						Ext	:end	ed t	to 1	May	15,	201	19							
	Ω	00		Retu	urn o	f Org	jani :	zati	on l	Exe	mpt	Fro	om l	nco	ome	Tax		OMB No	. 1545-	0047
Forr	n J	90	Un	der sectio														20	11	7
Depa	rtment	of the Treasury			Do not e	nter soc	ial sec	urity n	umbe	rs on t	his forr	m as i	t may l	be ma	de pub	olic.		Open	o Pul	blic
		enue Service			Go to	www.irs											-		ectio	
AF	or th	e 2017 calend	ıdar y	ear, or tax	year be	ginning	JU	ь 1,	, 20	017	and	d end	ing J	UN	30,	201	.8			
B c a	heck if pplicab	le: C Name o	of org	ganization										DE	mploy	er ident	tificati	on numbe	r	
	Addre	Rock	kv	Mounta	ain (Class	sica	1 Ac	cade	emv										
	Name													1		20-	454	3388		
	Initial			d street (or	P.O. box i	f mail is n	ot delive	ered to s	street a	ddress)		Roo	m/suite	ЕТ	elepho	ne num	ber			
	Final	4620		ntelo						,								9-766	5	
	termi ated	n	town	, state or p	rovince,	country	, and ZI	P or fo	reign	postal o	code	-		GG	ross recei	ipts \$		13,42	0,6	<u>;49.</u>
	Amer			do Sp				0922						H(a)	Is this	a group	o returi	n		
	Appli tion	F Name a	and a	address of	principal	officer:	Scot	t Ca	athe	эу				1		oordinat			sХ	No
	pend	same	as	C ab	ove									H(b)	Are all s	ubordinate	es includ	ed? Ye	s 🗌	No
Т	ax-ex	empt status:	X	501(c)(3)	50	1(c) ()◀	l (inser	rt no.)	49	947(a)(1) or 🗌	527]	lf "No,	" attach	n a list.	(see instru	uctior	าร)
		ite: 🕨 WWW .																umber 🕨		
		f organization:		Corporation	ד 🔄 🕺	Frust	Asso	ociation		Other			L Year	of forn	nation:	2005	M Sta	ate of legal (domici	ile: CO
Pa	art I																			
ø	1	Briefly describ	ibe th	ne organiza	tion's mi	ssion or	most si	ignifica	nt act	ivities:	The	est	tabl	.ish	men	t an	<u>id o</u>	perat	ior	1
anc		of a pu					-			-		-							nde	er
ern	2	Check this bo			•						or disp	osed	of more	e than	25% o	of its net	asset	S.		_
Š	3	Number of vo	•		•	•				,							3			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of inc															4			5 101
Activities & Governance	5	Total number						ar 2017	7 (Part	V, line	2a)					····· ⊢	5			181
ti	6	Total number					• • • • •									····· ⊢	6			0.
Ac		Total unrelate															'a			0.
	d	Net unrelated	d bus	siness taxal	ble incon	ne from I	-orm 99	30-1, lin	1e 34 .				<u></u>	<u></u>			′b	0		
		Contributions		l aranta (Da	art VIII lin	no 1h)				1				P	rior Ye 591	,241	_	Current 61		524.
Revenue	8	Contributions Program servi		•		•							··	10		,329		10,51		
sver		Investment in				0, 1	-343							±•,		,375				243.
å		Other revenue														0			.,-	0.
	12	Total revenue												10,	806	,945		11,15	6,3	93.
		Grants and si												- 1		0				0.
		Benefits paid											·· –			0				0.
Ś		Salaries, othe											··	7,	966	,610	•	10,80	5,6	508.
nse		Professional f														0			-	0.
Expense		Total fundrais							►			0								
ш	17	Other expense	ses (F	Part IX, colu	Jmn (A),	lines 11a	a-11d, 1	1f-24e	)					5,	590	,716	•	7,48		
		Total expense														,326		18,28		
	19	Revenue less	s exp	enses. Sub	otract line	e 18 from	n line 12	2						-2,	750	,381	•	-7,13	2,0	28.
Net Assets or Fund Balances													Be			rrent Yea		End of		
sets alar	20	Total assets (I	(Part	X, line 16)									🗋			,751		50,74		
it As	21	Total liabilities														,772		67,42		
P ^E	22	Net assets or			. Subtrac	t line 21	from lir	ne 20 .						-9,	106	,021	• -	16,68	4,1	.90.
	art II	_																		
		alties of perjury,						-									my kn	owledge an	d belie	f, it is
true,	corre	ct, and complete	te. Dec	claration of p	reparer (o	other than	officer)	is base	d on all	l informa	ation of v	which p	preparer	has ar	ny know	ledge.				
		I N													1					

Sign Here	Signature of officer Scott Cathey, Presiden Type or print name and title	t	Date						
	,		Date Check PTIN						
	Print/Type preparer's name	Preparer's signature							
Paid			self-employed P00356968						
Preparer	Firm's name 🕨 Hoelting & Compa	ny, Inc.	Firm's EIN ► 30-0514455						
Use Only	Firm's address 31 E Platte Ave,	Ste 300							
	Colorado Springs		Phone no.719-630-1091						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
722001 11 2	17 I HA For Paperwork Reduction Act Notic	ce see the senarate instructions	Form <b>990</b> (2017)						

 732001 11-28-17
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2017)

 See
 Schedule 0 for Organization Mission Statement Continuation

	990 (2017) Rocky Mountain Classical Academy	20-4543388	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Exists to support parents in developing citizens of int		
	chracter who are equipped with a strong knowledge base	and academic	
	skills. The basis of the development is rooted in an ac		
	rigorous, content-rich, classical educational program w	with Core	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.	10 510	<u>E06</u>
4a	(Code:)(Expenses \$ 14,571,744. including grants of \$) (Reve Organized and operated exclusively for educational purp	enue \$ 10,519,	520.)
	organized and operated exclusivery for educational purp	0565	
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve		<u> </u>
40		ande \$	)
4d	Other program services (Describe in Schedule O.)	١	
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 14,571,744.	)	
4e	Total program service expenses 14,5/1,/44.		00 (001 7)

Form	990	(2017)

Form 990 (2017) Rocky Mountain Classical Academy
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? IP "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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>л</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			- 23
120	Calendrida D. Darte VI and VII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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? If "Yes,"			
	complete Schedule G. Part III	19		х

Form **990** (2017)

Form	000	(2017)	
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 Form 990 (2017)
 Rocky Mountain Classical Academy

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	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			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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			v
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2017)

Form	990 (2017) Rocky Mountain Classical Academy		20-4543	388	Р	age <b>5</b>
Pa						<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and i	reporta	able gaming			
	(gambling) winnings to prize winners?			1c		
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	181			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	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	Accou	nts (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 trans-	action	?	5b		Х
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 t	he org	anization 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 contribu					
	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 se	rvices	provided to the payor?	7a		X
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		.			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ι.	.			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form <b>990</b> (20	)17)	
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#### Rocky Mountain Classical Academy

