 1f	3,279,223.				
를	а	Noncash contributions included in	., .,				
받	g Noncash contributions included in lines 1a-1f		\$				
a S	h	lines 1a-1f		15,657,978.			
		Total Add mos is in 11111111111111111111111111111111	Business Code	7, 1, 1			
e l	20	PER PUPIL REVENUE	611710	32,560,635.	32,560,635.		
ایکق	2a	DISTRICT MILL LEVY	611710	9,297,305.	9,297,305.		
Se	b			2,22.,000	- / /		
E S	C						
Region	d						
Program Service Revenue	e	All other program cond-					
_	f g	All other program service revenue Total. Add lines 2a-2f		41,857,940.			
				11/03/75101			
	3	Investment income (including dividends,		315,562.			315,562.
	4	other similar amounts)		NONE			3137302.
	4 5	Royalties	•	NONE			
	ŭ	(i) Real	(ii) Personal	NONE			
	60		()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	NONE				
	C	rtoritar income or (loco)	1	NONE			
	d Za	Net rental income or (loss)	(ii) Other	NONE			
	7a		(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş		and sales expenses 7b					
~ □		Gain or (loss)		YOUT			
ē	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
		Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Sno		Wagnara Nanova Davina-	Business Code	272 145	0.70		
nec ine	11a	MISCELLANEOUS REVENUE	900099	373,143.	373,143.		
la l	b						
Miscellaneous Revenue	С						
Ĕ_	d	All other revenue					
$\overline{}$		Total. Add lines 11a-11d		373,143.			
	12	Total revenue. See instructions		58,204,623.	42,231,083.		315,562.

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Part IX Statement of Functional Expenses

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

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	731,366.	273,935.	457,431.					
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							
7	Other salaries and wages	33,294,612.	24,970,959.	8,323,653.					
8	Pension plan accruals and contributions (include	7,924,247.	5,943,185.	1,981,062.					
	section 401(k) and 403(b) employer contributions)	4 501 055	2 202 225	1 100 076					
9	Other employee benefits	4,521,079.	3,390,809.	1,130,270.					
	Payroll taxes	564,448.	423,336.	141,112.					
	Fees for services (nonemployees):	3703							
	Management	NONE		00 505					
	Legal	80,725.		80,725.					
	Accounting	55,825.		55,825.					
	Lobbying	NONE							
	Professional fundraising services. See Part IV, line 17.	NONE							
	Investment management fees	NONE							
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,338,322.	1,847,275.	491,047.					
12	(A), amount, list line 11g expenses on Schedule O.)	5,688.	1,047,273.	5,688.					
13	Advertising and promotion	857,418.	634,489.	222,929.					
14	Information technology	688,528.	557,708.	130,820.					
15	Royalties	NONE	33777001	130,020.					
16	Occupancy	3,042,141.	2,555,398.	486,743.					
	Travel	1,132,750.	1,132,750.	2007.200					
	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , , ,	, - ,						
-	for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	NONE							
	Interest	442,502.		442,502.					
21		NONE							
22	Depreciation, depletion, and amortization	NONE							
23	Insurance	243,697.	204,705.	38,992.					
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	366,983.	366,983.						
b	TEXTBOOKS/LIBRARY	562,825.	562,825.						
	LICENSING	630,892.	630,892.						
d	SPECIAL EVENTS	700,459.	637,418.	63,041.					
	All other expenses	2,046,981.	2,046,981.						
	Total functional expenses. Add lines 1 through 24e	60,231,488.	46,179,648.	14,051,840.	NONI				
∠ 6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundarioing collections.								
	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	5,505,145.	1	2,768,626.
	2	Savings and temporary cash investments	6,912,110.	2	18,036,872.
	3	Pledges and grants receivable, net	1,313,057.	3	3,201,066.
	4	Accounts receivable, net	64,239.	4	829,583.
	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	50,000.
Assets	8	Inventories for sale or use	79,359.	8	NONE
As	9	Prepaid expenses and deferred charges	236,211.	9	130,284.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,087,905.			
	b	Less: accumulated depreciation 10b 517,473.	NONE	10c	5,570,432.
	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	13	NONE
	14	Intangible assets	NONE		
	15	Other assets. See Part IV, line 11	NONE 1,310,284.	15	1,024,790.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,420,405.	16	31,611,653.
	17	Accounts payable and accrued expenses	1,253,452.	17	2,193,107.
	18	Grants payable	NONE		NONE
	19	Deferred revenue		19	85,082.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		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	1,866,866.	25	36,652,253.
	26	Total liabilities. Add lines 17 through 25	3,585,808.	26	38,930,442.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions.		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	12,380,466.	29	28,277,367.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	12,380,400. NONE		NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds	-545,869.	31	-35,596,156.
Net Assets or	32	Total net assets or fund balances	11,834,597.	32	-7,318,789.
ž	33	Total liabilities and net assets/fund balances	15,420,405.	33	31,611,653.
_	1 - 5		13,120,103,		Form 990 (2022)

