### Form **8879-EO**

# IRS *e-file* Signature Authorization for an Exempt Organization

		•		
For calendar year 2020, or fiscal year beginning	7/1	, 2020, and ending	6/30 ,	20 21

OMB No. 1545-0047

Department of the Treasury

► Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form88/9EO for the latest informati	on.
Name of exempt organization or person subject to tax	Taxpayer identification number
University Preparatory Schools  Name and title of officer or person subject to tax	47-5308126
	Executive Director
Part II Declaration and Signature Authorization of Officer or Person Subject Under penalties of perjury, I declare that I am an officer of the above organization or I am a pe	e return being filed with this not enter -0-). But, if you entered in Part I.  ine 12)
name of organization) University Preparatory Schools , (EIN) 47-5308126 true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the colling I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to ser to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) to processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicat software for payment of the federal taxes owed on this return, and the financial institution to debit the entry a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business d (settlement) date. I also authorize the financial institutions involved in the processing of the electronic paym confidential information necessary to answer inquiries and resolve issues related to the payment. I have seidentification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and the financial institution in the processing of the electronic return and the financial institution in the payment.	nd the return to the IRS and he reason for any delay in and its designated Financial ted in the tax preparation to this account. To revoke ays prior to the payment nent of taxes to receive elected a personal
PIN: check one box only	
I authorize Patricia Del una-Zickefoose, P.C. to enter my PII ERO firm name  on the tax year 2020 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the organization, I will enter my PII electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return.	Enter five numbers, but do not enter all zeros a copy of the return is being filed with horize the aforementioned ERO to  N as my signature on the tax year 2020 being filed with a state agency(ies)
Signature of officer or person subject to tax	Date ▶
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	84586558365 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature Patricia DeLuna-Zickefoose Date	5/8/2022
FRO Must Retain This Form—See Instructions	·

## Form **990**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

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

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

Α		2020 cal	endar year, or tax year beginning	7/1/2020	, and e	nding	6/30/202	1
В		applicable:		paratory Schools	•		ployer identif	ication number
	Address o	change	Doing business as University Prep Ir	1C				
$\equiv$	Name cha	ongo	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	47-530	8126	
_	ivallie clie	ange	2409 Arapahoe Street			E Tele	ephone numbe	er
_	Initial retu	ırn	City or town	State	ZIP code	303-29	2-0463	
	Final return	/terminated	Denver	CO	80205	anda		
Ť	Amended	Iroturn	Foreign country name Foreign	province/state/county	Foreign postal		ss receipts \$	1,258,737
<u></u>	Amended	return				G ON	за гесетріз ф	
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group	return for subord	dinates? Yes X No
			David Singer 3230 E 38th Ave, Denv	er, CO 802 <u>05</u>		H(b) Are all subo	rdinates inclu	ded? Yes No
1	Tax-exen	mpt status:	X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a list. See i	nstructions
J	Website:	: • ww\	w.uprepschool.org	<del></del>		H(c) Group exem	notion number	<b>&gt;</b>
		organization		ation Other ►	I Van			
				duon Other	L rea	ii oi ioimation.	2016 M S	State of legal domicile: CO
	art I	_	mmary				0.1	
ø	1	-	escribe the organization's mission or	_			ory Schoo	ls is a Charter
anc anc			Management Organization. It's missio					
Governance			ment services and exceptional educa					
Š	2		nis box ▶ if the organization dis				1 1	
න ග	3		of voting members of the governing I					11
Se	4		of independent voting members of th					11
Activities	5		mber of individuals employed in caler				_	12
ŧ	6		mber of volunteers (estimate if neces					10
∢	7a		related business revenue from Part V					142,759
	b	Net unre	elated business taxable income from I	-orm 990-1, Part I, line 1	11			0
		Contribu	itions and grants (Dart VIII line 1h)			Prior Y		Current Year
ne	8		itions and grants (Part VIII, line 1h).				214,001	89,864
Revenue	9		n service revenue (Part VIII, line 2g) .				922,600 44	945,100
æ	10 11		ent income (Part VIII, column (A), line				202	22 223,751
	12		venue (Part VIII, column (A), lines 5, enue—add lines 8 through 11 (must equ				1,136,847	
	13		and similar amounts paid (Part IX, col				92,085	1,258,737 78,944
	14		paid to or for members (Part IX, colu				92,000	70,344
"			other compensation, employee benefits	, , , ,			620,558	982,160
ses	16a		onal fundraising fees (Part IX, column				020,330	0
Expenses	b		ndraising expenses (Part IX, column (		0		J	0
$\overline{\Sigma}$	17		openses (Part IX, column (A), lines 11				342,782	263,526
	18		penses. Add lines 13–17 (must equal				1,055,425	1,324,630
	19		e less expenses. Subtract line 18 from				81,422	-65,893
o e	1					Beginning of C	,	End of Year
sets	20	Total as	sets (Part X, line 16)				541,494	422,285
t Ass	21		bilities (Part X, line 26)				864,212	850,653
Net Assets or Fund Balances	22	Net asse	ets or fund balances. Subtract line 21	from line 20			-322,718	-428,368
	art II	Sig	nature Block					
Und	er penalti	es of perjury	y, I declare that I have examined this return, inclu	iding accompanying schedules	and statements	, and to the best of	my knowledg	e
and	belief, it is	s true, corre	ct, and complete. Declaration of preparer (other	than officer) is based on all info	rmation of which	n preparer has any	knowledge.	
Sig	n							5/8/2022
He		!	Signature of officer				Date	
			Davd Singer		Exec	utive Director		
		<b>/</b>	Type or print name and title			<u> </u>	1	1
Б-	:	Print	t/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pa		Patı	ricia DeLuna-Zickefoose	Patricia DeLuna-Zickefo	ose	5/8/2022	self-emp	
	eparer		's name ► Patricia DeLuna-Zickefoo			<u> </u>	in ► 27-00	
US	e Only	,	's address ► 303 East 17th Avenue St		3			291-6853
N 4 -	v tha ID		s this return with the preparer shown			Phone r	io. 120-2	X Ves No.
11/12	v ine ik	いっついらつける	S THE TAILUTE WITH THE DEADSTAF CHAWN	ALLENDAY SEE INSTRUCTIONS				* * * * * * * * * * * * * * * * * * *