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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, or 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:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	Х	37
13	Did the organization have a written whistleblower policy?	13		X X
14	Did the organization have a written document retention and destruction policy?	14		_ <u> </u>
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
Ŀ	taxable entity during the year?	16a		
D	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	166		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
10	for public inspection. Indicate how you made these available. Check all that apply.	avallat.		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.		Ju	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 719-429-7665			
	4620 Antelope Ridge Drive, Colorado Springs, CO 80922			

Part VII	Co	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
		ployees, and	-	-	-		•	•

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

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

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

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	<b>)</b> )			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		iploy6	t con /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Dr. Scott Cathey	4.00	드	빅	ò	¥	тъ	Ĕ			
President		x		x				0.	Ο.	0.
(2) Brian Cullen	4.00									
Treasurer		x		X				0.	0.	0.
(3) Molara Awosefaju	4.00									
Director		х						0.	Ο.	0.
(4) Norman Hayward	4.00									
Vice President		X		Х				0.	0.	0.
(5) Krista Hamilton	4.00									
Secretary		X		Х				0.	0.	0.
•										

Form 99 Part V										20-45	943	388	Page <b>8</b>	
	(A) Name and title	(B) Average hours per week	(B) (C) Average hours per (do not check more than of box, unless person is both					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	comp fro orga and	pensation om the anization related nizations	
									5	,				
									$\mathbf{N}$					
	b-total								0.00.		0.		0.	
<b>2</b> To	tal (add lines 1b and 1c) tal number of individuals (including but						e) wł	<b>N</b> o r	0 • eceived more than \$100	),000 of reportabl	<b>0.</b> e		0 .	
<b>3</b> Die	mpensation from the organization		uste	e, ke	ey en	npla	oyee,	or	highest compensated e	mployee on			Yes No	
<b>4</b> Fo	e 1a? If "Yes," complete Schedule J for r any individual listed on line 1a, is the s d related organizations greater than \$1	sum of reportab										3	x	
5 Die rei	d any person listed on line 1a receive or indered to the organization? If "Yes," co.	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services		5	X	
<b>1</b> Co	<b>B. Independent Contractors</b> omplete this table for your five highest c e organization. Report compensation fo										pens	ation fr	rom	
	(A) Name and busines	s address	N	ONI	3				(B) Description of s	services	С	(C omper	) Isation	
<b>2</b> To	tal number of independent contractors	(including but n	ot li	mite	d to		se lis	stec	above) who received n	nore than				