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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				<u>623</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	0,2	31,	<u>488</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	_	2,0	26,	<u>865</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,8	34,	<u>597</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	-1	<u>7,1</u>	<u> 26,</u>	<u>521</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	_	7,3	18,	<u>789</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		<u>X</u>
	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	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			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 au	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	RIVI	E PREPARATORY SCHOOL						562193
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•			•		
7		An organization that norma	=		pport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			5			
8		A community trust describe						
9		An agricultural research org	=			-	•	= =
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
40		university:	ll	then 00 (a f ite		.		in face and anses
10	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized a	•	•	-		, , , ,	
12		An organization organized a						
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check							
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
		· · ·				ajority of	the directors or truste	es of the
		supporting organization.	•	•				/
b		☐ Type II. A supporting org	-					
		control or management o			tne sam	e persor	is that control or man	age the supported
_		organization(s). You must	•		ممالممد		n with and functions	lly into arotod with
С	_	Type III functionally integerits supported organization						ny integrated with,
d	Г	Type III non-functionally	. , .	•				tod organization(s)
u	_	that is not functionally into			-			
		requirement (see instruction	-	= -	-		•	a an allentiveness
е	Г	Check this box if the orga	•	=				I Type III
·		functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	ii, Typo iii
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	· ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (doo maradiono))	Yes	No	motraotiono)	moti dottorio)
(A)								
								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Par	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
500	tion A. Public Support	3 to quality ui	ider the tests	ilisted below, p	nease comple	te i ait iii.)			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(e) 2022	(f) Total		
Cale	ndar year (or riscal year beginning in)	(a) 2010	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).								
	Public support. Subtract line 5 from line 4								
	tion B. Total Support	(-) 2010	(h) 2010	(5) 2020	(4) 2024	(-) 2022	(f) Total		
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	port Percenta	ge						
14	Public support percentage for 2022 (li						<u>%</u>		
15	Public support percentage from 2021						%		
16a	331/3% support test - 2022. If the org								
	box and stop here. The organization qu								
b	331/3% support test - 2021. If the org								
	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								
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	zation meets th	e facts-and-circ	umstances test	, check this box	x and stop here	e. Explain		
18	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
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	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
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			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		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.		169	140
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	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organ							
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						
C	Fair market value of other non-exempt-use assets	1c						
d	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	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization				
	(see instructions).	=	• • • •					

Schedule A (Form 990) 2022

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions	<u> </u>			Current Year			
1	Amounts paid to supported organizations to accomplish ex	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	zations	3					
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - p		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 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		10					
Sect	ion E - Distribution Allocations (see instructions)	s	(iii) Distributable					

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$5,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$624,773.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$169,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$666,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$54,195.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$75,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$ 330,149.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization

Employer identification number

20-2562193

	STRIVE PREPARATORY SCHOOLS	20-	-2562193
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(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
		_	

Name of o	rganization		Employer identification number				
	STRIVE PREPARATORY SC		20-2562193				
Part III	(10) that total more than \$1,000 for	the year from any one contrions completing Part III, enter the year. (Enter this information	ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) a the total of exclusively religious, charitable, e once. See instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
							
	Transferee's name, address, a	Relationship of transferor to transferee					
	The state of the s		- In the state of				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number STRIVE PREPARATORY SCHOOLS 20-2562193 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

and section 170(h)(4)(B)(ii)?

violations, and enforcement of the conservation easements it holds?