Pa	rt III	Check if Schedule C			ne in this Part III			
1	Briefly de	escribe the organization's		or or more to arry in	10 111 4110 1 411 111 1	· · · · · ·	<u> </u>	
•	-	y Preparatory Schools is		nagement Organizatio	n. It's mission is			
		e centralized, cost -savin						
		s to multiple charter scho						
	J <b>-</b>							
2	Did the o	rganization undertake ar	y significant program	services during the ye	ear which were not lis	sted on		
	•	Form 990 or 990-EZ? .					Yes	X No
		describe these new servi						
3		rganization cease condu				am		
		?					Yes	X No
		describe these changes			H			
4		the organization's prograss. Section 501(c)(3) and						
	•	expenses, and revenue,	. , . ,		it the amount of grai	its and allocations	s to others,	
	tile total	expenses, and revenue,	ir arry, for each progra	in service reported.		<b>\</b>		
4a	(Code:	) (Expens	es \$ 1.090.368	3 including grants of S	\$ 0	) (Revenue \$	1,115,	978 )
	· · · · · · · · · · · · · · · · · · ·	service costs include all						ELLL./
	schools.							
					·			
4b	(Code:	) (Expens	es\$	including grants of	\$	) (Revenue \$		)
			<b>\</b>					
				<b>-</b>				
							========	
4c	(Code:	) (Expens	es \$	_ including grants of S	\$	) (Revenue \$		)
			/ 					
4d	-	ogram services (Describe	•					
4d	(Expense	- '	0 including grants of	\$ 1,090,368	0 ) (Revenue \$	0	)	

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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)? <i>If "Yes,"</i> complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		
-		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,	_		V
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Χ
Ū	complete Schedule D, Part III	8		Χ
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		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		V
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		, l	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 15		V
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Χ
15	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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Χ	
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	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
20a	3 1	20a		Χ
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		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		^
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\ \ \
h	If"Yes," complete Schedule L, Part IV	28a 28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		^
·	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
32	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	000		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Χ	L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		V	
Par	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
rai	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			,
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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 the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		i	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	i	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	$\vdash$	
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule O.			

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		
<i>i</i> u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- 1 4		
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		
U	the year by the following:			
а	The governing body?	8a	Χ	
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	- 0.0		
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (		)	
	1511 211 Charles (Time Cookers 2 Toyacote minormation about pointing included by the internal November 2	7040.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)	)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization 303-329-8412			
	3230 E 38th Ave, Denver, CO 80205			

### Part VII

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

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

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

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

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

	Check this box if neither the organization no	i alivicialeu	Uluanization co	ilinelisated aliv t	JUNIELIL GILIEGI.	un ector. Or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson irecto	than or is both pr/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Singer	40.00			Х		х		122.016	0	10.740
Executive Director (2) Cuneyt Akay	2.00 1.00			^		^		132,016	0	12,749
Trustee	2.00							0	0	0
(3) Brenna Copeland	1.00									
Trustee	2.00	Х						0	0	0
(4) Nicholas Martinez	1.00									
Trustee	2.00	Х						0	0	0
(5) Kimberlee Sia	1.00									
Trustee	2.00	Χ						0	0	0
(6) Renae Bellew	1.00	.,						_		
Trustee	2.00	Х						0	0	0
(7) Emily Eikelberner	1.00	v						0	0	0
Trustee (8) Juan Pena	2.00 1.00	Х	1					0	0	0
Trustee	2.00	Х						0	0	0
(9) Bev Sloan	1.00							0	•	
Trustee	2.00	Х						0	0	0
(10) Recardo Brooks	1.00								-	
Trustee	2.00	Х						0	0	0
(11) Tracey Lovett	1.00									
Trustee	2.00	Х						0	0	0
(12) David Scanavino	1.00									
Trustee	2.00	Х						0	0	0
(13)										
(14)										