Part VIII       Statement of Revenue         Check if Schedule O contains a response or note to any line in this Part VIII.         (A)       Total revenue       (C)       Unrelated         grage       Total revenue       (C)       Unrelated or exempt function business revenue         (C)       Unrelated campaigns       (a)       (b)       (C)       Unrelated campaigns       (a)       (a)       (C)       Unrelated campaigns       (a)	
Image: State Revenue     Business Code (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
george       2 a State Revenue       Business Code       9,771,215.       9,771,215.         b Other Program Revenue       Food Service Revenue       611600       9,771,215.       9,771,215.         c Pupil Activities Fees       611710       409,968.       409,968.       611710         d Food Service Revenue       611710       283,590.       283,590.       611710         e       f       All other program service revenue       611710       54,753.       64,753.         g Total. Add lines 2a-2f       investment income (including dividends, interest, and other similar amounts).       10,519,526.       10,519,526.         3 Investment income (including dividends, interest, and other similar amounts).       11,243.       11,243.         4 Income from investment of tax-exempt bond proceeds       5       2,264,256.       2,264,256.         b Less: rental expenses       0.       0.       0.       0.         d Net rental income or (loss)       0.       0.       0.       0.         7 a Gross amount from sales of assets other than inventory       (i) Securities (ii) Other       0.       0.         b Less: cost or other basis and sales expenses       (i) Securities (ii) Other       0.       0.       0.         c Gain or (loss)       0.       0.       0.       0.<	(D) venue exclude rom tax under sections 512 - 514
Business Code         b       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f       All other program service revenue         g       Total. Add lines 2a:2f         10,519,596.         a       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         c       2,264,255.         c       2,264,255.         c       2,264,255.         c       Rental income or (loss)         7       a Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)	
Business Code         b       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f       All other program service revenue         g       Total. Add lines 2a:2f         10,519,596.         a       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         c       2,264,255.         c       2,264,255.         c       2,264,255.         c       Rental income or (loss)         7       a Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)	
Business Code         0       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f All other program service revenue         g Total. Add lines 2a:2f         investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         c       (i) Real         (i) Real       (i) Personal         2, 264, 255.       2, 264, 255.         2, 264, 255.       2, 264, 255.         2, 264, 255.       0.         (ii) Personal       2, 264, 255.         2, 264, 255.       0.         (ii) Cher       0.         (iii) Cher       0.         d Net rental income or (loss)       0.         7 a Gross amount from sales of assets other than inventory       (ii) Securities         b Less: cost or other basis and sales expenses       (ii) Other         and sales expenses       (iii) Other         a Gain or (loss)       (iii) Other	
Business Code         b       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f       All other program service revenue         g       Total. Add lines 2a:2f         10,519,596.         a       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         c       2,264,255.         c       2,264,255.         c       2,264,255.         c       Rental income or (loss)         7       a Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)	
Business Code         0       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f All other program service revenue         g Total. Add lines 2a:2f         investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         c       (i) Real         (i) Real       (i) Personal         2, 264, 255.       2, 264, 255.         2, 264, 255.       2, 264, 255.         2, 264, 255.       0.         (ii) Personal       2, 264, 255.         2, 264, 255.       0.         (ii) Cher       0.         (iii) Cher       0.         d Net rental income or (loss)       0.         7 a Gross amount from sales of assets other than inventory       (ii) Securities         b Less: cost or other basis and sales expenses       (ii) Other         and sales expenses       (iii) Other         a Gain or (loss)       (iii) Other	
Business Code         Business Code         Display       Other Program Revenue         C       Pupil Activities Fees         d       Food Service Revenue         e       Food Service Revenue         g       Total. Add lines 2a:2f	
Business Code         2 a       State Revenue         b       Other Program Revenue         c       Pupil Activities Fees         d       Food Service Revenue         e       611600         f       All other program service revenue         g       Total. Add lines 2a-2f         f       All other similar amounts)         f       Income from investment of tax-exempt bond proceeds         f       Reyalties         f       Less: rental expenses         c       Rental income or (loss)         f       All rental income or (loss)         f       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)	
Business Code         Business Code         Display       Other Program Revenue       611600       9,771,215.       9,771,215.         Display       Other Program Revenue       611600       9,771,215.       9,771,215.         Pupil Activities Fees       611710       409,968.       409,968.       409,968.         Generating       Food Service Revenue       611710       283,590.       283,590.         Generating       Food Service Revenue       611710       54,753.       64,753.         Generating       Food Service revenue       10,519,596.       10,519,596.         Generating       Income from investment of tax-exempt bond proceeds       10,519,596.         Generating       (i) Real       (ii) Personal       2,264,256.       2,264,256.         Generating       (i) Real       (ii) Personal       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.<	
Business Code         Business Code         Display       Other Program Revenue       611600       9,771,215.       9,771,215.         Display       Other Program Revenue       611600       9,771,215.       9,771,215.         Pupil Activities Fees       611710       409,968.       409,968.       409,968.         Generating       Food Service Revenue       611710       283,590.       283,590.         Generating       Food Service Revenue       611710       54,753.       64,753.         Generating       Food Service Revenue       10,519,596.       10,519,596.         Generating       Income from investment of tax-exempt bond proceeds       10,519,596.         Generating       (i) Real       (ii) Personal       2,264,256.       2,264,256.         Generating       (i) Real       (ii) Personal       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.       2,264,256.<	
2 a       State Revenue       611600       9,771,215.       9,771,215.         b       Other Program Revenue       611710       409,968.       409,968.         c       Pupil Activities Fees       611710       283,590.       683,590.         d       Food Service Revenue       611710       54,753.       64,753.         e	
b       Other Program Revenue       611710       409,968.       409,968.         c       Pupil Activities Fees       611710       283,590.       283,590.         d       Food Service Revenue       611710       54,753.       54,753.         e	
g Total. Add lines 2a-2f       10,519,526.         3       Investment income (including dividends, interest, and other similar amounts)       17,243.         4       Income from investment of tax-exempt bond proceeds          5       Royalties          6 a Gross rents       (i) Real       (ii) Personal         2,264,256.       2,264,256.          2,264,256.       0.          d Net rental income or (loss)       0.          7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses           c Gain or (loss)	
g Total. Add lines 2a-2f       10,519,526.         3       Investment income (including dividends, interest, and other similar amounts)       17,243.         4       Income from investment of tax-exempt bond proceeds          5       Royalties          6 a Gross rents       (i) Real       (ii) Personal         2,264,256.       2,264,256.          2,264,256.       0.          d Net rental income or (loss)       (i) Securities       (ii) Other assets other than inventory         b Less: cost or other basis and sales expenses       (i) Securities       (ii) Other assets other than inventory	
g Total. Add lines 2a-2f       10,519,526.         3       Investment income (including dividends, interest, and other similar amounts)       17,243.         4       Income from investment of tax-exempt bond proceeds          5       Royalties          6 a Gross rents       (i) Real       (ii) Personald         2,264,256.       2,264,256.          2,264,256.       0.          d Net rental income or (loss)       0.          7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses           c Gain or (loss)	
g Total. Add lines 2a-2f       10,519,526.         3       Investment income (including dividends, interest, and other similar amounts)       17,243.         4       Income from investment of tax-exempt bond proceeds          5       Royalties          6 a Gross rents       (i) Real       (ii) Personald         2,264,256.       2,264,256.          2,264,256.       0.          d Net rental income or (loss)       0.          7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses           c Gain or (loss)	
g Total. Add lines 2a-2f 10,519,526   3 Investment income (including dividends, interest, and other similar amounts) 17,243.   4 Income from investment of tax-exempt bond proceeds 17,243.   5 Royalties 10,11,243.	
3       Investment income (including dividends, interest, and other similar amounts)       17, 243.         4       Income from investment of tax-exempt bond proceeds       17, 243.         5       Royalties       17, 243.         6       a Gross rents       10, 17, 243.         b       Less: rental expenses       12, 264, 256.         c       Rental income or (loss)       0.         d       Net rental income or (loss)       0.         7       a Gross amount from sales of assets other than inventory       (i) Securities         b       Less: cost or other basis and sales expenses       (ii) Other         c       Gain or (loss)       0.	
other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties     6 a Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)     (i) Securities     (ii) Other	
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         7       a         7       a         a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)	17,243
5 Royalties   6 a Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   7   a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)     (i) Real   (ii) Personal   2, 264, 256.   0.     (i) Securities     (ii) Other     (ii) Other     (iii) Other	,
6 a Gross rents       (i) Real (ii) Personal         b Less: rental expenses       2, 264, 256.         c Rental income or (loss)       0.         d Net rental income or (loss)       0.         7 a Gross amount from sales of assets other than inventory       (i) Securities (ii) Other         b Less: cost or other basis and sales expenses       0.         c Gain or (loss)       0.	
6 a Gross rents       2,264,256.         b Less: rental expenses       2,264,256.         c Rental income or (loss)       0.         d Net rental income or (loss)       0.         7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or other basis and sales expenses       0.         c Gain or (loss)       0.	
b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   7 a   Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)	
c       Rental income or (loss)       0.         d       Net rental income or (loss)       ▶         7 a       Gross amount from sales of assets other than inventory       (i) Securities (ii) Other         b       Less: cost or other basis and sales expenses       ●         c       Gain or (loss)       ●	
d Net rental income or (loss)       Image: mail of the second seco	
7 a Gross amount from sales of assets other than inventory       (i) Securities (ii) Other         b Less: cost or other basis and sales expenses       (ii) Other         c Gain or (loss)       (iii) Other	
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)	
b Less: cost or other basis and sales expenses c Gain or (loss)	
c Gain or (loss)	
c Gain or (loss)	
d Net gain or (loss)	
<b>9.</b> Cross income from fundational substational state	
including \$ of	
contributions reported on line 1c). See	
Part IV, line 18	
a Gross income from fundrating events (not including \$ of contributions reported on line 1c). See         Part IV, line 18 a         b Less: direct expenses b	
C Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 a	
b Less: direct expenses b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
11 a	
b	
c (	
d All other revenue	
e Total. Add lines 11a-11d	
<b>12 Total revenue</b> . See instructions. 11, 156, 393. 10, 519, 526. 0.	17,243