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

6

7

8

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

3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public schibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asure	s, or	Other	Similar Assets	(continued _,)
a Public exhibition d	3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	c any o	of the	follow	ring that make sig	gnificant use	e of its
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that app	ly):			_						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition			d	Loan						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research			е	Other						
XIII. Survey During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future general	rations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's	collections	s and expla	ain how t	hey fu	rther	the or	ganization's exem	pt purpose	in Part
Beginning of year balance. 1a Beginning of year balance. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance. d Additions during the year. 1d Distributions during the year. 1e Ending balance. 1f Ending balance. 1g Distributions during the year. 1g Distri		XIII.										
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	5											
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year. 1d					ained as pa	rt of the o	organiz	ation'	s collec	ction?	Yes	No
included on Form 990, Part X?	Pa	Complete if the organiza	_		es" on For	m 990, F	Part IV,	line	9, or r	eported an amou	ınt on Forn	n
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1 a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	ediary fo	or cont	ributi	ons or	other assets not		
c Beginning balance . 1d											Yes	No
c Beginning balance d Additions during the year. e Distributions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Co	b											
d Additions during the year,										Amour	nt	
e Distributions during the year	С	Beginning balance						1c				
f Ending balance	d	Additions during the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	е	Distributions during the year						1e				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment								$\overline{}$				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions		•			•	•				•		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			n Part XII	I. Check h	ere if the ex	planation	has be	en pr	ovided	on Part XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	Pa											
1a Beginning of year balance		Complete if the organiza								T	T	
b Contributions			(a) Cur	rent year	(b) Prio	r year	(c) Iw	o year	s back	(d) Three years back	(e) Four year	ars back
c Net investment earnings, gains, and losses	1 a											
and losses	b	Contributions										
d Grants or scholarships	С	Net investment earnings, gains,										
e Other expenditures for facilities and programs												
and programs	d	-										
g End of year balance	е	-										
g End of year balance		. •										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	-										
a Board designated or quasi-endowment	g	•										
Term endowment						e (line 1g,	columr	ı (a))	held as	:		
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) 1a Land. 3 , 940,000. b Buildings. 1 , 910,000. 407,467. 1 , 502,533. c Leasehold improvements. 237,905. 110,006. 127,899. d Equipment. e Other.	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii	С	Term endowment %										
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (other) 1a Land. 3,940,000. 5 Buildings. 1,910,000. 407,467. 1,502,533. c Leasehold improvements. 237,905. 110,006. 127,899. d Equipment. e Other.		The percentages on lines 2a, 2b, a	ind 2c sho	ould equal	100%.							
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) (iii) Related organizations (iii) Related organizations (iii) (iii) (b) Cost or other basis (c) Accumulated (de) Book value (d) Book val	3a	Are there endowment funds not in	the posse	ession of th	he organiza	tion that	are hel	d and	d admir	nistered for the		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (other) 1 a Land 1 2,910,000 127,899. (b) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (e) Buildings 1 2,910,000 127,899. (b) Cost or other basis (other) (other) (other) (other) (other)		_										s No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations									<u> </u>	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (other) (Investment) (Investment)		`,										
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,940,000. 3,940,000. 3,940,000. 3,940,000. b Buildings 1,910,000. 407,467. 1,502,533. c Leasehold improvements 237,905. 110,006. 127,899. d Equipment 6 Other 0ther 10,006. 10,006.	b	. , ,	Ū		•			??			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	_			e organiza	tion's endo	wment fur	nds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pa	Complete if the organization	ation ans	wered "Y	es" on For	m 990. I	Part IV	. line	11a. S	See Form 990. P	art X. line	10.
1a Land 3,940,000 3,940,000 b Buildings 1,910,000 407,467 1,502,533 c Leasehold improvements 237,905 110,006 127,899 d Equipment 0ther 0ther 0ther 0ther				(a) Cost or	r other basis	(b) Cost of	or other ba		(c) Acc	cumulated		
b Buildings 1,910,000. 407,467. 1,502,533. c Leasehold improvements 237,905. 110,006. 127,899. d Equipment 0ther	12	Land				(0	ıner)		depr	eciation	2 0/10	000
c Leasehold improvements 237,905 110,006 127,899 d Equipment 0ther	_		H H						1	07 467		
d Equipmente Other		_						-				
e Other	_	•			<u> </u>			\dashv		10,000.	14/	,022.
								\dashv				
		I. Add lines 1a through 1e. (Column	(d) must	egual Forr	m 990. Part	X, columi	n (B). lir	ne 10	c.)		5.570	.432

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.			
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
I alt VIII	Complete if the organization answered	d "Yes" on Form 990). Part IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	on:
(1)			Cost or end-of-year market	et value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990	O, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B)	lino 15)		
Part X	Other Liabilities.	iiiie 10.)		
Tartx	Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes	•		
(2)NET P	ENSION LIABILITY			34,847,687.
	LIABILITY			1,056,097.
	PEB LIABILITY			748,469.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			36,652,253.
	or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FASB			

JSA 2E1270 1.000 4869KO 5974 05/15/2024 09:41:41

Schedul	e D (Form 990) 2022 STRIVE PREPARATORY SCHOOLS	20-	2562193 Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	58,204,623.
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	
3	Subtract line 2e from line 1	3	58,204,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	58,204,623.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	60,568,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	00,000,010.
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.) 2d 357,952.		
	Add lines 2a through 2d	2e	357,952.
3	Subtract line 2e from line 1	3	60,210,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		00/220/071
a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.) 4b 20,594.		
	Add lines 4a and 4b	4c	20,594.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	-	60,231,488.
Part	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line
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 XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

357,952 OPEB EXPENSE

SCHEDULE D, PART XII, LINE 4B

EXPENSES ON RETURN, NOT ON BOOKS:

20,594 LEASE LIABILITY EXPENSE NOT REPORTED AS AN EXPENDITURE ON THE GOVERNMENTAL FUND REPORT

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

STRIVE PREPARATORY SCHOOLS

20-2562193

Га				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		37	
2	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
_	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax 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,	3	Х	
	use Part II		Λ	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
ч 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			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	if you answered 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:	Ea		v
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
٨	Scholarships or other financial assistance?	5d		Х
u	Octional Ships of Other Inhaholal assistance:	34		
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
9				
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
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			
-	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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial pondiscrimination? If "No." explain on Part II.	7	v	

20-2562193

Schedule E (Form 990 or 990-EZ) (2022)

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 J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	16		
2	explain	1b		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
2	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/c)/(2) 504/c)/(4) and 504/c)/(20) argonizations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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 - THRU 0	(i)	133,981.	NONE	NONE	25,758.	3,538.	163,277.	
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOSH DEVON	(i)	179,982.	NONE	40,000.	32,460.	5,189.	257,631.	
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANDREW HUBER	(i)	139,292.	NONE	20,000.	25,121.	5,189.	189,602.	
3 CHIEF OPERATIONS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DANIELLA MORELLO - THR	(i)	130,372.	NONE	NONE	23,513.	5,189.	159,074.	
4 CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ELISHA ROBERTS - THRU	(i)	147,721.	NONE	30,500.	26,641.	6,106.	210,968.	
5 CHIEF ACADEMIC OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MIKA KRAUSE - THRU 01/	(i)	143,139.	NONE	38,250.	26,037.	6,276.	213,702.	
6 INTERIM CHIEF SCHOOLS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ADAM LENZMEIER	(i)	135,831.	NONE	31,500.	24,708.	NONE	192,039.	
7 VP OF SCHOOLS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JESSICA JOHNSON	(i)	167,491.	20,000.	34,167.	27,632.	8,476.	257,766.	
8 INTERIM CEO - THRU 11/22	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 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 4A

DESCRIPTION OF SEVERANCE OR CHANGE OF CONTROL PAYMENT:

ELISHA ROBERTS AND JESSICA JOHNSON BOTH RECEIVED A QUALIFYING PAYMENT.

- JESSICA JOHNSON \$34,167
- ELISHA ROBERTS \$34,744

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 0 (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 Open to Public Inspection

20-2562193

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

FORM 990, PART I, LINE 1

STRIVE PREPARATORY SCHOOLS

ORGANIZATION'S MISSION:

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

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

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

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

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

PROCESS TO REVIEW THE FORM 990:

INFORMATION FOR THE FORM 990 IS COMPILED BY THE FINANCE TEAM 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

2022

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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.

STRIVE PREPARATORY SCHOOLS

Employer identification number 20-2562193

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

CEO COMPENSATION POLICY:

BOARD OF DIRECTORS 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. THE CEO AND PRESIDENT DETERMINE 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:

(20,030,052) CHANGE IN PENSION AND OPEB LIABILITY

IN ACCORDANCE WITH GASB 68 AND 75

2,903,531 TRANSFER FROM AFFILIATE THROUGH MERGER

(17,126,521) TOTAL

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DENVER PUBLIC SCHOOLS		
1860 LINCOLN ST.		
DENVER, CO 80203	SCHOOL DISTRICT SERV	2,848,028.
SLA MANAGEMENT		
601 S. LAKE DESTINE DR., SUITE 405		
MAITLAND, FL 32751	FOOD SERVICE	941,993.
KOKUA		
73 W. MONROE ST.		
CHICAGO, IL 60603	SUBSTITUTE TEACHING	735,548.
CDW GOVERNMENT LLC		
75 REMITTANCE DR., SUITE 1515		
CHICAGO, IL 60675	TECHNOLOGY	677,160.
DHE COMPUTER SYSTEM LLC		
7076 S. ALTON WY., BLDG C		
CENTENNIAL, CO 80112	TECHNOLOGY	498,786.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Name, addres	(a) s, 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
(1)						
(2)						
(3)						
4)						
(5)						
(6)						

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

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

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

Schedule R (Form 990) 2022

Part III 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.

(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 Code V - UBI		(j) eral or laging tner?	(k) Percentage ownership
		oou,		,			Yes	No		Yes	No							
(1)																		
(2)																		
(3)																		
(4)																		
(5)																		
(6)																		
•																		
(7)																		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	ction b)(13 trolled tity?
							Yes	
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, 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		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Χ	
	Gift, grant, or capital contribution from related organization(s)				1c		Χ	
	Loans or loan guarantees to or for related organization(s)				1d		Χ	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Χ	
g	Sale of assets to related organization(s)				1g		Χ	
h	Purchase of assets from related organization(s)				1h		Χ	
i	Exchange of assets with related organization(s)				1i		Χ	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ	
	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		X	
	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s).				1s			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thres		s.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d) of dete	rminin	ıq	
	·	type (a - s)		amou	nt invo	olved	•	
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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)	from tay under			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		g ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
<u>(1)</u>	_													
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Part VII Supplemental Information

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