Pa	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	ees,	and	d Hi	ghes	t C	ompensated Em	iployees (d	<u>contin</u>	ued)	
						C)							
	(A)	(B)	Position (do not check more than o						(D)	(E)			(F)
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportab compensa			ted amount fother
		per week			1		1		from the	from relat	ted	com	pensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	organization (W-2/1099-MISC)	organization (W-2/1099-N			om the zation and
		related	ual t	tiona	•	nplo	st co	_	,	·	ĺ		organizations
		organizations below	rust	tru		yee	mpe						
		dotted line)	9	stee			Highest compensated employee			<b>A</b>			
							g.						
(15)										-1			
(40)													
(16)													
(17)													
(18)													
(19)		 											
(20)				-									
(20)													
(21)				4	F								
(22)													
(23)				1									
(24)													
(24)													
(25)		•											
1b	Subtotal			-		-		<b>•</b>	132,016		0		12,749
С	Total from continuation sheets to Part VII, So								0		0		0
d_	Total (add lines 1b and 1c).								132,016	000 f	0		12,749
2	Total number of individuals (including but not line reportable compensation from the organization		sted a	abov	e) v	who	recei	ived	more than \$100	,000 of			1
	reportable compensation from the organization											1,	Yes No
3	Did the organization list any <b>former</b> officer, dire	ector, trustee, ke	v em	vola	ee.	or h	niahes	st co	ompensated		ļ		103 110
	employee on line 1a? If "Yes," complete Sched											3	Х
4	For any individual listed on line 1a, is the sum of	of reportable con	npen	satio	on a	nd o	other	con	npensation from				
	the organization and related organizations great									h			
	individual				-							4	X
5	Did any person listed on line 1a receive or accr	ue compensatio	n froi	m ar	าy u	nre	lated	org	anization or indiv	ridual			
	for services rendered to the organization? If "Yo	es," complete So	chedu	ıle J	for	suc	ch per	rsor	1			5	X
	tion B. Independent Contractors	naatad indanan	dont	0001	of		that i		hived more than (	1100 000 0	<u>.</u>		
1	Complete this table for your five highest compe compensation from the organization. Report co											ax vea	ır.
	(A)	mponodiion ioi		41011	<del>uu.</del>	you	0110	l g	(B)	organizat		(C)	
	Name and business add	ress							Description of serv	vices	С	ompens	ation
													0
													0
										+			0
										+			0
2	Total number of independent contractors (include	ding but not limit	ted to	tho	se l	iste	d abo	ve)	who received	-			U
_	more than \$100,000 of compensation from the	_						0					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or i	note to any line in	this Part VIII			🔲
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c	0 0 0				
	d e f	Related organizations	0 0 89,864				
	g h	Noncash contributions included in lines 1a–1f	\$ 0	89,864			
ervice ue	2a b		Business Code 561000	945,100 0	945,100		
Program Service Revenue	d e			0			
Ā	1 <u>g</u> 3	All other program service revenue  Total. Add lines 2a–2f		945,100			
	4	other similar amounts)	🛌	22 0 0	22		
	5 6a b	Comparison	(ii) Personal	0			
	c d 7a	Rental income or (loss)  Net rental income or (loss)  Gross amount from (i) Securities asales of assets	0 , . ▶ (ii) Other	0			
Revenue	b	other than inventory	0				
Other Rev	c d 8a	Gain or (loss)	0 ▶	0			
	b c 9a	See Part IV, line 18	80,000 0	80,000			
	b c	See Part IV, line 19 9a  Less: direct expenses 9b  Net income or (loss) from gaming activities  Gross sales of inventory, less	0 0 •	0			
	10a b c	returns and allowances	0 0	0			
Miscellaneous Revenue	b	Forgiveness of Short Term Debt	Business Code 616000 616000	142,759 992	992	142,759	
Miscel Rev	c d e	All other revenue		0 0 143,751	046 114	142.750	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	78,944	78,944		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	trustees, and key employees	122.016		132,016	
6	Compensation not included above to disqualified	132,016		132,016	
0	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	658,180	658,180	/	
8	Pension plan accruals and contributions (include	000,100	300,100		
	section 401(k) and 403(b) employer contributions)	135,614	113,916	21,698	
9	Other employee benefits	45,110	37,891	7,219	
10	Payroll taxes	11,240	9,442	1,798	
11	Fees for services (nonemployees):	<b>*</b>		,	
а	Management	0			
b	Legal	2,503		2,503	
С	Accounting	5,144		5,144	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	• • • • • • • • • • • • • • • • • • • •	04.040	0.000	
40	(A) amount, list line 11g expenses on Schedule O.)	23,885	21,019		
12	Advertising and promotion	184,492	162,353	22,139	
13	Office expenses	21,681	6,505	15,176	
14 15	Information technology	0			
16	Occupancy	0			
17	Travel	14,956		14,956	
18	Payments of travel or entertainment expenses	14,000		14,000	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,606		2,606	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	5,050		5,050	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	2 200	0.440	4.004	
a b	Net Pension & OPEB Expense	3,209 0	2,118	1,091	
C		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	1,324,630	1,090,368	234,262	0
26	Joint costs. Complete this line only if the	1,021,000	1,000,000	201,202	
	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)				

47-5308126

Form 990 (2020) **Part X** 

Part X	Balance	Sheet
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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	279,222	1	89,699
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	43,505	4	32,648
	5	Loans and other receivables from any current or former officer, director,	·		
		trustee, key employee, creator or founder, substantial contributor, or 35%		A	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or	U	9	
	Iva				
	<u>ا</u>	· · · · · · · · · · · · · · · · · · ·	0	40-	0
	b	Edde. doddffdidion	0	10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	218,767	15	299,938
	16	Total assets. Add lines 1 through 15 (must equal line 33)	541,494	16	422,285
	17	Accounts payable and accided expenses	40,590	17	45,659
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
J	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	142,758	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	680,864	25	804,994
	26	Total liabilities. Add lines 17 through 25	864,212		850,653
s		Organizations that follow FASB ASC 958, check here ► X	·		,
<u> </u>		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	222 740	27	120 260
Ba	27	Net assets with donor restrictions	-322,718		-428,368
р	28		0	28	
Ξ		Organizations that do not follow FASB ASC 958, check here			
-  -		and complete lines 29 through 33.			
ţŞ	29	Capital stock or trust principal, or current funds	0	29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et	32	Total net assets or fund balances	-322,718		-428,368
	33	Total liabilities and net assets/fund balances	541,494	33	422,285