 Form 990 (2017)
 Rocky Mountain Classical Academy

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	· · · · ·	L
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,889,957.	2,701,974.	1,187,983.	
' 8	Pension plan accruals and contributions (include	5,005,507.		_,,	
0	section 401(k) and 403(b) employer contributions)	6,358,032.	5,404,327.	953,705.	
0		491,728.	417,969.	73,759.	
9	Other employee benefits	65,891.	56,007.	9,884.	
0	Payroll taxes	05,091.		9,004.	
1	Fees for services (non-employees):				
a	Management	50,579.		50,579.	
b	Legal				
С	Accounting	124,738.		124,738.	
d	Lobbying		-		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,563,963.	1,298,686.	265,277.	
2	Advertising and promotion	65,836.	55,961.	9,875.	
3	Office expenses	478,481.	127,020.	351,461.	
4	Information technology	65,551.	4,229.	61,322.	
5	Royalties				
6	Occupancy				
7	Travel	239,294.	228,140.	11,154.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	2,367,872.	2,012,691.	355,181.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	490,035.	490,035.		
23		94,242.	80,106.	14,136.	
3 4	Other expenses. Itemize expenses not covered	,	,	,	
т	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) Purchased Services	1,296,522.	1,102,044.	194,478.	
a h	Instruction	241,714.	241,714.		
b	Lease Payments	189,491.	161,067.	28,424.	
c	Central	137,721.	117,063.	20,424.	
d		76,774.	72,711.	4,063.	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	18,288,421.	14,571,744.	3,716,677.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Rocky Mountain	Classical	Academy
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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,810,922.	1	4,928,716.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	181,973.	4	12,021.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	253,569.	9	129,726.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,626,709.			
	b	Less: accumulated depreciation	22,224,816.	10c	21,939,964.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	3,555,405.	13	3,754.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,453,066.	15	23,728,184.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	38,479,751.	16	50,742,365.
	17	Accounts payable and accrued expenses	1,056,011.	17	869,135.
	18	Grants payable		18	
	19	Deferred revenue	199,401.	19	25,397.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ii:		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	27,221,975.	23	40,287,457.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	10 100 205		
		Schedule D	19,108,385.	25	26,244,566.
	26	Total liabilities. Add lines 17 through 25	47,585,772.	26	67,426,555.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	-12,056,998.		17 004 100
lan	27	Unrestricted net assets	2,950,977.	27	<u>-17,004,190.</u> 320,000.
Fund Balances	28	Temporarily restricted net assets	2,950,977.	28	520,000.
pui	29	Permanently restricted net assets		29	
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	-9,106,021.	32	-16,684,190.
_	33	Total net assets or fund balances	38,479,751.	33	50,742,365.
	34	Total liabilities and net assets/fund balances	50,4/3,/51.	34	50,742,303.

Form **990** (2017)

#### Part X | Balance Sheet

	1990 (2017) Rocky Mountain Classical Academy	20-	4543	388	Pa	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,28		
3	Revenue less expenses. Subtract line 2 from line 1	3		,13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 9	,10	<u>6,0</u>	21.
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		-44	6,1	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-16	,68	4,1	90.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					v
_	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	
				Form	990	(2017)

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the	organization
-------------	--------------

ivar	neo	ט נו	ne organization	w. Mountain	Classical A	aadom				0 - 4543388		
D	art		Reason for Public					o instruction		0-4545566		
									5.			
	org		ization is not a private found									
1		-	A church, convention of ch					I)(A)(I).				
2	X		A school described in sect									
3			A hospital or a cooperative					•				
4			A medical research organiz	zation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	_		city, and state:									
5			An organization operated f		llege or university owne	d or opera	ted by a g	overnmental (	unit descrik	bed in		
	_	_	section 170(b)(1)(A)(iv). (Complete Part II.)									
6			A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7			An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
	_	_	section 170(b)(1)(A)(vi). (C	Complete Part II.)								
8		_	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9			An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	Inction with a	land-grant	college		
			or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or		
	_	_	university:					*				
10			An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from		
			activities related to its exer	mpt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
			income and unrelated busi	iness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.		
	_	_	See section 509(a)(2). (Co	omplete Part III.)								
11		_	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).				
12			An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
			more publicly supported o	rganizations describe	ed in <b>section 509(a)(1)</b> o	r section #	509(a)(2).	See section &	5 <b>09(a)(3).</b> (	Check the box in		
	-		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.			
а	a L		<b>Type I.</b> A supporting org	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving		
			the supported organizati	ion(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting		
	_		organization. You must	complete Part IV, Se	ections A and B.							
b	<b>,</b> [		<b>Type II.</b> A supporting or	ganization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving		
			control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
	-		organization(s). You mus	st complete Part IV,	Sections A and C.							
c	; [		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
	_		its supported organization	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
c	1 1		Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
			that is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
	_		requirement (see instruc	tions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .				
e	<b>,</b> [		Check this box if the org	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
			functionally integrated, c	or Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ε	nte	er the number of supported	organizations								
ç	J P		vide the following informatio			C						
		(i)	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other support (see instructions)		
			organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tot	al											
	_	_										

### Schedule A (Form 990 or 990-EZ) 2017 Rocky Mountain Classical Academy Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	ſ						
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	ſ						
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
_	ction B. Total Support						1	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4							
8	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							
	Gross receipts from related activities,	etc. (see instructi	ons)			12		
	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·		rd fourth or fifth t				
	organization, check this box and <b>stor</b>	ů.						
Se	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%	
	Public support percentage from 2016					15	%	
	33 1/3% support test - 2017. If the o					nore, check this b	ox and	
	stop here. The organization qualifies	-						
b	33 1/3% support test - 2016. If the o						his box	
	and stop here. The organization qual							
17a								
	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
Ł	<b>b 10%</b> -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
~	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-cire				• •			
18	Private foundation. If the organization						ns	
-	5		, • =	. , ,			-	

#### Schedule A (Form 990 or 990-EZ) 2017 Rocky Mountain Classical Academy 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
${f b}$ 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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		_				
Section B. Total Support					•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on <b>12</b> Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for	r the organization's	s first, second, th	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) org	anization,
check this box and <b>stop here</b>					<u></u>	▶∟
Section C. Computation of Pub					1 1	
<b>15</b> Public support percentage for 2017			column (f))		15	%
16 Public support percentage from 2010			<u></u>		16	%
Section D. Computation of Inve		•				
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from						<u>%</u>
<b>19a 33 1/3% support tests - 2017.</b> If the						ne 1 / is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, ch			•		•	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	

#### Schedule A (Form 990 or 990 EZ) 2017 Rocky Mountain Classical Academy

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		V	
1		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		

# Schedule A (Form 990 or 990 EZ) 2017 Rocky Mountain Classical Academy Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization(s) that operated, supervised, or controlled the supported organization of 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.			
800	tion C. Type II Supporting Organizations	2		
Sec	tion c. Type in Supporting Organizations		V	
			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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

### Schedule A (Form 990 or 990-EZ) 2017 Rocky Mountain Classical Academy 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 qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	đ		
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	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-functionally	integr	ated Type III supporting orga	nization (see

instructions).