Part	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)		1,258	3,737
2	Total expenses (must equal Part IX, column (A), line 25)		1,324	1,630
3	Revenue less expenses. Subtract line 2 from line 1		-65	5,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		-322	2,718
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		-39	757,
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		-428	3,368
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate 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			
·	the audit, 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 on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | Employer identification number

		y Preparatory Schools						08126
Pa	rt I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	orga	inization is not a private foundati	•		-		,	
1	Ш	A church, convention of church					(A)(i).	
2	Ш	A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	90-EZ).)		
3		A hospital or a cooperative hos	pital service organiz	ation described in <b>sec</b>	tion 170(l	b)(1)(A)(ii	i).	
4		A medical research organizatio hospital's name, city, and state:	•	nction with a hospital d	lescribed	in section	<b>170(b)(1)(A)(iii).</b> En	ter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colleg plete Part II.)	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	•					
7	Х	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organiz or university or a non-land-gran university:						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization affi	o its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regunplete Part IV, Sect	larly appoint or elect a tions A and B.	majority o	of the direc	ctors or trustees of th	ne supporting
t	. [	Type II. A supporting organization(s). You must control or management of the organization(s). You must c	e supporting organi	zation vested in the sa				
C		Type III functionally integra						rated with,
c	. [	its supported organization(s)  Type III non-functionally in						anization(s)
	' [	that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att	
е		Check this box if the organiz						e III
		functionally integrated, or Ty		lly integrated supportir	ng organiz	ation.		
f		Enter the number of supported of	3					0
		Provide the following information  Name of supported organization	(ii) EIN	ed organization(s).  (iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	(.,	rame of supported organization	(11) 2.111	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)					100			
(B)								
(C)								
(D)								
(E)								
Tota	ıl						0	0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	534,250	422,422	468,508	214,001	214,001	1,853,182
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	641,299	653,596	694,050	922,600	922,600	3,834,145
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	1,175,549	1,076,018	1,162,558	1,136,601	1,136,601	5,687,327
6	Public support. Subtract line 5 from line 4						5,687,327
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,175,549	1,076,018	1,162,558	1,136,601	1,136,601	5,687,327
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			53	44		97
9	Net income from unrelated business activities, whether or not the business is regularly carried on			·			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			963	202		1,165
11	Total support. Add lines 7 through 10						5,688,589
12 13	Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec	ond, third, fourth, c	•	a section 501(c)(3)		<b>▶</b> X
	tion C. Computation of Public Su					· I	
	Public support percentage for 2020 (line 6, c					14	0.00%
	Public support percentage from 2019 Sched 33 1/3% support test—2020. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che		0.00%
b	33 1/3% support test—2019. If the organiz box and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets to Part VI how the organization meets the facts organization	the facts-and-circur -and-circumstance	mstances test, che s test. The organiz	ck this box and <b>sto</b> ation qualifies as a	<b>op here</b> . Explain in a publicly supported	d	<b>&gt;</b> _
b	10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization m in Part VI how the organization meets the factorganization.	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box ar nization qualifies a	nd <b>stop here</b> . Expl s a publicly suppor	ain ted	<b>&gt;</b> _
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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

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

Sec	tion A. Public Support	<b>_</b>		, i	, ,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons .						0
D	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						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	J		Ů	Ü	o d	
-	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				_	_	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						•
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	·						0
13	(Explain in Part VI.)						0
13	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga						0
•	organization, check this box and <b>stop here</b>			-			▶□
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2020 (line 8, c			(f))		15	0.00%
	Public support percentage from 2019 Sched	. ,	•	. , ,		16	0.00%
	ction D. Computation of Investmer						
17	Investment income percentage for 2020 (line			column (f))		17	0.00%
18	Investment income percentage from 2019 S					18	0.00%
19a	33 1/3% support tests—2020. If the organi	zation did not ched	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	•
	not more than 33 1/3%, check this box and s	-			-		<b>&gt;</b>
b	33 1/3% support tests—2019. If the organi						, <del></del>
	line 18 is not more than 33 1/3%, check this	_	_				<del></del>
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
35		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
σIJ		
9с		
10a		
,		
10b		

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Part I	Supporting Organizations (continued)			1
44			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
J	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations		ı	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		l	
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		l.,	
4	Did the annumination mustide to each of its summented annumbations by the leat day of the fifth mounth of the		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		
	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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
	these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in <b>Part VI</b>.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	7		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ.	_		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	_ 0	0
5 Depreciation and depletion	5		
<b>6</b> 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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionall	y inte	egrated Type III supporting	
instructions).		5 71 119	•

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	izations (continued)	·
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported	d	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b>	1)	
6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
b	Excess from 2017 0			
c				
d				
e	Excess from 2020 0			

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

University Preparatory Schools

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2020

Employer identification number 47-5308126

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization is	covered by the General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)( instructions.	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See		
General Rule			
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.		
Special Rules			
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one be year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions one during the year		
Caution: An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,		

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
University Preparatory Schools

Employer identification number
47-5308126

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Valerie Luckenbill  411 Corona St  Denver CO 80218  Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Denver Foundation  1009 Grant St  Denver CO 80203  Foreign State or Province:  Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Edward Jones  1660 Wynkoop St Ste 100  Denver CO 80202  Foreign State or Province:  Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Louis Calder Foundation  999 18th St Ste 2350S  Denver  CO 80202  Foreign State or Province: Foreign Country:	\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Rose Community Foundation  4500 E Cherry Creek So Dr Ste 900  Denver CO 80246  Foreign State or Province: Foreign Country:	\$6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tuchman Family Foundation 5251 DTC Parkway Ste 995 Englewood CO 80111 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Mile High 5 Foundation 633 17th St Ste 3000  Denver CO 80202  Foreign State or Province: Foreign Country:	\$60,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Daniels Fund  101 Monroe St  Denver CO 80206  Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
University Preparatory Schools

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Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization Preparatory Schools				Employer identification number 47-5308126
Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any o completing Part ar. (Enter this int	one contributo III, enter the to formation once.	<b>r.</b> Complete colu otal of <i>exclusivel</i>	section 501(c)(7), (8), or umns (a) through (e) and y religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift		) Use of gift	(0	d) Description of how gift is held
		(e) T	ransfer of gift	7	
	Transferee's name, address, and	ZIP + 4		Relationship of	transferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(0	d) Description of how gift is held
			ransfer of gift		
	Transferee's name, address, and			elationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(0	d) Description of how gift is held
	Transferee's name, address, and		ransfer of gift F		transferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(0	d) Description of how gift is held
			ransfer of gift		
	Transferee's name, address, and		F	elationship of	transferor to transferee
	For. Prov. Country				

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the organization	Limployer identification number
Unive	ersity Preparatory Schools	47-5308126
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	conferring impermissible private benefit?	
Part	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	. 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	
	Protection of natural habitat	ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	<b>2b</b>
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on	
	historic structure listed in the National Register	<b>2d</b>
3	Number of conservation easements modified, transferred, released, extinguished, or to	erminated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located	·
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	<b>-</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reve	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	
	public service, provide in Part XIII the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · · ▶ \$
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these item	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
h	Assets included in Form 000 Part V	▶ €

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a   Public exhibition   d   Loan or exchange program   b   Shotherly research   e   Other    c   Preservation for future generations   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No    Part V   Eccrow and Custodial Arrangements.  Complete if the organization an awavered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization an apant, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b   If "Yes," explain the arrangement in Part XIII and complete the following table:  1c   Amount   1c   Amount   1c   Amount   1c   Amount   1d   Distributions during the year   1d   2a   Did the organization include an amount on Form 990, Part X, line 21 for escrove or custodial account liability?   Yes   No   1f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   2a   Beginning of year balance   (a) Current year   (b) Pres year   (c) Tox years back   (d) Three years back   (e) Four years back   2b   Contributions   (a) Current year   (b) Pres year   (c) Tox years back   (d) Three years back   (e) Four years back   2c   Contributions   (a) Current year   (b) Pres year   (c) Tox years back   (d) Three years back   (e) Four years	Part	Organizations Maintaining Collect							
a Public exhibition d Loan or exchange program b Scholarly research e Other Other Chresewation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollection and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sollection of the organization's collection?	3	Using the organization's acquisition, accession	on, and other records	, check any	of the followi	ng that make significa	nt use of it	.s	
b Scholarly research e Other  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \textit{ Yes \ No}  Part XV Ecrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  4 Additions during the year.  5 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21 for escrow or, custodial account liability? Yes X No If "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII.  1a Beginning of year balance.  6 Orthority Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance.  6 Other expenditures for facilities and programs.  7 Other expenditures for facilities and programs.  8 Other expenditures for facilities and programs.  9 End of year balance.  9 End of year balance.  9 Provide the estimated percentage of the current year in the organization that are held and administered for the organization by:  10 Unrelated organization situated organizations listed as required on Schedule R?  2 Provide the estimated percentage of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization ans		collection items (check all that apply):	<u></u>	_					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \	а	Public exhibition	d	Loan or	exchange pro	ogram			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \	b	Scholarly research	е	Other					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	С	Preservation for future generations		_					
Suling the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No			llections and explain	how they fu	urther the orga	anization's exempt pur	pose in Pa	art	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?			'	,	3		'		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization solicit o	r receive donations of	f art, histori	cal treasures,	or other similar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							Y	es	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part	V Escrow and Custodial Arrangeme	ents.						
1				990. Part	t IV. line 9. d	or reported an amou	ınt on Fo	rm	
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If Yes, "explain the arrangement in Part XIII and complete the following table:  C Beginning balance.  d Additions during the year.  f Ending balance.  1d d    1d    1					, 0, 0				
included on Form 990, Part X?    Seginning balance   Amount	1a		an or other intermedia	ary for cont	ributions or ot	her assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete the properties of the distributions during the year				-			Y	es	No
Beginning balance.  d Additions during the year.  e Distributions during the year.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance.  b Contributions.  c Net investment earnings, gains, and losses.  d Grants or scholarships.  e Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance.  b Permanent endowment  c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment   c Term endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  d Are there endowment funds not in the possession of the organization funds.  Part V Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the integed uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the integed uses of the organization's endowment funds.  D Bescribe in Part XIII.  d Describe in Par	b								
d Additions during the year  Distributions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The second of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The second of the organization answered "Yes" on Form 990, Part IV, line 10.  Describe in the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Describe in Second of the organization answered "Yes" on Form 990, Part IV, line 10.  Contributions  Contrib			•	<u>-</u>			Amount		
e Distributions during the year.  f Ending balance.  2 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete If the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  b Contributions.  c Net investment earnings, gains, and losses.  d Grants or scholarships.  e Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance.  b Permanent endowment  y 6  b Permanent endowment  y 6  b Permanent endowment  y 6  c Term endowment I y 6  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Inrelated organizations  (ii) Related organizations  (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3a(ii)   Sa(iii)   Sa(	С	Beginning balance				1c			
f Ending balance. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	d	Additions during the year				1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No by If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V	е	Distributions during the year				1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Endowment Funds.	f	Ending balance				1f			0
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Contributions	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escr	ow or custodi	al account liability?	Ye	es X	No
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Contributions	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	as been provi	ded on Part XIII...			
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Part	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Fo			red "Yes" on Form	990. Part	HV. line 10.				
Beginning of year balance . Contributions						back (d) Three years ba	ack (e) Fo	our years	back
b Contributions . Net investment earnings, gains, and losses	1a	<del>                                     </del>			,,,,	, , ,			
c Net investment earnings, gains, and losses .  d Grants or scholarships .  e Other expenditures for facilities and programs .  f Administrative expenses .  g End of year balance .  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_								
and losses .  d Grants or scholarships		<b>+</b>							
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.									
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.	d	Grants or scholarships							
and programs .  f Administrative expenses .  g End of year balance .  O O O O O O O O O  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %.  b Permanent endowment  %.  c Term endowment  %.  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations .  (ii) Related organizations .  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land .  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  depreciation  0  Description of property  0  Description	е	•							
g End of year balance .									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  %  Permanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  3a(ii)	f	Administrative expenses	A -						
Board designated or quasi-endowment	g	End of year balance	0	0		0	0		0
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, co	olumn (a)) hel	d as:			
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations .	а	Board designated or quasi-endowment	%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations . 3a(i)	b	Permanent endowment	%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations . 3a(i)	С								
Ves   No   Sa(i)   Unrelated organizations   Sa(ii)   Selated organizations   Sa(ii)   Selated organizations   Sa(ii)   Selated organizations   Sela			•						
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       0       0       0       0         b Buildings       0       0       0       0         c Leasehold improvements       0       0       0       0         d Equipment       0       0       0       0         e Other       0       0       0       0	3a		ssion of the organizat	ion that are	held and adr	ninistered for the	,		
(ii) Related organizations								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (investment) (other) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		` '						<b></b>	
Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         0         0         0           e         Other         0         0         0         0	b						3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a         Land         0         0         0           b         Buildings         0         0         0           c         Leasehold improvements         0         0         0           d         Equipment         0         0         0           e         Other         0         0         0				vment fund	S.				
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         0         0         0           e         Other         0         0         0         0	Part			000 5	. 13 / 12 / 14	0 5 600 5		40	
tall Land         (investment)         (other)         depreciation           b Buildings         0         0         0         0           c Leasehold improvements         0         0         0         0           d Equipment         0         0         0         0           e Other         0         0         0         0						·			
1a       Land       0       0       0         b       Buildings       0       0       0       0         c       Leasehold improvements       0       0       0       0         d       Equipment       0       0       0       0         e       Other       0       0       0       0		Description of property	, ,	` '		` '	(d) B	ook value	!
b       Buildings       0       0       0       0         c       Leasehold improvements       0       0       0       0         d       Equipment       0       0       0       0         e       Other       0       0       0       0	1-	Land	` ′	`	· · ·	depreciation			
c         Leasehold improvements         0         0         0         0           d         Equipment         0         0         0         0           e         Other         0         0         0         0	_			-		^	1		
d         Equipment         0         0         0         0           e         Other         0         0         0         0		3		-			1		
e Other	_	-		-			1		
		• •		-			1		
				-					