### Schedule A (Form 990 or 990 EZ) 2017 Rocky Mountain Classical Academy

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			(Forme 000 or 000 F3) 001

Schedule A	(Form 990 or 990-EZ) 2017 Rocky	Mountain	Classical	Academy	20-4543388 Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	rovide the explana b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section E	tions required by Pa o, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, line 11c; Part IV, Section B a, and 3b; Part V, line 1	9 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
				$\sim$	
			C	$\mathbf{X}$	
				)	
			()		
	•				
		<u> </u>			

(Form 9	<del>9</del> 90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Nam	of the organization Rocky Mountain Cla	aggical Academy	Employer identification number 20-4543388
Par	-		
Fai	organizations waintaining Donor Advis organization answered "Yes" on Form 990, Part IV, I		s of Accounts.Complete if the
	organization answered fes on Form 990, Part IV, 1	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	.,	
1	Total number at end of year Aggregate value of contributions to (during year)		
2			
3 ⊿	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		and funda
5	Did the organization inform all donors and donor advisors in	-	
~	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Par		prognization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified concernation contribution in the form	of a concernation accompant on the last
2		aimed conservation contribution in the form	Held at the End of the Tax Year
•	day of the tax year.		2a
a h	Total number of conservation easements		
D O			
C A	Number of conservation easements on a certified historic s		
a	Number of conservation easements included in (c) acquired		2d
2	listed in the National Register		
3	year	released, excinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation e		
<del>-</del> 5	Does the organization have a written policy regarding the p		
5	violations, and enforcement of the conservation easements	-	
6	Staff and volunteer hours devoted to monitoring, inspecting		
U			iservation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserv	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	· ·	
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz		
	conservation easements.		0
Par		of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public e	exhibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical to	reasures, or other similar assets for financi	
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		• *
b	Assets included in Form 990, Part X		

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Sche	dule D (Form 990) 2017 Rocky M	ountain Cl	assi	cal A	cademy		20	-4543	388	Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	r Similar	Assets(	continue	ed)
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ds, chec	k any of th	e following tha	at are a siç	gnificant use	of its col	ection i	tems
а	Public exhibition	c	1	Loan or ex	change progr	ams				
b	Scholarly research	e								
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hev further	the organizat	ion's exen	not purpose	in Part XI	II.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's	collection?			. 🗆 Y	es	🗌 No
Par	t IV Escrow and Custodial Arran								9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ons or other as	ssets not i	ncluded			
	on Form 990, Part X?							📖 Y	es	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Ar	nount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on F						ty?	🗀 Y	es	No
Par	If "Yes," explain the arrangement in Part XIII.					_	<u></u>			
1 0	<b>t V   Endowment Funds.</b> Complete i	(a) Current year	1	Prior year			d) Three year:	a hack I	LEOUR V	ars back
10	Beginning of year balance	(a) Current year		-nor year	(c) Two yea	IS DACK (	uj milee year			ais Dauk
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column	(a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	_%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held	and administe	ered for th	e organizati	on	_	
	by:							-	Y	es No
								H	Ba(i)	
	(ii) related organizations								la(ii)	
b	If "Yes" on line 3a(ii), are the related organization				?			L	3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm			V 15- 11-			in a 10			
	Complete if the organization answere			1				(-1)	Deeler	
	Description of property	(a) Cost or o basis (investi			st or other s (other)		cumulated reciation	(a)	Book v	alue
4-	Land		nentj		93,591.	uep		1	693	,591.
	Land				93,769.	1 /	81,897			,872.
	Buildings Leasehold improvements			<u> </u>		±,±	51,007	· <u> </u>	<u></u>	, 0 / 2 •
	Equipment			4	39,349.	2	04,848	-	234	,501.
	Other			<u> </u>			,-10	-		,
	Add lines 1a through 1e. (Column (d) must e		X. colu	nn (B) line	10c.)			21.	939	,964.
		,,,	, ,	, ,,	,			,		-

Schedule D (Form 990) 2017

Part VII       Investments - Other Securities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.         (a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) Financial derivatives       Image: Complete in the provide security of the pr	Schedule D (Form 990) 2017 Rocky Mount	ain Classic	al Academy	20-4543388 Page <b>3</b>
(a) Description of statuly (exusting news of second)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (b) Francial dark methods         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c) <td></td> <td></td> <td>_</td> <td><u> </u></td>			_	<u> </u>
(1)       Financial derivatives         (2)       Cosely-held equity interests         (3)       Other         (4)       (5)         (5)       (7)         (6)       (7)         (7)       (8)         (8)       (7)         (9)       (8)         (10)       (11)         (11)       (12)         (12)       (11)         (13)       (11)         (14)       (12)         (15)       (12)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (12)       (11)         (13)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (12)         (18)       (12)         (19)       (12)         (11)       Deferred Outflows of Resourceis         (2)       (2)       (2)         (11)       Deferred Charge on resunding         (12)       (12)       (13)         (13)	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, Part	X, line 12.
(2) Closely-hold equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(2) Closely-held equity interests	(1) Financial derivatives			
(3) Other       (4)         (6)       (5)         (7)       (7)         (8) Other Assets       (9) Book value         (9) Deposits       (9) Book value         (9) Construction in Progress       (9, 559, 3563, 18, 710, 19, 10, 10, 58e Form 990, Part X, line 15.         (9) Deposits       (9) Deposits       (9) Deposits         (9) Construction in Progress       (9, 571, 471, 16, 18, 710, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
(b)         (c)           (c)				
(B)       (C)         (C)       (C)         (D)       (C)         (E)       (C)         (F)       (C)         (G)       (C)         (F)       (C)         (G)       (				
Complete if the organization answered "Yes" on Form 990, Part X, line 112. See Form 990, Part X, line 13.       (a) Description of investment       (b) Experiment         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)				
(0)       (1)         (2)       (2)         (3)       (3)         (4)       (2)         (5)       (3)         (4)       (4)         (5)       (5)         (6)       (6)         (7)       (9)         (8)       (9)         (9)       (9)         (9)       (1)         (9)       (1)         (9)       (1)         (1)       (2)         (2)       (2)         (3)       (2)         (4)       (2)         (5)       (3)         (6)       (4)         (7)       (1)         (8)       (2)         (9)       (2)         (1)       Deferred Outflows of Resources         (1)       Deferred Outflows of Resources         (2)       (2)         (3)       (3)         (1)       Deferred charge on refunding         (6)       (1)         (7)       (2)				
(B)       (C)         (G)       (				
(P)       (P)         (G)       (P)         (H)       (P)         (F)       (				
(9)				
(h)       Tetal. (Col. (b) must equal Form 990, Part X, col. (b) line 12.) >>         Part VIII Investments - Program Related.       Complete if the organization answered "Yes" on Form 990, Part W, line 11c. See Form 990, Part X, line 13. <ul> <li>(a) Description of investment</li> <li>(b) Book value</li> <li>(c) Method of valuation: Cost or end of year market value</li> <li>(d)</li> <li>(e) Method of valuation: Cost or end of year market value</li> <li>(f)</li> <li>(g)</li> <li>(g)</li> <li>(h) Book value</li> <li>(g) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Method of valuation: Cost or end of year market value</li> <li>(h) Deferred Outflows of Resources</li> <li>(h) Method Assets.</li> <li>(h) M</li></ul>				
Trial: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part X, line 15. (a) Description (b) Book value (c) Deferred Outflows of Resources (c) Deferred Charge on retunding (g) (g) (g) (g) (g) (g) (g) (h) Deferred charge on retunding (g) (g) (g) (g) (g) (g) (g) (g				
Part VIII Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c: See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (10)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (10)       (a) Description       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (10)       (b) Book value       (c) Method of valuation: Cost or end-of year market value       (c) Method of valuation: Cost or end-of year market value         (10)       (b) Book value       (c) Method of valuation: Cost or end-of year market value       (c) Method of valuation: Cost or end-of year market value         (11)       (c) Method of Sector of Se				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 900, Part X, line 13.         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end of year market value         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (h)       (c)         (f)       (c)         (g)       (c) <td></td> <td>1</td> <td></td> <td></td>		1		
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (9)         (c)         (c)         (c)         (c)           (1) Deferred Outflows of Resources         9,569,368.         (c)         (c)           (2) Deposits         (c) S,268,635.         (c) S,268,635.         (c) S,268,635.           (2) Deposits         (c) S,268,635.         (c) S,268,635.         (c) S,268,635.           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (		on Form 990, Part IV.	line 11c. See Form 990. Part	X. line 13.
(1)       (1)       (1)         (2)       (1)       (1)         (3)       (1)       (1)         (4)       (1)       (1)         (6)       (1)       (1)         (7)       (1)       (1)         (8)       (1)       (1)         (9)       (1)       (1)         (9)       (1)       (1)         (1)       (1)       (1)         (1)       (1)       (1)         (1)       (1)       (1)         (1)       (1)       (1)         (2)       Deposits       (1)         (3)       (2)       (2)         (4)       (2)       (2)         (5)       (3)       (3)         (6)       (3)       (3)         (7)       (4)       (4)         (6)       (2)       (2)         (7)       (3)       (3)       (4)         (9)       (2)       (2)       (3)         (1)       Persion Liability       (4)       (4)         (9)       (2)       Net OPEB Liability       (4)         (9)       (2)       (4)       (5)       (4)<	(a) Description of investment		(c) Method of valuat	tion: Cost or end-of-year market value
(2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         (10)       (10)         (11)       Deferred Outflows of Resources         (12)       (12)         (13)       (14)         (14)       Deferred Outflows of Resources         (12)       Deposits         (13)       Deferred Outflows of Resources         (14)       Deferred Charge on refunding         (15)       (18, 710.)         (12)       Deferred Charge on refunding         (13)       (18, 711.)         (14)       (18, 711.)         (15)       (18, 711.)         (16)       (17)         (17)       (19)         (19)       Deferred Charge on refunding         (17)       (19)         (19)       Distruction in subwerd "Yes" on Form 990, Part IV, line 116. or 111. See Form 990, Part X, line 25.         (10)       (10)         (17)       (10)         (18)       (19)         (19)       (111)         (19)       (111)         (10)       (111)	(1)			
(3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part X, line 15.       (9) Book value         (1) Deferred Outflows of Resources       9, 569, 368.         (2) Deposits       18,7110.         (3) Construction in Progress       5, 268, 635.         (4) Deferred charge on refunding       8, 871, 471.         (9)       (9)         (9)       (9)         (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2) Net OPEB Liability       (b) Book value         (1) Federal income taxes       (1) Federal income taxes         (2) Net OPEB Liability       (b) Book value         (3)       (1) Federal income taxes         (2) Net OPEB Liability       (b) Book value         (6)       (7)				
(4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part X, line 15.       (b) Book value         (1)       Deferred Outflows of Resources       9, 569, 368.         (2)       Deposits       18, 710.         (3)       Construction in Progress       5, 268, 635.         (4)       Deferred Charge on retunding       8, 871, 471.         (6)       (7)       (6)         (7)       (6)       (a) Description of liability       (b) Book value         (7)       (a) Description of liability       (b) Book value       (c) Part X, line 25.         (1)       Federal income taxes       (b) Book value       (c) Part X, line 25.         (1)       Federal income taxes       (b) Book value       (c) Part X, line 25.         (1)       Federal income taxes       (b) Book value       (c) Part X, line 25.         (2)       Net Pension Liability       (b) Book value       (c) Part X, line 25.         (3)       (a) Description of Resources       1, 146, 887.       (c) Part Cope B Liability				
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part V, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       Deferred Outflows of Resources       9, 569, 368.         (2)       Deposits       18, 7110.         (3)       Construction in Progress       5, 268, 635.         (4)       Deferred charge on refunding       8, 871, 471.         (6)       (7)       (9)         (7)       (9)       23, 728, 184.         Part X       Other Liabilities.       23, 728, 184.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1.         (6)       (9)       (9)       24, 537, 350.         (1)       Federal income taxes       (2)       Net OPEB Liability         (2)       Net OPEB Liability       560, 329.         (6)       (7)       (9)         (8)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (1				
(6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (b) Book value         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part V, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (6)       (7)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (6)         (7)       (7)         (8)       (9)         Other Liabilities.       23,728,184.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (2) Net Pension Liability         (2) Net OPEB Liability       560,329.				