Part VII				
	Complete if the organization answered	"Yes" on Form 990, I		
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financi	al derivatives	0		
(2) Closely	held equity interests	0		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(I)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII		"Vaa" an Farm 000	Dort W. Line 111 Con Farms Of	00 Dant V line 10
	Complete if the organization answered	"Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of valu	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0		
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 99	90, Part X, line 15.
	(a) Descr	iption		(b) Book value
(1) Defer	red Outflow of Resources-Pension Related			296,331
(2) Defer	red Outflow of Resources-OPEB Related			3,607
(3)				
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		299,938
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See F	orm 990, Part X,
	line 25.			
1.		tion of liability		(b) Book value
,	al income taxes			0
	II Tax Liabilities			1,370
	ension Liabilities			386,470
	red Inflow of Resources-Pension Related			384,503
	PEB Liability			19,665
	red Inflow of Resources-OPEB Related			12,986
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ine 25 )	_	004.004
	or uncertain tax positions. In Part XIII, provide the te			804,994
•	or uncertain tax positions. In Part Am, provide the te n's liability for uncertain tax positions under FASB As		-	· · · · · · · · · · · · · · · · · · ·

	Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1	4.050.707
1	Total revenue, gains, and other support per audited financial statements	1	1,258,737
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b			
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	0 0 70 70 70 70 70 70 70 70 70 70 70 70
3	Subtract line 2e from line 1	3	1,258,737
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a			
b		1	0
C	Add lines 4a and 4b	4c 5	4 250 727
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,258,737
Par	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	1,324,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,024,000
- a	Donated services and use of facilities		
b			
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,324,630
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,02 1,000
a			
b			
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	1,324,630
	XIII Supplemental Information.		1,021,000
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part IIII, lines 1b and 2b; Part IIII, lines 1b and 2b; Part IIII, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1b and 2b	art V line 4	Part X line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		r are x, iii o
_,			

Schedule D (Fo	rm 990) 2020	University Preparatory Schools	47-5308126	Page <b>5</b>
Part XIII	Supplem	University Preparatory Schools ental Information (continued)		
			•	
			/())	
			<b></b>	
			<b>y</b>	
		<u> </u>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