(7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (a) Description         (b) Book value       (b) Book value         (1) Deferred Outflows of Resources       9, 569, 368.         (2) Deposits       9, 569, 368.         (3) Construction in Progress       5, 268, 635.         (4) Deferred Charge on refunding       8, 871, 471.         (6)       (7)         (7)       (b)         (7)       (c)         (8)       (c)         (9)       23, 728, 184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b)       (b) Book value         (1) Federal income taxes       (c) Net Pension Liability         (2) Net Pension Liability       (b) Book value         (1) Federal Inflows of Resources       1, 146, 887.         (6)       (c)         (7)       (c)         (3)       24, 537, 350.         (4) Deferred Inflows of Resources       1, 146, 887.         (5) Net OPEB Liability       560, 329.         (6)       (				
(8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (a) Description         Part X       Other Assets.         (a) Deferred Outflows of Resources       9, 569, 368.         (2) Deposits       18, 710.         (3) Construction in Progress       5, 268, 635.         (4) Deferred charge on refunding       8, 871, 471.         (6)       (6)         (7)       (a) Description         (a) Description of liability       23, 728, 184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (c) Net Pension Liability       (b) Book value         (c) Net OPEB Liability       560, 329.         (6)       (c)         (c) Net OPEB Liability       560, 329.         (b)       (c) Att 560         (c) Net OPEB Liability       560, 329.         (b)       (c) Att 560				
(9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX         Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (i) Deferred Outflows of Resources       9,559,368.         (a) Description       (b) Book value         (a) Description       (b) Book value         (i) Deferred Outflows of Resources       9,559,368.         (a) Description       18,710.         (a) Construction in Progress       5,268,635.         (b) Deferred charge on refunding       8,871,471.         (c)       (c)         (f)       (c)         (g)       (c) Uher Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (c)         (a) Deferred Inflows of Resources       1,146,887.         (g)       (c) Net OPEB Liability         (g)       (c) OPEB Liability         (g)       (c) OPEB Liability         (g)       (c) OPE         (g)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       9,569,368.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on retunding       8,871,471.         (6)       (6)         (7)       (7)         (8)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) Net Pension Liability         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (6)         (7)       (7)         (8)       (9)         (9)       24,537,350.         (9)       26 0.44 0.0000000000000000000000000000000				
Part IX Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (7)         (8)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       (b) Book value         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (7)       (7)         (8)       (9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (8)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (2) Net Pension Liability         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (7)       (8)         (9)       045,044,587.				
(a) Description       (b) Book value         (1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (8)         (9)       23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       (b) Book value         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (7)       (8)         (9)       06 0.44 566		on Form 990 Part IV	Jine 11d. See Form 990. Part	X line 15
(1) Deferred Outflows of Resources       9,569,368.         (2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (8)         (9)       23,728,184.         PartX       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (7)       (7)         (8)       (9)         (9)       06,044,566			inte 110. See Form 330, Fait	
(2) Deposits       18,710.         (3) Construction in Progress       5,268,635.         (4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       > 23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5)       (a) Description of Resources         (7)       (7)         (8)       (9)         (9)       04,045,057				
(3) Construction in Progress       5,268,635.         (4) Deferred charge on retunding       8,871,471.         (5)       (6)         (7)       (7)         (8)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ≥ 23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (5) Net OPEB Liability       560,329.         (6)       (7)         (8)       (9)         (9)       06,044,566				
(4) Deferred charge on refunding       8,871,471.         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       > 23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) Net Pension Liability         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (8)       (9)				
(5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶ 23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1. (a) Description of liability         (1)       Federal income taxes       (b) Book value         (2)       Net Pension Liability       (b) Book value         (3)       24,537,350.         (4)       Deferred Inflows of Resources       1,146,887.         (5)       Net OPEB Liability       560,329.         (6)       (7)       (8)         (9)       06,044,566		ing		8 871 471
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       > 23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1. (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (8)       (9)		ing		0,0/1,4/1.
(7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶ 23,728,184.         Part X       Other Liabilities.       ≥ 23,728,184.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       ≥ 23,728,184.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       =         (2)       Net Pension Liability       (b) Book value         (3)       24,537,350.         (4)       Deferred Inflows of Resources       1,146,887.         (5)       Net OPEB Liability       560,329.         (6)       =       =         (7)       =       =         (8)       =       =         (9)       =       =				
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶ 23, 728, 184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1. (a) Description of liability         (1)       Federal income taxes       (b) Book value         (2)       Net Pension Liability       24, 537, 350.         (3)       24, 537, 350.         (4)       Deferred Inflows of Resources       1, 146, 887.         (5)       Net OPEB Liability       560, 329.         (6)       (b)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       05, 044, 556       (c)				
(9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (7)         (8)       (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶       23,728,184.         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1.         (a) Description of liability       (b) Book value         (1) Federal income taxes       .         (2) Net Pension Liability       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       .         (7)       .         (8)       .         (9)       .				
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       Net Pension Liability         (3)       24,537,350.         (4)       Deferred Inflows of Resources         (5)       Net OPEB Liability         (6)		- 45)		> 23 728 184
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (a) Description of liability         (2)       Net Pension Liability       (b) Book value         (3)       24,537,350.         (4)       Deferred Inflows of Resources       1,146,887.         (5)       Net OPEB Liability       560,329.         (6)       (b)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)		e 15.)		▲ 23,720,104.
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c) Net Pension Liability         (2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) 0.44,565.			line the exit f Cas Farme OO	Devit V, line OF
(1) Federal income taxes       (1) Federal income taxes         (2) Net Pension Liability       (24,537,350.)         (3)       (24,537,350.)         (4) Deferred Inflows of Resources       (1,146,887.)         (5) Net OPEB Liability       (560,329.)         (6)       (6)         (7)       (7)         (8)       (9)         (9)       (26,044,565.)		on Form 990, Part IV,		J, Part X, line 25.
(2) Net Pension Liability       24,537,350.         (3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (6)         (7)       (8)         (9)       26,044,565.				
(3)       24,537,350.         (4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (6)         (7)       (7)         (8)       (9)         (9)       (26,044,565)				
(4) Deferred Inflows of Resources       1,146,887.         (5) Net OPEB Liability       560,329.         (6)       (6)         (7)       (7)         (8)       (9)         (9)       (20,044,565)			24 527 250	
(5) Net OPEB Liability       560,329.         (6)       (7)         (8)       (9)         (9)       205,044,5555				
(6)       (7)       (8)       (9)		rces		
(7) (8) (9)			500,329.	
	(6)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	20,244,566.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2017 Rocky Mountain Classical Academ	ny 20-	4543388 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	11,156,393.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	I Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		11,156,393.
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		
b	Other (Describe in Part XIII.) 4b		
С	Add lines <b>4a</b> and <b>4b</b>		0.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		11,156,393.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		18,288,421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	, , ,		
С	Other losses		
d			
е			0.
3	Subtract line 2e from line 1	3	18,288,421.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	· · · · · · · · · · · · · · · · · · ·		
b			
С			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		18,288,421.