University Preparatory Schools 47-5308126 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 n 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 Total. 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		more than \$15,000 of for events with gross recei	_	_	201110 0111 01111 000 22	, iii loo i aria ob. List					
		events with gross recei	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			ımily Needs Fundrais		NONE	(add col. (a) through					
o)			(event type)	(event type)	(total number)	col. <b>(c)</b> )					
Revenue	1	Gross receipts	80,000		(	80,000					
æ	2	Less: Contributions				0					
	3	Gross income (line 1 minus									
		line 2)	80,000			80,000					
	4	Cash prizes				0					
	5	Noncash prizes			C	0					
Direct Expenses	6	Rent/facility costs			0	0					
ot Exp	7	Food and beverages				0					
Jirec	8	Entertainment				0					
	9	Other direct expenses				0					
	10	Direct expense summary. Add	d lines 4 through 9 in colu	mn (d)		( 0)					
Ds	11 Irit III	Gaming. Complete if the	organization answer	red "Ves" on Form 90		80,000					
		than \$15,000 on Form		ca res en remiss	, , , ait iv, iiio io, oi i	oported more than					
е				(b) Pull tabs/instant		(d) Total gaming (add					
enu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
Revenue	4	Crass rayonus				0					
	-	Gross revenue				0					
nses	2	Cash prizes				0					
Direct Expenses	3	Noncash prizes				0					
Direct	4	Rent/facility costs				0					
	5	Other direct expenses				0					
	6	Volunteer labor	Yes%	Yes%  No	Yes%  No						
	7	Direct expense summary. Add	d lines 2 through 5 in colu	mn (d)		( 0)					
		Net gaming income summary	Outstant line 7 from line	1 column (d)	•	0					
	8	rtet gammig meenne earmary	. Subtract line / from line	1, coluini (a) : : :							
_				na antivition:		•					
	a Is	Enter the state(s) in which the org s the organization licensed to co "No," explain:	ganization conducts gamin	ng activities: each of these states? .		. Yes No					
	a Is	Enter the state(s) in which the org s the organization licensed to co	ganization conducts gamin	ng activities: each of these states? .		. Yes No					
10	a Is b If	Enter the state(s) in which the organization licensed to constitute in "No," explain:  Were any of the organization's gas "Yes," explain:	ganization conducts gamin anduct gaming activities in	ng activities: each of these states?.  uspended, or terminated	d during the tax year?	. Yes No					

Sched	ule G (Form 990 or 990-EZ) 2020 University Preparatory Schools	47-5	308126	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes _	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes	] No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ 0 and the		03	] 110
-	amount of gaming revenue retained by the third party   \$\bigs\tag{0}\$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	•		
	spent in the organization's own exempt activities during the tax year  \$	(***)	1 ( )	0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			d
	See instructions.			
				<b></b> .

### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer identifi	Employer identification number							
University Preparatory Schools					47	47-5308126			
Part I General Information on Grants	s and Assistance								
<ul> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's process.</li> </ul>	nts or assistance? . edures for monitoring	the use of grant funds	in the United States.			X Yes No			
<b>Grants and Other Assistance</b> 990, Part IV, line 21, for any rec						d "Yes" on Form			
1 (a) Name and address of organization or government (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and	•		1 table			·			

Schedule I (Form 990) 2020

		Page <b>2</b>
\/	line 22	

Part III	Grants and Other Assistance to D Part III can be duplicated if additional		-	e organization answ	ered "Yes" on Form 990	), Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	e the information i	required in Part I, lir	ne 2; Part III, columr	n (b); and any other addi	tional information.
Part I Line	2 The organization did not distribute \$5m,0	00 to any individual	or orgnization from the	e family support fund.	he support	
was sprea	d accross the two schools for all families no	t to exceed \$2,000 p	per family. The amount	t of support was deterr	nined by the	
schools. 7	he support was not a grant, but monetary a	ssistance to innter ci	ty families.			

#### SCHEDULE O (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.

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection
Employer identification number

University Preparatory Schools	47-5308126
Form 990, Part VI, Section B, Line 11b: Copies of Form 990 are made available to Board Members	S
for review via email prior to filing	
Form 000 Part VI. Saction P. Lina 12C: Prospective Board members are careened for natential	
Form 990, Part VI, Section B, Line 12C: Prospective Board members are screened for potential	
conflicts of interest prior to appointment. Board members are required to disclose conflicts	
of interest during Board meeting.	
Form 990, Part VI, Section B, Line 15 A & B: Compensation for officers and key employees was	
determined by the Board of Directors and documented in the meeting minutes of the executive	
session.	
Form 000 Part VI. Section C. Line 10: The organization makes its governing decuments	
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents,	
conflict of interest policy, and financial statements available to the public upon request.	
commot of interest policy, and imarious statements available to the public upon request.	
Form 990, Part IX, Line 2: The organization did not distribute \$5,000 or more to any	
individual in particular from the family support fund. The support was spread accross the two	
schools for all families not to exceed \$2,000 per family.	

Schedule O (Form 990 or 990-EZ) 2020	F	Page 2
Name of the organization	Employer identification number	
University Preparatory Schools	47-5308126	
	<u> </u>	
	<b>/</b>	
······································		

### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

University Preparatory Schools									47-53081	26		
Part I Identification of Disregarded Entities. Compl	ete if the o	rganizatior	answered "	'Yes" o	n Form 990	, Par	t IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity			<b>(b)</b> ry activity		(c) domicile (state eign country)	Т	(d) otal income	End-	(e) of-year assets	Dire	(f) ect contro entity	lling
						V						
<u>(2)</u>												
(3)												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
Part II  Identification of Related Tax-Exempt Organizations of one or more related tax-exempt organizations of (a)  Name, address, and EIN of related organization	luring the ta		(c) Legal domicile or foreign cou	e (state	swered "Ye  (d)  Exempt Code se		(e) Public charity (if section 501	status	(f) Direct contro		(g Section 5 contr	<b>g)</b> i12(b)(1
(1) University Prep-Arapahoe 27-1642506	Network Sc	chool									Yes	No
2409 Arpahoe St Denver, CO 80205	1		СО		2		501(c)(3)		N/A			Х
(2) University Prep-Steele Street 47-5135227 3230 E 38th Ave Denver, CO 80205	Network So	chool	СО		2		501(c)(3)		N/A			Х
_(3)	-											
(4)	_											
(5)	-											
<u>(6)</u>												
(7)												

47-5308126 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.

	ne or more related orga						a "Yes" oi	n Form 990, Pa	art IV,	line	34,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	sproportionate Code V—UBI		ral or aging ner?	(k) Percentage ownership
						4	Yes No		Yes	No	
_(1)											
(2)											
(3)						111					
(4)					- 1						
(5)											
(6)											
(7)								1107 11 =			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)	-								
(5)	-								
(6)									
(7)									

(5)

(6)

47-5308126

Part	Transactions With Related Organizations. Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, line	34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with on	e or more related organ	izations listed in Parts	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
С	Gift, grant, or capital contribution from related organization(s)				1c	Χ	
d	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		Χ
g	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
- 1	Performance of services or membership or fundraising solicitations for related organization(				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s				1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n		Χ
0	Sharing of paid employees with related organization(s)				10		Χ
р	Reimbursement paid to related organization(s) for expenses				1p		Χ
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r					1r		Χ
s	Other transfer of cash or property from related organization(s)				1s	Χ	
2	If the answer to any of the above is "Yes," see the instructions for information on who must					olds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(c Method of determini		ınt involv	ed
	Traine of Foliated organization	type (a—s)	7 anount involved	Woulder of dotormin	ing amor		ou
				Financial Statemer	nts		
(1) Ur	niversity Prep-Inc	n	556,571	Timariolal Statemen			
(1) 0.	interesty i top inte			Financial Statemer	nts		
<b>(2)</b> Ur	niversity Prep-Steele St	n	475,039				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(3)							
(4)							
				<u> </u>			

47-5308126

### 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.

or gross revenue) that was not a related				T				(6)	(1)			(14)
(a) Name, address, and EIN of entity	(b) Primary activity	<b>(c)</b> Legal domicile	<b>(d)</b> Predominant		<b>e)</b> partners	<b>(f)</b> Share of	<b>(g)</b> Share of	(h) Disproportion	(i) Code V—UBI		<b>j)</b> eral or	(k) Percentage
reality, additions, and Environmenty	1 minary activity	(state or foreign	income (related,	sec	tion	total income	end-of-year	allocations?	amount in box 20		aging	ownership
		country)	unrelated, excluded	501(	(c)(3)		assets		of Schedule K-1	partı	ner?	
			from tax under sections 512-514)	organiz	zations?				(Form 1065)			
			3000013 012-014)	Yes	No			Yes No		Yes	No	1
(1)				100				100 111		100		
(2)												
_3=1												
(3)												
							· ·					
(4)												
_3_/												
(5)												
					\ \ \ \ \ \							
(6)												
-3-4												
(7)												
-3-4												
(8)				_								
(9)												
_3:2												
(10)												
(11)												
(12)												
3/												
(13)												
32												
(14)												
(15)												
(16)												
32												
							•	•	•			

Schedule R (Fo	rm 990) 2020	University Preparatory Schools	47-5308126	Page <b>5</b>
Dout VIII	Supplem	University Preparatory Schools nental Information		
Part VII	Provide a	additional information for responses to questions on Schedule R.	See instructions.	
		·		
			·	
		······		
			·····	

University Preparatory Schools 47-5308126

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3	0	
	Related organizations			
5	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Private Foundation Grants		46,500	
	Contributions & Donations		43,364	
	Other contributions total	6	89,864	0
7	Total	7	89,864	0

Part X, Line 4 (990) - Accounts Receivable

			Accounts receivable			Allowance for doubtful accounts		
			Beginning		End	Beginning		End
1	Accounts Receivable	1	43,505		32,648	0		
2		2	0			0		
3		3	0			0		
4		4	0			0		
5		5	0			0		
6		6	0			0		
7		7	0			0		
8		8	0			0		
9		9	0			0		
10		10	0			0		
11	Total accounts receivable	. 11	43,505		32,648	0		0

### Part X, Line 15 (990) - Other Assets

	Total:	218,767	299,938
	Description	Beginning	End
1	Deferred Outflow of Resources-Pension Related	215,737	296,331
2	Deferred Outflow of Resources-OPEB Related	3,030	3,607

### Part X, Line 25 (990) - Other Liabilities

	Total	680,864	804,994
	Description	Beginning	End
1	Federal income taxes	0	0
2	Payroll Tax Liabilities	0	1,370
3	Net Pension Liabilities	363,573	386,470
4	Deferred Inflow of Resources-Pension Related	280,909	384,503
5	Net OPEB Liability	29,336	19,665
6	Deferred Inflow of Resources-OPEB Related	7,046	12,986
7			