#### Part XIII Supplemental Information.

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

SC	HEDULE E	Schools	1	OMB No.	1545-00	47		
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	17	/		
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		LU				
	ment of the Treasury I Revenue Service	Attach to Form 990 or Form 990-EZ.			pen to Public			
	e of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer ide	-		mber		
Marin	e of the organization	Rocky Mountain Classical Academy		4543				
Pa	rt I	Roony nouncain orabbioar neadomy		1010	500			
					YES	NO		
1	Does the organiza	tion have a racially nondiscriminatory policy toward students by statement in its charter, byla	aws,					
	other governing in	strument, or in a resolution of its governing body?		. 1		X		
2	•	tion include a statement of its racially nondiscriminatory policy toward students in all its broo	-					
_		ther written communications with the public dealing with student admissions, programs, and		? 2		X		
3		on publicized its racially nondiscriminatory policy through newspaper or broadcast media du						
		on for students, or during the registration period if it has no solicitation program, in a way that						
	If you need more s	o all parts of the general community it serves? If "Yes," please describe. If "No," please expl	an.	3		x		
		information utilized during the enrollment pe	riod	. 5				
		written statement regarding the school's raci		•				
		minatory policy.		-				
				-				
4	Does the organiza	tion maintain the following?						
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	X			
b		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina		. 4b	X			
С		ogues, brochures, announcements, and other written communications to the public dealing	with student					
		ams, and scholarships?			X	<b> </b>		
d		rial used by the organization or on its behalf to solicit contributions?		. 4d	X			
	If you answered "I	No" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
5	Does the organiza	tion discriminate by race in any way with respect to:						
а	Students' rights or	r privileges?		. 5a		X		
	Admissions policie	os?		. 5b		X		
С	Employment of fac	culty or administrative staff?		. 5c		X		
d	Scholarships or ot	her financial assistance?		. <u>5</u> d		X		
		ps?				X X		
						X		
g	Athletic programs	?		5g 5h		X		
	If you answered "	lar activities? /es" to any of the above, please explain. If you need more space, use Part II.						
				-				
				•				
6a	Does the organiza	tion receive any financial aid or assistance from a governmental agency?		6a		X		
b		on's right to such aid ever been revoked or suspended?		. 6b		X		
		Yes" on either line 6a or line 6b, explain on Part II.						
7	-	tion certify that it has complied with the applicable requirements of sections 4.01 through 4.			37			
	Rev. Proc. 75-50,	1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	·····		X			

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

Supplemental Information. Provide the explanations required by Part I, lines 3. 4d. 5h, 6b, and 7, as applicable.         Also provide any other additional information.	Schedule E	(Form 990 or 990-EZ) 2017 Rocky Mountain Classical Academy	20-4543388 Page 2
	Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as applicable.
		Also provide any other additional information.	

SCH	EDL	JLE	0	
( <b>F</b>	000	00	2	

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

20-4543388

Rocky Mountain Classical Academy

Form 990, Part I, Line 1, Description of Organization Mission:

the Colorado Charter Schools Act.

Form 990, Part III, Line 1, Description of Organization Mission:

Knowledge emphasis.

Form 990, Part VI, Section B, line 11b:

Copies of the Form 990 are provided to board members for approval before

filing.

Form 990, Part VI, Section B, Line 1200

Directors are required to disclose any known or potential conflicts of

interest in writing to the Board prior to the time set for voting on any

such transaction.

Form 990, Part VI, Section C, Line 19:

Financial information of the organization can be obtained from Doug Hering.

FORM 990, PART XI, LINE 2C

The board of directors assumes responsibility for the oversight of the

audit and selection of an independent accountant. This procedure has

not changed from prior years.

SCH	IEDULE 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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

20-4543388

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### Rocky Mountain Classical Academy

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable)	Primary activity	ary activity Legal domicile (state or		e End-of-year	assets Direct	controlling	g
of disregarded entity		foreign country)			е	ntity	
RMCA Building Corporation - 20-5174928							
4620 Antelope Ridge Drive	Lease building to Rocky				Rocky Mount	ain	
Colorado Springs, CO 80922	Mountain Claasical Academy	Colorado	2,486,6	36,48	1,715.Classical A	.cademy	
Rocky Mountain Classical Academy Preschool							
LLC - 38-4089809, 4620 Antelope Ridge Drive,	]				Rocky Mount	ain	
colorado Springs, CO 80922	Operate a preschool program	Colorado		0. 2	0,918.Classical A	.cademy	
		5					
Part II         Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization ar	swered "Yes" on Form 990,	Part IV, line 34, be	cause it had one	or more related tax-ex	empt	
(a)	(b)	(c)	(d)	(e)	(f)	(	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section s	status (if section	entity	ent	tity?
				501(c)(3))		Yes	

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

Schedule R (Form 990) 2017

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)	(b)	(c)	(d)	(e)		(f)	(g)		(h)	)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant i (related, unre excluded from t sections 512	income elated, ax under	Share of total income	Share end-of- asse	year a	llocatio		Code V-UB amount in bo 20 of Schedu	ox m	anaging	Percentage ownership
		country)		sections 512	-514)			Ye	es	No	K-1 (Form 106	55) <b>Y</b>	es No	
	_													
	_													
						V								
	1													
Part IV Identification of Related Or organizations treated as a co	rganizations Taxable prporation or trust duri	as a Corpo	<b>pration or Trust.</b> Co year.	omplete if the o	rganizati	on answered "Ye	es" on Form	990, Part	IV, li	ine 34	l, because it ha	ad on	e or m	ore related
(a)			(b)	(c)	(d)	(4	e)	(f)			(g)	(	h)	(i) Section
Name, address, and I	EIN	Prim			rect cont			Share of to	tal				entage	Section 512(b)(13)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i Sect 512(b contro enti	o)(13) olled ity?
		country)		,				Yes	No
	-								
	]								
								1	1

#### Schedule R (Form 990) 2017 Rocky Mountain Classical Academy

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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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		5				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)			>	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
- 1	Performance of services or membership or fundraising solicitations for related organization	on(s)	<b>X</b>		11		
m	Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
ο	Sharing of paid employees with related organization(s)	<b>(1</b> )			10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
S	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 mu	ust complete th	nis line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
		ransaction	Amount involved	Method of determining amount in	volved		
	t	type (a-s)					
(1)							
(2)							
(0)							
(3)							
(4)							
(4)							
(5)							
(5)							
(6)							
(6)							

#### Schedule R (Form 990) 2017 Rocky Mountain Classical Academy

#### 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropetionate allocation Yes N	s? of Schedule K-1	(j) General o managing partner? Yes NO	(k) Percentage ownership
					L					
					$\mathbf{R}$					
			C							

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017 Supplemental Info	Rocky	Mountain	Classical	Academy	20-4543388 Page 5
Part VII						
	Provide additional infor	mation for resp	onses to question	is on Schedule R. Se	ee instructions.	
					$\sim$	
				4		
			A			

Form <b>8868</b>
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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

Enter filer's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**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/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	mpt organization or other filer, see instructions.			Employer identification number (EIN) or	
print	Rocky Mountain Classical Academy				20-4543388	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)	
return. See instruction						
Enter the Return Code for the return that this application is for (file a separate application for each return)						01
Application		Return	Application			Return
Is For			Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	07		
Form 990-BL		02	Form 1041-A	08		
Form 4720 (individual)			Form 4720 (other than individual)	09		
Form 990-PF			Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above) The Organizatio			Form 8870			12
Telep • If the • If this box • 1 Ir fo 2 If	equest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2017 the tax year entered in line 1 is for less than 12 months, of Change in accounting period	ss in the Ur Group Exe and atta Ma organization , an check reas	Fax No.	f this is fo f all memb the exen	r the whole goers the extended of the extended	group, check this nsion is for.
3a lf	his application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			0
	nrefundable credits. See instructions.			3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					•
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	l (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	'9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	8868 (Rev. 1-2017)